# 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

**2017**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

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

**A** This return/report is for:
- [ ] 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
HELLAS CONSTRUCTION, INC 401(K) PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 01/01/2006

**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)

HELLAS CONSTRUCTION, INC

12710 RESEARCH BLVD, SUITE 240
AUSTIN, TX 78759

**2b** Employer Identification Number (EIN)
27-0074538

**2c** Plan Sponsor's telephone number
512-250-2910

**2d** Business code (see instructions)
238900

**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. | 10/11/2018 | FRANK PETRINI |
| | **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 |

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

**3b** Administrator's EIN

**3c** Administrator's telephone number

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

**4b** EIN

**4d** PN

| | | |
|---|---|---|
| **5** Total number of participants at the beginning of the plan year | **5** | 289 |
| **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)** | 264 |
| **a(2)** Total number of active participants at the end of the plan year | **6a(2)** | 329 |
| **b** Retired or separated participants receiving benefits | **6b** | 0 |
| **c** Other retired or separated participants entitled to future benefits | **6c** | 22 |
| **d** Subtotal. Add lines **6a(2)**, **6b**, and **6c** | **6d** | 351 |
| **e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 0 |
| **f** Total. Add lines **6d** and **6e**. | **6f** | 351 |
| **g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 113 |
| **h** Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 0 |
| **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 2J 2K 2F 2G 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)** | [X] | **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)** | [X] | | **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 2017 Form M-1 annual report. If the plan was not required to file the 2017 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

**2017**

**This Form is Open to Public Inspection**

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

**A** Name of plan
HELLAS CONSTRUCTION, INC 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
HELLAS CONSTRUCTION, INC

**D** Employer Identification Number (EIN)
27-0074538

**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 LIFE INSURANCE COMPANY (U.S.A.)

| (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 | (g) To |
| 01-0233346 | 65838 | 111513 | 121 | 01/01/2017 | 12/31/2017 |

**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 |
|---|---|
| 16535 | 1650 |

**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
LPL FINANCIAL CORPORATION

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---|---|---|
| | (c) Amount | (d) Purpose | |
| 16535 | | | 3 |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid
DAVID K. YOUNG CONSULTING, LLC
11118 WURZBACH ROAD, SUITE 300
SAN ANTONIO, TX 78230

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---|---|---|
| | (c) Amount | (d) Purpose | |
| | 1650 | TPA FEES | 5 |

**(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 | |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | 4919077 |

**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. | 6d | |

Specify nature of costs ▶

**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 ▶ GROUP ANNUITY

| | | | | | |
|---|---|---|---|---|---|
| **b** | Balance at the end of the previous year | | | 7b | 2089 |
| **c** | Additions: (1) Contributions deposited during the year | 7c(1) | 955245 | | |
| | (2) Dividends and credits | 7c(2) | | | |
| | (3) Interest credited during the year | 7c(3) | | | |
| | (4) Transferred from separate account | 7c(4) | 18275 | | |
| | (5) Other (specify below) | 7c(5) | | | |
| | ▶ | | | | |
| | (6) Total additions | | | 7c(6) | 973520 |
| **d** | Total of balance and additions (add lines **7b** and **7c(6)**). | | | 7d | 975609 |
| **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) | 973449 | | |
| | (4) Other (specify below) | 7e(4) | 71 | | |
| | ▶ PAYMENT TO TRUSTEES | | | | |
| | (5) Total deductions | | | 7e(5) | 973520 |
| **f** | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | 7f | 2089 |

## 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)** | 0 |
| **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)** | 0 |
| (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)** | 0 |
| (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 C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2017**<br>**This Form is Open to Public Inspection.** |

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

**A** Name of plan
HELLAS CONSTRUCTION, INC 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
HELLAS CONSTRUCTION, INC

**D** Employer Identification Number (EIN)
27-0074538

## Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

JOHN HANCOCK LIFE INSURANCE COMPANY

01-0233346

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

**(a)** Enter name and EIN or address (see instructions)

JOHN HANCOCK LIFE INSURANCE COMPANY

01-0233346

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 28 62 59 63 60 68 | RECORDKEEPER | 614 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [ ] No [X] |

**(a)** Enter name and EIN or address (see instructions)

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| | | | Yes [ ] No [ ] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

**(a)** Enter name and EIN or address (see instructions)

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| | | | Yes [ ] No [ ] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

**(a)** Enter name and EIN or address (see instructions)

| **(b)** Service Code(s) | **(c)** Relationship to employer, employee organization, or person known to be a party-in-interest | **(d)** Enter direct compensation paid by the plan. If none, enter -0-. | **(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | **(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | **(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | **(h)** Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| | | | Yes ☐ No ☐ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

**(a)** Enter name and EIN or address (see instructions)

| **(b)** Service Code(s) | **(c)** Relationship to employer, employee organization, or person known to be a party-in-interest | **(d)** Enter direct compensation paid by the plan. If none, enter -0-. | **(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | **(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | **(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | **(h)** Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| | | | Yes ☐ No ☐ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

