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
HELIX ELECTRIC HEALTH AND WELFARE PLAN

1b Three-digit plan number (PN) ▶ 504

1c Effective date of plan 04/01/1995

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)

HELIX ELECTRIC, INC.

PO BOX 85298
SAN DIEGO, CA 92186

2b Employer Identification Number (EIN)
33-0124909

2c Plan Sponsor's telephone number
858-623-1207

2d Business code (see instructions)
238210

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.	10/10/2018	MICHAEL STONE
	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**	2075
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)**	2075
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	3090
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	3090
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
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:

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

4A 4B 4D 4E

9a Plan funding arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 9 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **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
HELIX ELECTRIC HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 504

C Plan sponsor's name as shown on line 2a of Form 5500
HELIX ELECTRIC, INC.

D Employer Identification Number (EIN)
33-0124909

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
KAISER FOUNDATION HEALTH PLAN, INC.

(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
94-1340523	N/A	225149	655	08/01/2016	07/31/2017

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
57617	0

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
ALLIANT INSURANCE SERVICES
701 B STREET, STE 600
SAN DIEGO, CA 92101

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code
35527			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
MERCER HEALTH & BENEFITS
155 N WACKER DR STE 1500
CHICAGO, IL 60606-1710

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code
22090			3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

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 ▶

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6) Total additions			**7c(6)**	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

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** [X] 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** [X] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	2128442
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. Specify nature of costs.			**10b**	

Part IV Provision of Information

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

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

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
HELIX ELECTRIC HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 504

C Plan sponsor's name as shown on line 2a of Form 5500
HELIX ELECTRIC, INC.

D Employer Identification Number (EIN)
33-0124909

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
KAISER FOUNDATION HEALTH PLAN, INC.

(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
94-1340523	N/A	37502	590	08/01/2016	07/31/2017

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
49739	0

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
ALLIANT INSURANCE SERVICES
701 B STREET, STE 600
SAN DIEGO, CA 92101

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
31139			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
MERCER HEALTH & BENEFITS
155 N WACKER DR STE 1500
CHICAGO, IL 60606-1710

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
18600			3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

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 ▶

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6) Total additions			**7c(6)**	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

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** [X] 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** [X] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	1889507
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. Specify nature of costs.			**10b**	

Part IV Provision of Information

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

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

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
HELIX ELECTRIC HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 504

C Plan sponsor's name as shown on line 2a of Form 5500
HELIX ELECTRIC, INC.

D Employer Identification Number (EIN)
33-0124909

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
UNITED CONCORDIA DENTAL PLANS OF CALIFORNIA, INC.

(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
23-7328765	95789	899588-000	911	08/01/2016	07/31/2017

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
6664	0

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

ALLIANT INSURANCE SERVICES
701 B STREET, STE 600
SAN DIEGO, CA 92101

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6664			3

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

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

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

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

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

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

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

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

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

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

(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**	

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 ▶

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6) Total additions			**7c(6)**	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

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** [X] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	123762
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. Specify nature of costs.			**10b**	

Part IV Provision of Information

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

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

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
HELIX ELECTRIC HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 504

C Plan sponsor's name as shown on line 2a of Form 5500
HELIX ELECTRIC, INC.

D Employer Identification Number (EIN)
33-0124909

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
UNITEDHEALTHCARE INSURANCE COMPANY

(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
36-2739571	79413	902601	2002	08/01/2016	07/31/2017

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
230483	297822

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
ALLIANT INSURANCE SERVICES
701 B STREET, STE 600
SAN DIEGO, CA 92101

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
128402	297822	BONUS	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
MERCER HEALTH & BENEFITS
17901 VON KARMAN AVENUE
IRVINE, CA 92614

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
102081			3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

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 ▶

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6) Total additions			**7c(6)**	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	7685090
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. Specify nature of costs.			**10b**	

Part IV Provision of Information

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

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

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
HELIX ELECTRIC HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 504

C Plan sponsor's name as shown on line 2a of Form 5500
HELIX ELECTRIC, INC.

D Employer Identification Number (EIN)
33-0124909

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
HAWAII MEDICAL ASSURANCE ASSOCIATION

(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
99-0281791	48330	56392	20	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
815	0

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

JOHN DELEE
737 BISHOP ST STE 1200
HONOLULU, HI 96813

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
815			3

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

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

(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**	

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 ▶

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6) Total additions			**7c(6)**	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

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** [X] 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** [X] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	126113
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. Specify nature of costs.			**10b**	

Part IV Provision of Information

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

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

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

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

A Name of plan
HELIX ELECTRIC HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 504

C Plan sponsor's name as shown on line 2a of Form 5500
HELIX ELECTRIC, INC.

