Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans 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.**

OMB Nos. 1210-0110
1210-0089

2016

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

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 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
POWER & CONSTRUCTION GROUP, INC. 401(K) PROFIT SHARING PLAN

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)
POWER & CONSTRUCTION GROUP, INC.

196 RIVER ROAD, BOX 96
PO BOX 30
SCOTTSVILLE, NY 14546

2b Employer Identification Number (EIN) 16-1425844

2c Plan Sponsor's telephone number 585-889-6016

2d Business code (see instructions) 237990

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 accompanying schedules, statements and attachments, 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.	10/12/2017	SCOTT R. INGALLS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

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 has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name	**4c** PN	

5 Total number of participants at the beginning of the plan year	**5**	232
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	210
a(2) Total number of active participants at the end of the plan year	**6a(2)**	198
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	29
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	227
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	227
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	197
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	7
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2G 2J 2K 3D

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

9a Plan funding arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [ ] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 1 **A** (Insurance Information)
- **(4)** [ ] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
POWER & CONSTRUCTION GROUP, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
POWER & CONSTRUCTION GROUP, INC.

D Employer Identification Number (EIN)
16-1425844

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
JOHN HANCOCK NY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year (f) From	Policy or contract year (g) To
13-3646501	86375	80330	198	01/01/2016	12/31/2016

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
	6318

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
NORTHEAST BENEFIT SERVICES, INC.
1200 JEFFERSON ROAD
STE 302
ROCHESTER, NY 14623

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
	3670		5

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
LPL FINANCIAL
950-A SOUTH UNION ROAD, STE 31
WEST SENECA, NY 14224

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
	2648		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	66016
5	Current value of plan's interest under this contract in separate accounts at year end	5	4021586

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	40751
c	Additions: (1) Contributions deposited during the year	7c(1)	8046		
	(2) Dividends and credits	7c(2)	259		
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)	18487		
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	26792
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	67543
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶ MV ADJUSTMENT	7e(4)	1527		
	(5) Total deductions			7e(5)	1527
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	66016

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2016

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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
POWER & CONSTRUCTION GROUP, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
POWER & CONSTRUCTION GROUP, INC.

D Employer Identification Number (EIN)
16-1425844

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO SC GROWTH

b Name of sponsor of entity listed in (a): JOHN HANCOCK NY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-3646501-000	P	48006

a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER DEV MKT

b Name of sponsor of entity listed in (a): JOHN HANCOCK NY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-3646501-000	P	65976

a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP VALUE

b Name of sponsor of entity listed in (a): JOHN HANCOCK NY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-3646501-000	P	6455

a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE SCI & TECH

b Name of sponsor of entity listed in (a): JOHN HANCOCK NY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-3646501-000	P	137760

a Name of MTIA, CCT, PSA, or 103-12 IE: UNDISCOVERED MGR BEHAVIORAL

b Name of sponsor of entity listed in (a): JOHN HANCOCK NY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-3646501-000	P	14766

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD MID CAP GR ETF

b Name of sponsor of entity listed in (a): JOHN HANCOCK NY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-3646501-000	P	111565

a Name of MTIA, CCT, PSA, or 103-12 IE: 500 INDEX FUNG

b Name of sponsor of entity listed in (a): JOHN HANCOCK NY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-3646501-000	P	400372

a Name of MTIA, CCT, PSA, or 103-12 IE: BLUE CHIP GROWTH		
b Name of sponsor of entity listed in (a): JOHN HANCOCK NY		
c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 120074
a Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL APPRECIATION		
b Name of sponsor of entity listed in (a): JOHN HANCOCK NY		
c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 167408
a Name of MTIA, CCT, PSA, or 103-12 IE: CLEARBRIDGE AGG GR		
b Name of sponsor of entity listed in (a): JOHN HANCOCK NY		
c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 143170
a Name of MTIA, CCT, PSA, or 103-12 IE: EUROPACIFIC GROWTH		
b Name of sponsor of entity listed in (a): JOHN HANCOCK NY		
c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18501
a Name of MTIA, CCT, PSA, or 103-12 IE: MUTUAL GLOBAL DISC		
b Name of sponsor of entity listed in (a): JOHN HANCOCK NY		
c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 32565
a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP INDEX		
b Name of sponsor of entity listed in (a): JOHN HANCOCK NY		
c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 46094
a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP VALUE		
b Name of sponsor of entity listed in (a): JOHN HANCOCK NY		
c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16336
a Name of MTIA, CCT, PSA, or 103-12 IE: NEW PERSPECTIVE		
b Name of sponsor of entity listed in (a): JOHN HANCOCK NY		
c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 63656
a Name of MTIA, CCT, PSA, or 103-12 IE: PARNASSUS CORE EQ		
b Name of sponsor of entity listed in (a): JOHN HANCOCK NY		
c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 83738
a Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL STOCK MKT INDEX		
b Name of sponsor of entity listed in (a): JOHN HANCOCK NY		
c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 64123