**(a)** Enter name and EIN or address (see instructions)

| **(b)** Service Code(s) | **(c)** Relationship to employer, employee organization, or person known to be a party-in-interest | **(d)** Enter direct compensation paid by the plan. If none, enter -0-. | **(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | **(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | **(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | **(h)** Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| | | | Yes ☐ No ☐ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

## Part I Service Provider Information (continued)

**3.** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |
| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |
| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |
| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |

## Part II Service Providers Who Fail or Refuse to Provide Information

**4** Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

## Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

**a** Name: PADGETT ,STRATEMANN & CO.
**b** EIN: 74-1650885
**c** Position: AUDITOR
**d** Address: 811 BARTON SPRINGS ROAD
#550
AUSTIN, TX 78704
**e** Telephone: 512-476-0717

Explanation: COST SAVINGS

**a** Name:
**b** EIN:
**c** Position:
**d** Address:
**e** Telephone:

Explanation:

**a** Name:
**b** EIN:
**c** Position:
**d** Address:
**e** Telephone:

Explanation:

**a** Name:
**b** EIN:
**c** Position:
**d** Address:
**e** Telephone:

Explanation:

**a** Name:
**b** EIN:
**c** Position:
**d** Address:
**e** Telephone:

Explanation:

# 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

**2017**

**This Form is Open to Public Inspection.**

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

**A** Name of plan
HELLAS CONSTRUCTION, INC 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
HELLAS CONSTRUCTION, INC

**D** Employer Identification Number (EIN)
27-0074538

**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: RET TO 2015 MANAGED PORT

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE,U.S.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) |
|---|---|---|
| 01-0233346-000 | P | 0 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: RET TO 2020 MANAGED PORT

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE,U.S.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) |
|---|---|---|
| 01-0233346-000 | P | 0 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: RET TO 2025 MANAGED PORT

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE,U.S.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) |
|---|---|---|
| 01-0233346-000 | P | 0 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: RET TO 2030 MANAGED PORT

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE,U.S.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) |
|---|---|---|
| 01-0233346-000 | P | 0 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: RET TO 2035 MANAGED PORT

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE,U.S.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) |
|---|---|---|
| 01-0233346-000 | P | 0 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: RET TO 2040 MANAGED PORT

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE,U.S.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) |
|---|---|---|
| 01-0233346-000 | P | 0 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: RET TO 2045 MANAGED PORT

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE,U.S.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) |
|---|---|---|
| 01-0233346-000 | P | 0 |

| | | | |
|---|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: RET TO 2050 MANAGED PORT | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE,U.S.A | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LIFE STYLE MODERATE | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE,U.S.A | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 53499 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LIFE STYLE BALANCE | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE,U.S.A | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 103048 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LIFE STYLE GROWTH | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE,U.S.A | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 109002 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LIFE STYLE AGGRESSIVE | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE,U.S.A | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 63860 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: HIGH YIELD FUND | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE,U.S.A | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 70390 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: FUNDAMENTAL LARGE CAP VALUE | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE,U.S.A | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN BALANCED FUND | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE,U.S.A | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 46190 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL APPRECIATION | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE,U.S.A | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 25166 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: PARNASSUS EQUITY INCOME | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE,U.S.A | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 55385 |

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|---|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY CONTRAFUND | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE,U.S.A | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 91687 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: MUTUAL BEACON | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE,U.S.A | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 2000 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: 500 INDEX FUND | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE,U.S.A | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 544 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: NATURAL RESOURCE FUND | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE,U.S.A | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 8040 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD VALUE INDEX FUND | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE,U.S.A | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 73203 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: FUNDAMENTAL INVESTORS | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE,U.S.A | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 27041 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: NEW PERSPECTIVE FUND | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE,U.S.A | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 100129 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL WORLD GROWTH & INCOME | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE,U.S.A | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 73679 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: JH DISCIPLINED VALUE MID CAP | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE,U.S.A | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 90607 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE HEALTH SCI | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE,U.S.A | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 45565 |

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|---|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | LIFE STYLE CONSERVATIVE | | |
| **b** Name of sponsor of entity listed in (a): | JOHN HANCOCK LIFE INSURANCE,U.S.A | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 9509 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | INTEL EQUITY INDEX FUND | | |
| **b** Name of sponsor of entity listed in (a): | JOHN HANCOCK LIFE INSURANCE,U.S.A | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 4971 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | VANGUARD MID-CAP VALUE ETF | | |
| **b** Name of sponsor of entity listed in (a): | JOHN HANCOCK LIFE INSURANCE,U.S.A | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 12117 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | MONEY MARKET FUND | | |
| **b** Name of sponsor of entity listed in (a): | JOHN HANCOCK LIFE INSURANCE,U.S.A | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 1949 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | VANGUARD GROWTH INDEX FUND | | |
| **b** Name of sponsor of entity listed in (a): | JOHN HANCOCK LIFE INSURANCE,U.S.A | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 85068 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | LEGG MASON CLEAR AGG GROWTH | | |
| **b** Name of sponsor of entity listed in (a): | JOHN HANCOCK LIFE INSURANCE,U.S.A | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 51809 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | DFA U.S. SMALL CAP FUND | | |
| **b** Name of sponsor of entity listed in (a): | JOHN HANCOCK LIFE INSURANCE,U.S.A | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 56682 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | IDX MID | | |
| **b** Name of sponsor of entity listed in (a): | JOHN HANCOCK LIFE INSURANCE,U.S.A | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 30507 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | DODGE & COX INTERNATIONAL | | |
| **b** Name of sponsor of entity listed in (a): | JOHN HANCOCK LIFE INSURANCE,U.S.A | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 1207 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | FIDELITY ADV LEVERAGED CO STCK | | |
| **b** Name of sponsor of entity listed in (a): | JOHN HANCOCK LIFE INSURANCE,U.S.A | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |

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|---|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: VS RESTS | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE,U.S.A | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 9187 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: STRATEGIC INCOME OPP FUND | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE,U.S.A | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: RET TO 2055 MANAGED PORT | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE,U.S.A | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL BOND MARKET | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE,U.S.A | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 16460 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL BOND FUND | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE,U.S.A | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 13296 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: INVESTMENT COMPANY OF AMERICA | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE,U.S.A | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 26008 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: UTILITIES FUND | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE,U.S.A | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 10528 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: GROWTH | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE,U.S.A | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 1561 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: ALL CAP CORE FUND | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE,U.S.A | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALL CAP VALUE INDEX | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE,U.S.A | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 5429 |

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|---|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | IVY ASSET STRATEGY FUND | | |
| **b** Name of sponsor of entity listed in (a): | JOHN HANCOCK LIFE INSURANCE,U.S.A | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | AMERICAN FUNDS 2050 | | |
| **b** Name of sponsor of entity listed in (a): | JOHN HANCOCK LIFE INSURANCE,U.S.A | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 182253 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | NEW WORLD FUND | | |
| **b** Name of sponsor of entity listed in (a): | JOHN HANCOCK LIFE INSURANCE,U.S.A | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 8954 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | VANGUARD MID CAP GROWTH ETF | | |
| **b** Name of sponsor of entity listed in (a): | JOHN HANCOCK LIFE INSURANCE,U.S.A | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 4396 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | AMERICAN CENTURY HERITAGE | | |
| **b** Name of sponsor of entity listed in (a): | JOHN HANCOCK LIFE INSURANCE,U.S.A | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 1653 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | SMALL CAP WORLD FUND | | |
| **b** Name of sponsor of entity listed in (a): | JOHN HANCOCK LIFE INSURANCE,U.S.A | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 5067 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | VANGUARD EXPLORER FUND | | |
| **b** Name of sponsor of entity listed in (a): | JOHN HANCOCK LIFE INSURANCE,U.S.A | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 5069 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | EURO PACIFIC GROWTH FUND | | |
| **b** Name of sponsor of entity listed in (a): | JOHN HANCOCK LIFE INSURANCE,U.S.A | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 7111 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | SMALL CAP INDEX FUND | | |
| **b** Name of sponsor of entity listed in (a): | JOHN HANCOCK LIFE INSURANCE,U.S.A | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 5179 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | IDX INTL | | |
| **b** Name of sponsor of entity listed in (a): | JOHN HANCOCK LIFE INSURANCE,U.S.A | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 3660 |

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|---|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: VAMERICAN FUNDS 2055 | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE,U.S.A | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 93744 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD ENERGY FUND | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE,U.S.A | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 24086 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: VS VALUE | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE,U.S.A | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: ASTMIDCAP | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE,U.S.A | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: VS STR INC | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE,U.S.A | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: TOCQ GOLD | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE,U.S.A | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: DODGE & COX STOCK FUND | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE,U.S.A | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 23469 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: VALUE FUND | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE,U.S.A | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: WASHINGTON MUTUAL INVESTORS | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE,U.S.A | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 2098 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL INCOME BUILDER | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE,U.S.A | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 20818 |

| | | |
|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALL CAP VALUE INDEX | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE,U.S.A | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 497 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2060 | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE,U.S.A | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11702 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2010 | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE,U.S.A | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 287828 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2015 | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE,U.S.A | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 72864 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2020 | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE,U.S.A | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 717038 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2025 | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE,U.S.A | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 675568 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2030 | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE,U.S.A | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 247547 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2035 | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE,U.S.A | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 373800 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2040 | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE,U.S.A | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 238300 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2045 | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE,U.S.A | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 531052 |

## 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 |
|---|---|

**a** Plan name

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

# SCHEDULE H (Form 5500)

Department of the Treasury
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

**2017**

**This Form is Open to Public Inspection**

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

**A** Name of plan
HELLAS CONSTRUCTION, INC 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
HELLAS CONSTRUCTION, INC

**D** Employer Identification Number (EIN)
27-0074538

## 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) | 14947 | 1507 |
| **(2)** Participant contributions | 1b(2) | 25848 | 3019 |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 2090 | 2090 |
| **(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) | 79794 | 136431 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | 3609368 | 4919076 |
| **(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) | | |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(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 | 3732047 | 5062123 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | | |
| **h** | Operating payables | 1h | | |
| **i** | Acquisition indebtedness | 1i | | |
| **j** | Other liabilities | 1j | 0 | 0 |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 0 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 3732047 | 5062123 |