D Employer Identification Number (EIN)
33-0124909

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
EYEMED VISION CARE (FIDELITY)

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year (f) From	Policy or contract year (g) To
43-0949844	71870	98877201001	3090	08/01/2016	07/31/2017

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
14232	0

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
ALLIANT INSURANCE SERVICES
701 B STREET, STE 600
SAN DIEGO, CA 92101

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
10058			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
MERCER HEALTH & BENEFITS
4565 PAYSHERE CIRCLE
CHICAGO, IL 60674

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
4174			3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

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 ▶

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6) Total additions			**7c(6)**	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

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** [X] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	181011
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. Specify nature of costs.			**10b**	

Part IV Provision of Information

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

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

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
HELIX ELECTRIC HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 504

C Plan sponsor's name as shown on line 2a of Form 5500
HELIX ELECTRIC, INC.

D Employer Identification Number (EIN)
33-0124909

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
KAISER FOUNDATION HEALTH PLAN OF THE MID-ATLANTIC

(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
52-0954463	95639	23865	269	08/01/2016	07/31/2017

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
36173	0

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
ALLIANT INSURANCE SERVICES
701 B STREET, STE 600
SAN DIEGO, CA 92101

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
20634			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
MERCER HEALTH & BENEFITS
4565 PAYSHERE CIRCLE
CHICAGO, IL 60674

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
15539			3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

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 ▶

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6) Total additions			**7c(6)**	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

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** [X] 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** [X] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	698313
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. Specify nature of costs.			**10b**	

Part IV Provision of Information

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

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

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
HELIX ELECTRIC HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 504

C Plan sponsor's name as shown on line 2a of Form 5500
HELIX ELECTRIC, INC.

D Employer Identification Number (EIN)
33-0124909

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
PRINCIPAL LIFE INSURANCE COMPANY

(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
42-0127290	61271	1038589	2325	08/01/2016	07/31/2017

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
11961	0

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
ALLIANT INSURANCE SERVICES
701 B STREET, STE 600
SAN DIEGO, CA 92101

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
6305			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
MERCER HEALTH & BENEFITS
4565 PAYSHERE CIRCLE
CHICAGO, IL 60674

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
5656			3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

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 ▶

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6) Total additions			**7c(6)**	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

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** [X] 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** [X] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	133762
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. Specify nature of costs.			**10b**	

Part IV Provision of Information

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

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

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
HELIX ELECTRIC HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 504

C Plan sponsor's name as shown on line 2a of Form 5500
HELIX ELECTRIC, INC.

D Employer Identification Number (EIN)
33-0124909

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
PRINCIPAL LIFE INSURANCE COMPANY

(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
42-0127290	61271	1038590	550	08/01/2016	07/31/2017

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
3207	0

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
ALLIANT INSURANCE SERVICES
701 B STREET, STE 600
SAN DIEGO, CA 92101

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1775			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
MERCER HEALTH & BENEFITS
4565 PAYSHERE CIRCLE
CHICAGO, IL 60674

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1432			3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

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 ▶

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6) Total additions			**7c(6)**	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

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** [X] 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** [X] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	32069
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. Specify nature of costs.			**10b**	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] 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 Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
HELIX ELECTRIC HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 504

C Plan sponsor's name as shown on line 2a of Form 5500
HELIX ELECTRIC, INC.

D Employer Identification Number (EIN)
33-0124909

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).. . . . . ☐ 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

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

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)

UNITED CONCORDIA COMPANIES, INC.

PO BOX 69420
HARRISBURG, PA 17106

25-1687586

(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?
13	CONTRACT ADMINISTRATOR	97731	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

HELIX ELECTRIC INC.

PO BOX 85298
SAN DIEGO, CA 92186

33-0124909

(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?
14	EMPLOYER/PLAN ADMIN	15500	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LEVITZACKS

450 B STREET, SUITE 500
SAN DIEGO, CA 92101

95-3159181

(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?
10	TAX RETURN PREP	12521	Yes [ ] No [X]	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)

MOSS ADAMS

4747 EXECUTIVE DRIVE, STE 1300
SAN DIEGO, CA 92121

91-0189318

(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?
10	AUDITORS	9779	Yes [ ] No [X]	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:	**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:

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

Explanation:

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
HELIX ELECTRIC HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 504

C Plan sponsor's name as shown on line 2a of Form 5500
HELIX ELECTRIC, INC.