a Name of MTIA, CCT, PSA, or 103-12 IE: VALUE FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK NY		
c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 58389
a Name of MTIA, CCT, PSA, or 103-12 IE: WASHINGTON MUTUAL INVESTOR		
b Name of sponsor of entity listed in (a): JOHN HANCOCK NY		
c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 186359
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN BALANCE		
b Name of sponsor of entity listed in (a): JOHN HANCOCK NY		
c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 924425
a Name of MTIA, CCT, PSA, or 103-12 IE: INCOME FUND OF AMERICA		
b Name of sponsor of entity listed in (a): JOHN HANCOCK NY		
c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 641905
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK NY		
b Name of sponsor of entity listed in (a): FEDERATED HIGH YIELD BOND		
c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 55573
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADVISOR TOTAL BOND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK NY		
c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 71171
a Name of MTIA, CCT, PSA, or 103-12 IE: STRATEGIC INCOME OPP		
b Name of sponsor of entity listed in (a): JOHN HANCOCK NY		
c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17750
a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE SPECTRUM		
b Name of sponsor of entity listed in (a): JOHN HANCOCK NY		
c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 62213
a Name of MTIA, CCT, PSA, or 103-12 IE: MONEY MARKET		
b Name of sponsor of entity listed in (a): JOHN HANCOCK NY		
c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 125116
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SHORT TERM FED		
b Name of sponsor of entity listed in (a): JOHN HANCOCK NY		
c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 34015

a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE 2060		
b Name of sponsor of entity listed in (a): JOHN HANCOCK NY		
c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2341
a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE 2055		
b Name of sponsor of entity listed in (a): JOHN HANCOCK NY		
c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 42713
a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE 2050		
b Name of sponsor of entity listed in (a): JOHN HANCOCK NY		
c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22540
a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE 2045		
b Name of sponsor of entity listed in (a): JOHN HANCOCK NY		
c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22948
a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE 2040		
b Name of sponsor of entity listed in (a): JOHN HANCOCK NY		
c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 51989
a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE 2035		
b Name of sponsor of entity listed in (a): JOHN HANCOCK NY		
c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21460
a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE 2030		
b Name of sponsor of entity listed in (a): JOHN HANCOCK NY		
c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21917
a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE 2025		
b Name of sponsor of entity listed in (a): JOHN HANCOCK NY		
c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 35425
a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE 2020		
b Name of sponsor of entity listed in (a): JOHN HANCOCK NY		
c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18151
a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE 2015		
b Name of sponsor of entity listed in (a): JOHN HANCOCK NY		
c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3258

a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE 2010

b Name of sponsor of entity listed in (a): JOHN HANCOCK NY

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
POWER & CONSTRUCTION GROUP, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
POWER & CONSTRUCTION GROUP, INC.

D Employer Identification Number (EIN)
16-1425844

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	59722	75668
(2) Participant contributions	1b(2)	0	25
(3) Other	1b(3)		0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	32961	59985
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	3256781	4038782
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	3349464	4174460
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	3349464	4174460

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	75668	
	(B) Participants	2a(1)(B)	531615	
	(C) Others (including rollovers)	2a(1)(C)	1360	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		608643
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)	259	
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	2884	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		3143
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		261857
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		873643
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	45812	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		45812
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	2835	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		2835
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		48647
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		824996
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified **(2)** ☐ Qualified **(3)** ☒ Disclaimer **(4)** ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: BONADIO & CO, LLP **(2)** EIN: 16-1131146

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. **(2)** ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

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? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		100000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n			
o	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If "Yes," enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b 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.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c 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_____. (See instructions.)