## 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) | 311792 | |
| | **(B)** Participants | 2a(1)(B) | 554472 | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | 200 | |
| | **(2)** Noncash contributions | 2a(2) | | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 866464 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | | |
| | **(B)** U.S. Government securities | 2b(1)(B) | | |
| | **(C)** Corporate debt instruments | 2b(1)(C) | | |
| | **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| | **(E)** Participant loans | 2b(1)(E) | 5147 | |
| | **(F)** Other | 2b(1)(F) | | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 5147 |
| | **(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) | | |
| | **(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) | | 0 |
| | **(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) | | 0 |

| | | (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) | | 568822 |
| c Other income | 2c | | |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 1440433 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 92531 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 92531 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | 15562 |
| h Interest expense | 2h | | |
| i Administrative expenses: (1) Professional fees | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Investment advisory and management fees | 2i(3) | 2264 | |
| (4) Other | 2i(4) | | |
| (5) Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 2264 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 110357 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 1330076 |
| 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: RSM US LLP **(2)** EIN: 42-0714325

**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 | | 567930 |
| **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 | | 1000000 |
| 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 | | X | |

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

**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.)

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 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

**2017**

**This Form is Open to Public Inspection.**

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

**A** Name of plan
HELLAS CONSTRUCTION, INC 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
HELLAS CONSTRUCTION, INC

**D** Employer Identification Number (EIN)
27-0074538

## Part I Distributions

**All references to distributions relate only to payments of benefits during the plan year.**

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... **1** 0

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 01-0233346

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

**3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... **3**

## Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

**If the plan is a defined benefit plan, go to line 8.**

**5** 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 ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

**6** **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) ..... **6a**

**b** Enter the amount contributed by the employer to the plan for this plan year ..... **6b**

**c** Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... **6c**

**If you completed line 6c, skip lines 8 and 9.**

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

**8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

## Part III Amendments

**9** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

## Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

**11** **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

**14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

| | | |
|---|---|---|
| **a** The current year | **14a** | |
| **b** The plan year immediately preceding the current plan year | **14b** | |
| **c** The second preceding plan year | **14c** | |

**15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

| | | |
|---|---|---|
| **a** The corresponding number for the plan year immediately preceding the current plan year | **15a** | |
| **b** The corresponding number for the second preceding plan year | **15b** | |

**16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

| | | |
|---|---|---|
| **a** Enter the number of employers who withdrew during the preceding plan year | **16a** | |
| **b** If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers | **16b** | |

**17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

## Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

**18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

**19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

**a** Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

**b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

**c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

# Hellas Construction, Inc. 401(k) Plan

Financial Report
December 31, 2017

THE POWER OF BEING UNDERSTOOD
AUDIT | TAX | CONSULTING

RSM

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RSM US LLP

# Independent Auditor's Report

To the Trustee
Hellas Construction, Inc. 401(k) Plan

## Report on the Financial Statements

We are engaged to audit the accompanying financial statements of Hellas Construction, Inc. 401(k) Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, the related statement of changes in net assets available for benefits for the year ended December 31, 2017, 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 or provided by John Hancock Life Insurance Company (U.S.A), the custodian of the Plan, except for comparing this 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 assets and executes transactions. The Plan Administrator has obtained a certification from the custodian as of December 31, 2017 and 2016, and for the year ended December 31, 2017, 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.



RSM US LLP is the U.S. member firm of RSM International, a global network of independent audit, tax, and consulting firms. Visit rsmus.com/aboutus for more information regarding RSM US LLP and RSM International.

**Other Matter—Supplemental Schedules**
The supplemental schedules, Schedule H, Line 4a—Schedule of delinquent participant contributions for the year ended December 31, 2017, and Schedule H, Line 4i—Schedule of assets (held at end of year) as of December 31, 2017, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. The supplemental schedules are the responsibility of the Plan's management. 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 schedules.

**Report on Form and Content in Compliance With the Department of Labor's Rules and Regulations**
The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified or provided 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.

RSM US LLP

Austin, Texas
October 9, 2018

**Hellas Construction, Inc. 401(k) Plan**

**Statements of Net Assets Available for Benefits**
**December 31, 2017 and 2016**

| | 2017 | 2016 |
|---|---|---|
| Assets: | | |
| Investments at fair value | **$ 4,919,076** | $ 3,609,368 |
| Interest-bearing cash | **2,090** | 2,090 |
| Receivables: | | |
| Participant contributions | **3,019** | 25,848 |
| Employer contributions | **1,507** | 14,947 |
| Notes receivable from participants | **136,431** | 79,794 |
| **Total receivables** | **140,957** | 120,589 |
| **Net assets available for benefits** | **$ 5,062,123** | $ 3,732,047 |

See notes to financial statements.