Part V Trust Information

6a Name of trust	**6b** Trust's EIN

6c Name of trustee or custodian	**6d** Trustee's or custodian's telephone number

POWER & CONSTRUCTION GROUP, INC.
401(k) PROFIT SHARING PLAN

Financial Statements as of
December 31, 2016 and 2015
Together with
Independent Auditor's Report

Bonadio & Co., LLP
Certified Public Accountants

Bonadio & Co., LLP
Certified Public Accountants

INDEPENDENT AUDITOR'S REPORT

October 10, 2017

To the Participants and Plan Administrator of
the Power & Construction Group, Inc. 401(k) Profit Sharing Plan:

Report on the Financial Statements
We were engaged to audit the accompanying financial statements of the Power & Construction Group, Inc. 401(k) Profit Sharing Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements
Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility
Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion
As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by John Hancock Life Insurance Company of New York, the custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2016 and 2015, that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

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Pittsford, New York 14534
p (585) 381-1000
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www.bonadio.com

(Continued)

Other Matter – Supplemental Schedule
The supplemental schedule of assets (held at end of year) as of December 31, 2016 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

Report on Form and Content in Compliance With DOL Rules and Regulations
The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Bonadio & Co., LLP

POWER & CONSTRUCTION GROUP, INC. 401(k) PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2016 AND 2015

	2016	2015
CASH	$ 1,322	$ 397
INVESTMENTS, at fair value:		
Pooled separate accounts	3,960,279	3,198,756
Guaranteed interest accounts	66,016	40,751
Total investments	4,026,295	3,239,507
NOTES RECEIVABLE FROM PARTICIPANTS	59,985	32,961
RECEIVABLES:		
Employee contributions receivable	9,411	16,650
Employer contributions receivable	122,007	102,442
Total receivables	131,418	119,092
NET ASSETS AVAILABLE FOR BENEFITS	$ 4,219,020	$ 3,391,957

The accompanying notes are an integral part of these statements.

POWER & CONSTRUCTION GROUP, INC. 401(k) PROFIT SHARING PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2016 AND 2015

	2016	2015
ADDITIONS:		
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	$ 261,252	$ (29,178)
Interest and dividends	259	37
Total investment income (loss)	261,511	(29,141)
Interest on notes receivable from participants	2,884	1,681
Contributions:		
Participant	531,590	455,273
Employer	79,290	87,894
Rollover	1,346	12,070
Total contributions	612,226	555,237
Total additions	876,621	527,777
DEDUCTIONS:		
Benefit payments	(46,723)	(63,572)
Administrative expenses	(2,835)	(1,587)
Total deductions	(49,558)	(65,159)
CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS	827,063	462,618
NET ASSETS AVAILABLE FOR BENEFITS - beginning of year	3,391,957	2,929,339
NET ASSETS AVAILABLE FOR BENEFITS - end of year	$ 4,219,020	$ 3,391,957

The accompanying notes are an integral part of these statements.

1. PLAN DESCRIPTION

The following description of the Power & Construction Group, Inc. 401(k) Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering substantially all employees of Power & Construction Group, Inc. (P&CG), KBH Environmental, LLC, and Valley Sand and Gravel, Inc. (collectively, the Company). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Administration

P&CG is the administrator of the Plan. John Hancock Life Insurance Company of New York (John Hancock) serves as the custodian to the Plan. Northeast Benefits Services, Inc. (Northeast) is the Plan's third-party administrator and provides record-keeping services for the Plan.

Effective January 1, 2015, the Plan was amended and restated to bring the Plan in compliance with the Pension Protection Act of 2006 and other legislative and regulatory changes. In addition, the Plan added an automatic enrollment provision.

Eligibility

Employees of the Company are eligible to participate in the Plan upon the attainment of 21 years of age and completion of one year of service (1,000 hours, as defined in the Plan document), who are not party to a collective bargaining agreement and who are not non-resident aliens. Contributions begin on the first day of the quarter following completion of each of these eligibility requirements. Eligibility for any of the Company's discretionary matching contributions requires the participant to be employed on the last day of the Plan year.

Contributions

Participants may make voluntary tax-deferred contributions in the form of salary reductions, subject to certain limitations of the Plan and the Internal Revenue Code (IRC). The Company makes discretionary matching contributions on behalf of the Plan's participants. The Company elected to match 25% of employee contributions up to the first 4% of their eligible compensation for the Plan years ended December 31, 2016 and 2015. The Company made discretionary contributions of $75,668 and $59,725 during the years ended December 31, 2016 and 2015, respectively. Participants may direct the investment of their contributions and the Company's contributions into various investment options offered by the Plan.

The Plan includes an automatic enrollment provision. Newly eligible employees who have otherwise not affirmatively opted out of enrolling in the Plan are automatically enrolled. Employees enrolled as a result of this provision defer 3% of their compensation to the Plan.

1. PLAN DESCRIPTION (Continued)

Participant Accounts
Participants direct the investment of their contributions and the Company's discretionary matching contributions into the various investment options offered by the Plan. Participant accounts are credited participant contributions, the Company's discretionary matching contributions, and actual earnings and losses thereon. Plan expenses are allocated based on participant account balances, according to specific terms provided by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting
Participants are immediately vested in all employee contributions and actual earnings and losses thereon. Participants become 20% vested in the Company's contributions after two years of service and vest ratably over the ensuing four years, becoming 100% vested in such contributions after six years of service.

Benefit Payments
The Plan provides for benefit payments upon termination of service due to death, disability or attainment of retirement age. Participants may elect disbursement of their vested account balance in either a lump-sum amount, in installments, or direct rollover into an individual retirement account or another qualified plan. The normal retirement age is the date a participant reaches the age of 65. Actively-employed participants that have reached the age of 60 may elect to receive in-service distributions. The Plan requires in-service distributions to actively-employed participants that have reached the age of 70 ½.

Benefit payments from the Plan will be made in a lump sum distribution if the balance is less than $1,000 and the participant does not direct the Plan otherwise.

Hardship Withdrawals
Hardship withdrawals from the Plan are permitted from a participant's account under certain circumstances. All hardship withdrawals must comply with the rules relating to hardships, which are uniformly applicable to all participants.

Notes Receivable from Participants
Participants may borrow up to the lesser of $50,000 or 50% of their vested account balance. Loan terms range from one to five years, unless they are used to purchase a primary residence, in which case repayment may be made over a reasonable period of time that may exceed five years. The loans are secured by the balance in the participant's account and bear interest at the prime rate plus 2% per annum. Principal and interest are paid ratably through payroll deductions.

Administration Expenses
The Plan pays certain administrative expenses associated with the administration of the Plan. Certain administrative expenses are paid by the Company.

Forfeitures
Forfeitures of non-vested account balances are used to reduce the Company's matching contributions or pay Plan expenses. Forfeited non-vested accounts totaled $1,322 and $397 at December 31, 2016 and 2015, respectively. The Company did not apply any forfeitures toward Company matching contributions or Plan expenses during 2016 and 2015.

1. PLAN DESCRIPTION (Continued)

Plan Termination

Although the Company has not expressed any intent to do so, the Company has the right to terminate the Plan at any time, subject to the provisions of ERISA. In the event of Plan termination, all participant accounts would become fully vested.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America.

Cash

The Plan maintains its cash in bank demand deposit accounts. At times, the amounts in the bank demand deposit accounts may exceed federally insured limits. The Plan has not experienced any losses in these accounts and believes it is not exposed to any significant credit risk with respect to cash.

Investments and Income Recognition

Investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold, as well as held, during the year.

Investments are exposed to various risks, such as interest rate and market risk. Due to the level of risk associated with certain investments and the level of uncertainty related to changes in the value of investments, it is at least reasonably possible that changes in the near term would materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

Fair Value Measurements – Definition and Hierarchy

The Plan uses various valuation techniques in determining fair value. Financial Accounting Standards Board Accounting Standards Codification 820 (ASC 820) establishes a hierarchy for inputs used in measuring fair value that maximizes the use of observable inputs and minimizes the use of unobservable inputs by requiring that the observable inputs be used when available. The hierarchy is broken down into three levels based on the reliability of inputs as follows:

- Level 1 – Valuations based on quoted prices in active markets for identical assets or liabilities that the Plan has the ability to access.

- Level 2 – Valuations based on quoted prices in markets that are not active or for which all significant inputs are observable, directly or indirectly.

- Level 3 – Valuations based on inputs that are unobservable and significant to the overall fair value measurement.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Fair Value Measurements – Definition and Hierarchy (Continued)
A description of where the Plan's investments fall within the hierarchy is presented in Note 4.