**Hellas Construction, Inc. 401(k) Plan**

**Statement of Changes in Net Assets Available for Benefits**
**Year Ended December 31, 2017**

| | |
|---|---|
| Additions to net assets attributed to: | |
| Net appreciation in fair value of investments | $ 568,820 |
| Interest income on notes receivable from participants | 5,147 |
| Contributions: | |
| Participants | 554,473 |
| Employer | 311,793 |
| Other | 200 |
| **Total contributions** | 866,466 |
| **Total additions** | 1,440,433 |
| Deductions from net assets attributed to: | |
| Benefits paid to participants | 108,093 |
| Administrative expenses | 2,264 |
| **Total deductions** | 110,357 |
| **Net increase in net assets available for benefits** | 1,330,076 |
| Net assets available for benefits at beginning of year | 3,732,047 |
| Net assets available for benefits at end of year | $ 5,062,123 |

## Note 1. Description of Plan

The following description of Hellas Construction, Inc. 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

**General and eligibility:** The Plan is a defined contribution profit sharing plan which covers all employees of Hellas Construction, Inc. (the Company or Plan Sponsor) who have completed one year of service and are age 21 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

**Contributions:** The Company contributes safe harbor contributions of 100 percent of the first 3 percent of compensation a participant contributes to the Plan, plus 50 percent of the next 2 percent (between 3 percent and 5 percent) of compensation that a participant contributes to the Plan, as defined by the Plan. Additional profit sharing and matching amounts may be contributed at the option of the Company's Board of Directors. There were no discretionary profit sharing or additional matching contributions for 2017 and 2016. Contributions are subject to certain limitations.

Participants may elect to contribute up to 90 percent of eligible compensation. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans.

**Participant accounts:** Participants direct the investment of their contributions into various investment options offered by the Plan.

Each participant's account is credited with the participant's contributions and allocations of the Company's contributions and Plan earnings and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**Vesting:** Participants are vested immediately in their contributions, Company safe harbor contributions and actual earnings thereon. Vesting in the Company's profit sharing and matching contribution portion of their accounts is based on years of continuous service. Company profit sharing and matching contributions have a six-year graded vesting period as follows:

| Completed Years of Service | Vested Percentage |
|---|---|
| Less than 2 years | 0% |
| 2 years | 20% |
| 3 years | 40% |
| 4 years | 60% |
| 5 years | 80% |
| 6 years | 100% |

**Notes receivable from participants:** Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50 percent of their vested account balance. The loans are secured by the balance in the participant's account and bear interest, as determined by the Plan Administrator. Principal and interest are paid through payroll deductions.

### Note 1. Description of Plan (Continued)

**Payment of benefits:** On termination of service, a participant may elect to receive a lump-sum distribution equal to the value of the participant's vested interest in his or her account. Any balance under $1,000 is automatically paid out as soon as administratively possible. Hardship withdrawals are also available subject to certain limitations.

**Forfeitures:** Participant forfeitures of nonvested balances will be used to reduce future employer contributions and pay the expenses of the Plan. As of December 31, 2017 and 2016, and for the year ended December 31, 2017, there were no significant forfeited nonvested accounts or unallocated forfeitures.

**Administrative expenses:** Administrative expenses may be paid by either the Plan Sponsor or the Plan, as provided by the Plan document. Loan administration fees are paid by the participant electing the loan.

### Note 2. Summary of Significant Accounting Policies

**Basis of accounting:** The accompanying financial statements are prepared on the accrual basis of accounting.

**Use of estimates:** The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

**Investment valuation and income recognition:** Investments are reported at fair value. Fair value is the price that would be recognized to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for disclosure of the fair value measurements.

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

**Notes receivable from participants:** Notes receivable from participants are measured at their unpaid principal balance plus 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. If a participant ceases to make loan repayments and the Plan Administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Notes receivable from participants have been classified as an investment asset for Form 5500 reporting purposes and, accordingly, have been included as an investment in the supplemental schedule, Schedule H, Line 4i—Schedule of assets (held at end of year).

**Payment of benefits:** Benefits to participants are recorded when paid.

**Administrative expenses:** Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. Certain other administrative expenses of the Plan are paid directly by the Plan or Plan Sponsor.

**Subsequent events:** The Plan has evaluated subsequent events through October 9, 2018, the date the financial statements were available to be issued.

### Note 3. Information Certified and Provided by John Hancock Life Insurance Company (U.S.A.) (John Hancock)

The following is a summary of the Plan's asset information as of December 31, 2017 and 2016, and for the year ended December 31, 2017, included throughout the Plan's financial statements and supplemental schedules, that was prepared by or derived from information provided by the custodian and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the custodian that the information provided to the Plan Administrator by the custodian related to the following assets is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the information that appears throughout the financial statements and supplemental schedules related to the following assets:

| | December 31 | |
|---|---|---|
| | 2017 | 2016 |
| Investments at fair value | $ 4,919,076 | $ 3,609,368 |
| Interest-bearing cash | 2,090 | 2,090 |
| Notes receivable from participants | 136,431 | 79,794 |

The custodian also certified the completeness and accuracy of $568,820 of net appreciation in fair value of investments and $5,147 of interest income on notes receivable from participants for the year ended December 31, 2017.

### Note 4. Fair Value Measurements

The *FASB Accounting Standards Codification* (ASC) Topic 820, Fair Value Measurements and Disclosures, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC Topic 820, Fair Value Measurements and Disclosures, are described below.