In certain cases, the inputs used to measure fair value may fall into different levels of the fair value hierarchy. In such cases, for disclosure purposes, the level in the fair value hierarchy is determined based on the least reliable input that is significant to the fair value measurement.

Notes Receivable from Participants
Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. As of December 31, 2016 and 2015, no allowance for credit losses has been recorded. If a participant does not make loan repayments and the plan administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document.

Benefit Payments
Benefit payments are recorded when paid.

Estimates
The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

3. CERTIFIED INVESTMENT INFORMATION

The following information was certified as complete and accurate by the custodian of the Plan's assets as of and for the years ended December 31:

	2016	2015
Cash	$ 1,322	$ 397
Investments, at fair value	$ 4,026,295	$ 3,239,507
Notes receivable from participants	$ 59,985	$ 32,961
Investment income (loss)	$ 261,511	$ (29,141)
Interest on notes receivable from participants	$ 2,884	$ 1,681
Schedule of assets (held at end of year)	Schedule I	

4. FAIR VALUE MEASUREMENTS

The Plan's assets at fair value, within the fair value hierarchy, are as follows at December 31:

2016	Level 1	Level 2	Level 3	Total
Guaranteed interest accounts	$ -	$ 66,016	$ -	$ 66,016
Investments, at net asset value				3,960,279
Total investments				$ 4,026,295

2015	Level 1	Level 2	Level 3	Total
Guaranteed interest accounts	$ -	$ 40,751	$ -	$ 40,751
Investments, at net asset value				3,198,756
Total investments				$ 3,239,507

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodology used at December 31, 2016 and 2015.

Pooled Separate Accounts: valued at net asset value per share practical expedient, which is based on quoted market prices of the underlying investments using a market approach.

Guaranteed Interest Accounts: valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the creditworthiness of the issuer.

Investment in Entities that Calculate Net Asset Value
The Plan is invested in pooled separate accounts that calculate net asset value on a daily basis. Units are issued and redeemed as of the end of each day at the daily net asset value.

The Plan's investments in pooled separate accounts are invested in global and domestic equity and fixed income based investments. The net asset value of these investments is derived from the market value of the underlying investments. The net asset value of the funds are then calculated and reported by John Hancock each day. Pooled separate account units may be redeemed on a daily basis to meet benefit payments and other participant-initiated withdrawals permitted by retirement plans invested in the pooled separate accounts, however, participants are limited to a maximum of two redemptions of a pooled separate account per month. The Plan's investments in pooled separate accounts do not have any unfunded commitments.

The methods described above may produce fair value calculations that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurements at the reporting date.

5. INCOME TAX STATUS

The Plan uses a prototype plan document developed by Northeast. Northeast received an opinion letter from the Internal Revenue Service (IRS) dated December 6, 2014, which states that the prototype document satisfies the applicable provisions of the IRC. The Plan itself has not received a determination letter from the IRS. However, the Plan's management and tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the accompanying financial statements.

6. PARTY-IN-INTEREST TRANSACTIONS

John Hancock is the custodian of the Plan assets. As such, transactions involving John Hancock and the Plan qualify as party-in-interest transactions. Additionally, transactions involving notes receivable from participants qualify as party-in-interest transactions.

7. RECONCILIATION TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to net assets available for benefits per Form 5500 at December 31:

	2016	2015
Net assets available for benefits per the financial statements	$ 4,219,020	$ 3,391,957
Guaranteed interest account recorded at contract value per Form 5500	1,758	228
Employee contributions receivable per Form 5500	21	-
Corrective employer contributions receivable in the current year	(46,339)	-
Corrective employer contributions receivable in the previous year	-	(42,717)
Net assets available for benefits per Form 5500	$ 4,174,460	$ 3,349,468

7. RECONCILIATION TO FORM 5500 (Continued)

The following table provides a reconciliation of the change in net assets available for benefits per the financial statements to Form 5500 for the years ended December 31:

	2016	2015
Change in net assets available for benefits, per the financial statements	$ 827,063	$ 462,618
Change in guaranteed interest account recorded at contract value per Form 5500	1,530	228
Change in corrective employer contributions receivable in the current year	(3,622)	-
Employee contributions receivable per Form 5500	21	-
Change in corrective employer contributions receivable in the previous year	-	(28,169)
Employer contributions receivable in the prior year, paid in the current year	-	39,770
Change in net assets available for benefits per Form 5500	$ 824,992	$ 474,447

8. PLAN CORRECTIONS

During October 2015, the Plan Administrator discovered that in certain instances the determination of compensation was not in accordance with the Plan document during the 2010 through 2014 Plan years. This resulted in incorrect contributions being made by certain participants. As of the date of these financial statements, the Company was in the process of correcting this deficiency though the Department of Labor's Voluntary Correction Program and will provide a corrective contribution to the Plan's affected participants for the calculated amounts and lost earnings. The Plan Administrator has calculated the corrective adjustment, including lost earnings, to be $46,339 and $42,717 as of December 31, 2016 and 2015, respectively. Accordingly, the amounts have been reflected as a component of the employer contributions receivable in the accompanying statements of net assets available for benefits at both December 31, 2016 and 2015.

9. SUBSEQUENT EVENTS

Subsequent events have been evaluated through October 10, 2017, which is the date the financial statements were available to be issued.

POWER & CONSTRUCTION GROUP, INC. 401(k) PROFIT SHARING PLAN

EMPLOYER IDENTIFICATION NUMBER 16-1425844
PLAN #001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2016

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost**	(e) Current Value
	CASH:			
	Cash - John Hancock	Cash		$ 1,322
	POOLED SEPARATE ACCOUNTS:			
	American Balanced Fund	Pooled separate account		924,425
	Income Fund of America	Pooled separate account		641,905
*	John Hancock 500 Index Fund	Pooled separate account		400,372
	Washington Mutual Investors Fund	Pooled separate account		186,359
	Jennison Capital Appreciation Fund	Pooled separate account		167,408
	ClearBridge Aggressive Growth Fund	Pooled separate account		143,170
	T. Rowe Price Science & Technology Fund	Pooled separate account		137,760
*	John Hancock Money Market Fund	Pooled separate account		125,116
*	John Hancock Blue Chip Growth Fund	Pooled separate account		120,074
	Vanguard Mid-Cap Growth ETF	Pooled separate account		111,565
	Parnassus Core Equity Fund	Pooled separate account		83,778
	Fidelity Advisor Total Bond	Pooled separate account		71,171
	Oppenheimer Developing Markets Fund	Pooled separate account		65,976
*	John Hancock Total Stock Market Index Fund	Pooled separate account		64,123
*	John Hancock New Perspective Fund	Pooled separate account		63,656
	T. Rowe Price Spectrum Income Fund	Pooled separate account		62,213
*	John Hancock Value Fund	Pooled separate account		58,389
	Federated High Yield Fund	Pooled separate account		55,573
	T. Rowe Price Retirement 2040	Pooled separate account		51,989
	Invesco Small Cap Growth Fund	Pooled separate account		48,006
*	John Hancock Mid Cap Index Fund	Pooled separate account		46,094
	T. Rowe Price Retirement 2055	Pooled separate account		42,713
	T. Rowe Price Retirement 2025	Pooled separate account		35,425
	Vanguard Short-Term Federal Fund	Pooled separate account		34,015
	Franklin Mutual Global Discovery Fund	Pooled separate account		32,565
	T. Rowe Price Retirement 2045	Pooled separate account		22,948
	T. Rowe Price Retirement 2050	Pooled separate account		22,540
	T. Rowe Price Retirement 2030	Pooled separate account		21,917
	T. Rowe Price Retirement 2035	Pooled separate account		21,460
	American Funds Euro Pacific Growth Fund	Pooled separate account		18,501
	T. Rowe Price Retirement 2020	Pooled separate account		18,151
	Strategic Income Opp Fund	Pooled separate account		17,750
*	John Hancock Mid Value Fund	Pooled separate account		16,336
	Undiscovered Mgr Behavioral	Pooled separate account		14,766

(Continued)

POWER & CONSTRUCTION GROUP, INC. 401(k) PROFIT SHARING PLAN

EMPLOYER IDENTIFICATION NUMBER 16-1425844
PLAN #001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (Continued)
DECEMBER 31, 2016