**Level 1:** Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

**Level 2:** Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets
- Quoted prices for identical or similar assets or liabilities in inactive markets
- Inputs other than quoted prices for the asset or liability that are observable
- Inputs that are derived principally from, or corroborated by, observable market data by correlation or other means

If the asset or liability has a specified (contractual) term, Level 2 inputs must be observable for substantially the full term of the asset or liability.

## Note 4. Fair Value Measurements (Continued)

**Level 3:** Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques that are used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodology used for assets measured at fair value. There have been no changes in the methodology used at December 31, 2017 and 2016.

**Pooled separate accounts:** Pooled separate accounts are valued at the net asset value (NAV) of shares held by the Plan. The NAV, as provided by the custodian, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participants transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the pooled separate accounts, the investment adviser reserves the right to temporarily delay withdrawal from the fund in order to ensure that securities liquidations will be carried out in an orderly business manner. The pooled separate accounts are not included in the valuation hierarchy.

The method above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation method is 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 measurement at the reporting date.

The following table sets forth additional disclosures of the Plan's investments whose fair value is estimated using NAV per share as of December 31, 2017 and 2016:

| | Fair Value at December 31 | | Unfunded | Redemption | Redemption |
|---|---|---|---|---|---|
| | 2017 | 2016 | Commitments | Frequency | Notice Period |
| Pooled separate accounts | $ 4,919,076 | $ 3,609,368 | $ - | Daily | None |

## Note 5. Party-in-Interest Transactions

Certain Plan investments are managed by John Hancock. John Hancock is the custodian, as defined by the Plan and, therefore, these investments qualify as party-in-interest transactions. The Plan Sponsor paid certain administrative expenses related to the Plan for the year ended December 31, 2017.

## Note 6. Plan Termination

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100 percent vested in their Plan Sponsor contributions.

### Note 7. Tax Status

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the United States federal or state tax authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

The Internal Revenue Service has determined and informed the Plan Sponsor by a letter dated March 31, 2014, that the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan Administrator believes the Plan is currently designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believes the Plan is qualified and the related trust is tax exempt.

### Note 8. Risks and Uncertainties

The Plan invests in various types of investments. Investments are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

### Note 9. Prohibited Transactions

During 2017, the Plan Sponsor inadvertently failed to deposit $73,966 of participant deferrals within the required time frame, as stated by the DOL's regulations. The Plan Sponsor intends to reimburse the Plan for lost interest of approximately $400 during 2018. The correction will be made from the Plan Sponsor's assets and not from the assets of the Plan.

During 2016, the Plan Sponsor inadvertently failed to deposit $493,964 of participant deferrals within the required time frame, as stated by the DOL's regulations. The Plan Sponsor reimbursed the Plan for lost interest of approximately $1,000 during 2017. The correction was made from the Plan Sponsor's assets and not from the assets of the Plan.

# Supplemental Schedules

**Hellas Construction, Inc. 401(k) Plan**
**Employer Identification Number 27-0074538, Plan Number 001**

**Schedule H, Line 4a—Schedule of Delinquent Participant Contributions**
**Year Ended December 31, 2017**

| Participant Contributions Transferred Late to Plan | Totals That Constitute Prohibited Nonexempt Transactions | | | |
|---|---|---|---|---|
| Check Here if Late Participant Loan Repayments are Included X | Contributions Not Corrected | Contributions Corrected Outside of VFCP | Contributions Pending Correction in VFCP | Total Fully Corrected Under VFCP and PTE 2002-51 |
| 2017 | $ 73,966 | $ - | $ - | $ - |
| 2016 | - | - | 493,964 | - |

The accompanying notes to the financial statements are an integral part of this schedule.

**Hellas Construction, Inc. 401(k) Plan**
**Employer Identification Number 27-0074538, Plan Number 001**

**Schedule H, Line 4i—Schedule of Assets (Held at End of Year)**
**December 31, 2017**

| Identity of Issuer | Description of Investment | Current Value |
|---|---|---|
| John Hancock Life Insurance Company (U.S.A)*: | | |
| American Funds 2020 TD | Pooled separate account | $ 717,037 |
| American Funds 2025 TD | Pooled separate account | 675,568 |
| American Funds 2045 TD | Pooled separate account | 531,052 |
| American Funds 2035 TD | Pooled separate account | 373,800 |
| American Funds 2010 TD | Pooled separate account | 287,828 |
| American Funds 2030 TD | Pooled separate account | 247,547 |
| American Funds 2040 TD | Pooled separate account | 238,300 |
| American Funds 2050 TD | Pooled separate account | 182,253 |
| JH Multimanager Growth LS | Pooled separate account | 109,002 |
| JH Multimanager Balanced LS | Pooled separate account | 103,048 |
| New Perspective Fund | Pooled separate account | 100,129 |
| American Funds 2055 TD | Pooled separate account | 93,744 |
| Fidelity ContraFund | Pooled separate account | 91,687 |
| JH Disciplined Value Mid Cap | Pooled separate account | 90,607 |
| Vanguard Growth Index Fund | Pooled separate account | 85,068 |
| Capital World Growth & Income | Pooled separate account | 73,679 |
| Vanguard Value Index Fund | Pooled separate account | 73,203 |
| American Funds 2015 TD | Pooled separate account | 72,864 |
| High Yield Fund | Pooled separate account | 70,390 |
| JH Multimanager Aggressive LS | Pooled separate account | 63,860 |
| DFA U.S. Small Cap Fund | Pooled separate account | 56,682 |
| Parnassus Core Equity Fund | Pooled separate account | 55,385 |
| JH Multimanager Moderate LS | Pooled separate account | 53,499 |
| ClearBridge Aggressive Growth | Pooled separate account | 51,809 |
| American Balanced Fund | Pooled separate account | 46,190 |
| T. Rowe Price Health Sci. | Pooled separate account | 45,565 |
| Mid Cap Index Fund | Pooled separate account | 30,507 |
| Fundamental Investors | Pooled separate account | 27,041 |
| Investment Company of America | Pooled separate account | 26,008 |
| T. Rowe Price Cap Appreciation | Pooled separate account | 25,166 |
| Vanguard Energy Fund | Pooled separate account | 24,086 |
| Dodge & Cox Stock Fund | Pooled separate account | 23,469 |
| Capital Income Builder | Pooled separate account | 20,818 |
| Total Bond Market Fund | Pooled separate account | 16,460 |
| Global Bond Fund | Pooled separate account | 13,296 |
| Vanguard Mid-Cap Value ETF | Pooled separate account | 12,117 |
| American Funds 2060 TD | Pooled separate account | 11,702 |
| Utilities Fund | Pooled separate account | 10,528 |
| JH Multimanager Conserv LS | Pooled separate account | 9,509 |
| Real Est. Securities Fund | Pooled separate account | 9,187 |
| New World Fund | Pooled separate account | 8,954 |

(Continued)

**Hellas Construction, Inc. 401(k) Plan**
**Employer Identification Number 27-0074538, Plan Number 001**

**Schedule H, Line 4i—Schedule of Assets (Held at End of Year) (Continued)**
**December 31, 2017**

| Identity of Issuer | Description of Investment | Current Value |
|---|---|---|
| John Hancock Life Insurance Company (U.S.A)*: (Continued) | | |
| Natural Resources Fund | Pooled separate account | $ 8,040 |
| EuroPacific Growth Fund | Pooled separate account | 7,111 |
| Vanguard Small Cap Grow Index | Pooled separate account | 5,429 |
| Small Cap Index Fund | Pooled separate account | 5,179 |
| Vanguard Explorer Fund | Pooled separate account | 5,069 |
| SMALLCAP World Fund | Pooled separate account | 5,067 |
| Intl. Equity Index Fund | Pooled separate account | 4,971 |
| Vanguard Mid-Cap Growth ETF | Pooled separate account | 4,396 |
| Total Stock Market Index Fund | Pooled separate account | 3,660 |
| Washington Mutual Investors | Pooled separate account | 2,098 |
| Franklin Mutual Beacon Fund | Pooled separate account | 2,000 |
| Money Market Fund | Pooled separate account | 1,949 |
| American Century Heritage | Pooled separate account | 1,653 |
| The Growth Fund of America | Pooled separate account | 1,561 |
| Dodge & Cox International St. | Pooled separate account | 1,207 |
| 500 Index Fund | Pooled separate account | 544 |
| Vanguard Small Cap Value Index | Pooled separate account | 498 |
| Participant loans* | Interest rates ranging from 3.25% to 6.25% with various maturities | 136,431 |
| | | $ 5,055,507 |

*Represents a party in interest

The information above has been certified by John Hancock Life Insurance Company (U.S.A), the custodian, as complete and accurate.

See independent auditor’s report.


RSM

# 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

**2017**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

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

**A** This return/report is for:
- ☐ 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
Hellas Construction, Inc 401(k) Plan

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 01/01/2006

**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)

Hellas Construction, Inc

12710 Research Blvd, Suite 240

Austin TX 78759

**2b** Employer Identification Number (EIN)
27-0074538

**2c** Plan Sponsor's telephone number
512-250-2910

**2d** Business code (see instructions)
238900

**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 | | 10/11/2018 | Frank Petrini |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| SIGN HERE | | 10/11/2018 | Frank Petrini |
| | **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 |

# Supplemental Schedules

**Hellas Construction, Inc. 401(k) Plan**
**Employer Identification Number 27-0074538, Plan Number 001**

**Schedule H, Line 4a—Schedule of Delinquent Participant Contributions**
**Year Ended December 31, 2017**

| Participant Contributions Transferred Late to Plan | Totals That Constitute Prohibited Nonexempt Transactions | | | |
|---|---|---|---|---|
| Check Here if Late Participant Loan Repayments are Included X | Contributions Not Corrected | Contributions Corrected Outside of VFCP | Contributions Pending Correction in VFCP | Total Fully Corrected Under VFCP and PTE 2002-51 |
| 2017 | $ 73,966 | $ - | $ - | $ - |
| 2016 | - | - | 493,964 | - |

The accompanying notes to the financial statements are an integral part of this schedule.