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost**	(e) Current Value
	POOLED SEPARATE ACCOUNTS:			
*	John Hancock Small Cap Value Fund	Pooled separate account		6,455
	T. Rowe Price Retirement 2015	Pooled separate account		3,258
	T. Rowe Price Retirement 2060	Pooled separate account		2,341
	T. Rowe Price Retirement 2010	Pooled separate account		16
				3,960,279
	GUARANTEED INTEREST ACCOUNT:			
*	John Hancock Guaranteed Interest Accounts	Guaranteed interest accounts		66,016
	NOTES RECEIVABLE FROM PARTICIPANTS:			
*	Notes Receivable From Participants	Loans outstanding with interest rates ranging from 5.25% to 5.5%, maturing through February 2021		59,985
				$ 4,087,602

* Denotes party-in-interest
** Cost omitted as all investments are participant directed

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans 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.**

OMB Nos. 1210-0110
1210-0089

2016

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A This return/report is for:
- ☐ a multiemployer plan
- ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- ☒ a single-employer plan
- ☐ a DFE (specify) ____

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 months)

C If the plan is a collectively-bargained plan, check here. ▶ ☐

D Check box if filing under:
- ☒ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
Power & Construction Group, Inc. 401(k) Profit Sharing Plan

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)
Power & Construction Group, Inc.

196 River Road, Box 96
PO Box 30
Scottsville, NY 14546

2b Employer Identification Number (EIN)
16-1425844

2c Plan Sponsor's telephone number
(585) 889-6016

2d Business code (see instructions)
237990

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 accompanying schedules, statements and attachments, 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	SR Pres	10/4/2017	Scott R. Ingalls
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

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 has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name	**4c** PN	
5 Total number of participants at the beginning of the plan year	**5**	232
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	210
a(2) Total number of active participants at the end of the plan year	**6a(2)**	198
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	29
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	227
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	227
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	197
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	7
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2G 2J 2K 3D

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [ ] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 1 **A** (Insurance Information)
- **(4)** [ ] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

Power & Construction
16-1425844
5500 12/31/16

SCHEDULE H, LINE 4i

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of Investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost **	(e) Current Value
	John Hancock	500 Index		$400,371.91
	John Hancock	American Balanced Fund		$924,425.32
	John Hancock	Blue Chip Growth		$120,073.73
	John Hancock	Capital Appreciation		$167,407.98
	John Hancock	ClearBridge Aggressive Gr		$143,169.71
	John Hancock	Europacific Growth		$18,501.34
	John Hancock	Federated Hi Yield Bond		$55,573.44
	John Hancock	Fidelity Advisor Total Bond		$71,170.92
	John Hancock	Income Fund America		$641,904.71
	John Hancock	Inv Small Cap Growth		$48,006.15
	John Hancock	Mid Cap Index Fund		$46,094.06
	John Hancock	Mid Cap Value		$16,336.41
	John Hancock	Money Market		$125,115.58
	John Hancock	Mutual Global		$32,564.96
	John Hancock	New Perspective		$63,655.56
	John Hancock	Oppenheimer Develop Mkt		$65,975.53
	John Hancock	Parnassus Core		$83,777.71
	John Hancock	Small Cap Value		$6,455.31
	John Hancock	Strategic Income Opp		$17,750.10
	John Hancock	T Rowe Price Retirement 2010		$15.58
	John Hancock	T Rowe Price Retirement 2015		$3,257.73
	John Hancock	T Rowe Price Retirement 2020		$18,151.38
	John Hancock	T Rowe Price Retirement 2025		$35,425.36
	John Hancock	T Rowe Price Retirement 2030		$21,917.08
	John Hancock	T Rowe Price Retirement 2035		$21,460.22
	John Hancock	T Rowe Price Retirement 2040		$51,988.92
	John Hancock	T Rowe Price Retirement 2045		$22,947.94
	John Hancock	T Rowe Price Retirement 2050		$22,539.75
	John Hancock	T Rowe Price Retirement 2055		$42,712.90
	John Hancock	T Rowe Price Retirement 2060		$2,341.47
	John Hancock	T Rowe Price Sc & Tech		$137,759.50
	John Hancock	T Rowe Price Spectrum		$62,213.25
	John Hancock	Total Stock Market		$64,123.47
	John Hancock	Undiscovered Mgr Behavioral		$14,765.77
	John Hancock	Value		$58,389.10
	John Hancock	Vanguard Mid-Cap Growth ETF		$111,564.78
	John Hancock	Vanguard Short Term Fed		$34,015.14
	John Hancock	Washington Mutual		$186,359.03
	** Cost omitted as these are participant directed investments			$3,960,278.80