**Hellas Construction, Inc. 401(k) Plan**
**Employer Identification Number 27-0074538, Plan Number 001**

**Schedule H, Line 4i—Schedule of Assets (Held at End of Year)**
**December 31, 2017**

| Identity of Issuer | Description of Investment | Current Value |
|---|---|---|
| John Hancock Life Insurance Company (U.S.A)*: | | |
| American Funds 2020 TD | Pooled separate account | $ 717,037 |
| American Funds 2025 TD | Pooled separate account | 675,568 |
| American Funds 2045 TD | Pooled separate account | 531,052 |
| American Funds 2035 TD | Pooled separate account | 373,800 |
| American Funds 2010 TD | Pooled separate account | 287,828 |
| American Funds 2030 TD | Pooled separate account | 247,547 |
| American Funds 2040 TD | Pooled separate account | 238,300 |
| American Funds 2050 TD | Pooled separate account | 182,253 |
| JH Multimanager Growth LS | Pooled separate account | 109,002 |
| JH Multimanager Balanced LS | Pooled separate account | 103,048 |
| New Perspective Fund | Pooled separate account | 100,129 |
| American Funds 2055 TD | Pooled separate account | 93,744 |
| Fidelity ContraFund | Pooled separate account | 91,687 |
| JH Disciplined Value Mid Cap | Pooled separate account | 90,607 |
| Vanguard Growth Index Fund | Pooled separate account | 85,068 |
| Capital World Growth & Income | Pooled separate account | 73,679 |
| Vanguard Value Index Fund | Pooled separate account | 73,203 |
| American Funds 2015 TD | Pooled separate account | 72,864 |
| High Yield Fund | Pooled separate account | 70,390 |
| JH Multimanager Aggressive LS | Pooled separate account | 63,860 |
| DFA U.S. Small Cap Fund | Pooled separate account | 56,682 |
| Parnassus Core Equity Fund | Pooled separate account | 55,385 |
| JH Multimanager Moderate LS | Pooled separate account | 53,499 |
| ClearBridge Aggressive Growth | Pooled separate account | 51,809 |
| American Balanced Fund | Pooled separate account | 46,190 |
| T. Rowe Price Health Sci. | Pooled separate account | 45,565 |
| Mid Cap Index Fund | Pooled separate account | 30,507 |
| Fundamental Investors | Pooled separate account | 27,041 |
| Investment Company of America | Pooled separate account | 26,008 |
| T. Rowe Price Cap Appreciation | Pooled separate account | 25,166 |
| Vanguard Energy Fund | Pooled separate account | 24,086 |
| Dodge & Cox Stock Fund | Pooled separate account | 23,469 |
| Capital Income Builder | Pooled separate account | 20,818 |
| Total Bond Market Fund | Pooled separate account | 16,460 |
| Global Bond Fund | Pooled separate account | 13,296 |
| Vanguard Mid-Cap Value ETF | Pooled separate account | 12,117 |
| American Funds 2060 TD | Pooled separate account | 11,702 |
| Utilities Fund | Pooled separate account | 10,528 |
| JH Multimanager Conserv LS | Pooled separate account | 9,509 |
| Real Est. Securities Fund | Pooled separate account | 9,187 |
| New World Fund | Pooled separate account | 8,954 |

(Continued)

**Hellas Construction, Inc. 401(k) Plan**
**Employer Identification Number 27-0074538, Plan Number 001**

**Schedule H, Line 4i—Schedule of Assets (Held at End of Year) (Continued)**
**December 31, 2017**

| Identity of Issuer | Description of Investment | Current Value |
|---|---|---|
| John Hancock Life Insurance Company (U.S.A)*: (Continued) | | |
| Natural Resources Fund | Pooled separate account | $ 8,040 |
| EuroPacific Growth Fund | Pooled separate account | 7,111 |
| Vanguard Small Cap Grow Index | Pooled separate account | 5,429 |
| Small Cap Index Fund | Pooled separate account | 5,179 |
| Vanguard Explorer Fund | Pooled separate account | 5,069 |
| SMALLCAP World Fund | Pooled separate account | 5,067 |
| Intl. Equity Index Fund | Pooled separate account | 4,971 |
| Vanguard Mid-Cap Growth ETF | Pooled separate account | 4,396 |
| Total Stock Market Index Fund | Pooled separate account | 3,660 |
| Washington Mutual Investors | Pooled separate account | 2,098 |
| Franklin Mutual Beacon Fund | Pooled separate account | 2,000 |
| Money Market Fund | Pooled separate account | 1,949 |
| American Century Heritage | Pooled separate account | 1,653 |
| The Growth Fund of America | Pooled separate account | 1,561 |
| Dodge & Cox International St. | Pooled separate account | 1,207 |
| 500 Index Fund | Pooled separate account | 544 |
| Vanguard Small Cap Value Index | Pooled separate account | 498 |
| Participant loans* | Interest rates ranging from 3.25% to 6.25% with various maturities | 136,431 |
| | | $ 5,055,507 |

*Represents a party in interest

The information above has been certified by John Hancock Life Insurance Company (U.S.A), the custodian, as complete and accurate.

See independent auditor’s report.