D Employer Identification Number (EIN)
33-0124909

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)	1020281	155836
(2) Participant contributions	1b(2)	332423	88634
(3) Other	1b(3)	4962	4962
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	42781	1166003
(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)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	7000	7000

			(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	1407447	1422435
	Liabilities			
g	Benefit claims payable	1g	77120	173244
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	77120	173244
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	1330327	1249191

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)	11236269	
	(B) Participants	2a(1)(B)	4391213	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		15627482
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1844	
	(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)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1844
	(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)		
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		15629326
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2001344	
(2) To insurance carriers for the provision of benefits	2e(2)	13665978	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		15667322
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	22300	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	5340	
(4) Other	2i(4)	15500	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		43140
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		15710462
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-81136
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) [X] 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 [X] No

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

(1) Name: MOSS ADAMS **(2)** EIN: 95-0189318

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		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.)



REPORT OF INDEPENDENT AUDITORS AND
FINANCIAL STATEMENTS
WITH SUPPLEMENTARY INFORMATION

HELIX ELECTRIC, INC.
HEALTH AND WELFARE PLAN

December 31, 2017

MOSSADAMS

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MOSSADAMS

Report of Independent Auditors

To the Plan Administrator
Helix Electric, Inc. Health and Welfare Plan

Report on Financial Statements

We have audited the accompanying financial statements of the Helix Electric, Inc. Health and Welfare Plan (the "Plan"), which comprise the statements of benefit obligations and net assets available for benefits as of December 31, 2017 and 2016, the related statement of changes in benefit obligations and 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 our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the benefit obligations and net assets available for benefits of the Plan as of December 31, 2017 and 2016, and the changes in benefit obligations and net assets available for benefits for the year ended December 31, 2017, in accordance with accounting principles generally accepted in the United States of America.

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) as of December 31, 2017 and Schedule H, Line 4(j) – Schedule of Reportable Transactions for the year ended December 31, 2017, are presented for the purpose of additional analysis and are not a required part of the financial statements, but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements taken as a whole.

Moss Adams LLP

San Diego, California
October 4, 2018

Helix Electric, Inc.
Health and Welfare Plan
Statements of Benefit Obligations and Net Assets Available for Benefits

	December 31,	
	2017	2016
BENEFIT OBLIGATIONS		
Health claims payable and claims incurred but not reported	$ 173,244	$ 77,120
ASSETS		
Money market fund, at fair value	1,166,003	42,781
Receivables:		
Employer contributions	155,836	1,020,281
Employee contributions	88,634	332,423
Other	4,962	4,962
Total receivables	249,432	1,357,666
Deposit	7,000	7,000
NET ASSETS AVAILABLE FOR BENEFITS	$ 1,422,435	$ 1,407,447
EXCESS OF NET ASSETS AVAILABLE FOR BENEFITS OVER BENEFIT OBLIGATIONS	$ 1,249,191	$ 1,330,327

See accompanying notes.

Helix Electric, Inc.
Health and Welfare Plan
Statement of Changes in Benefit Obligations and Net Assets Available for Benefits

	Year Ended December 31, 2017
CHANGE IN BENEFIT OBLIGATIONS	$ 96,124
CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS	
Additions	
Contributions:	
Employers	11,236,269
Employees	4,391,213
Total contributions	15,627,482
Interest income	1,844
Total additions	15,629,326
Deductions	
Claims paid, net	1,905,220
Premiums paid	13,665,978
Administrative expenses	43,140
Total deductions	15,614,338
CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS	14,988
CHANGE IN EXCESS OF NET ASSETS AVAILABLE FOR BENEFITS OVER BENEFIT OBLIGATIONS	(81,136)
EXCESS OF CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS OVER CHANGE IN BENEFIT OBLIGATIONS	
Beginning of year	1,330,327
End of year	$ 1,249,191

See accompanying notes.

Note 1 – Description of the Plan

The Helix Electric, Inc. Health and Welfare Plan (the "Plan") is a defined-benefit health and welfare plan covering substantially all full-time employees of Helix Electric, Inc. and Helix Electric, Inc. of Nevada, LLC (the "Companies").

The following brief description of the Plan is provided for general information purposes only. Reference should be made to the Summary Plan Description for a more complete description of the Plan's provisions.

General – The Plan provides medical, life insurance, dental, and prescription benefits for eligible participants and, if elected, their dependents, upon meeting qualifying criteria. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Eligibility – All employees are eligible after completing 30 days of service in which 160 hours were worked, except for apprentices who are covered by other plans.

Contributions – The Companies contribute a fixed amount per hour worked by eligible participants. The fixed amount per hour is adjusted when necessary to ensure the Companies' contributions are sufficient to enable the Plan to provide basic benefits to eligible participants and to pay administrative expenses. Participants may, at their option, contribute specified amounts to the Plan through payroll deductions to upgrade their benefits, to extend benefits to eligible dependents, and to obtain post-employment benefits pursuant to COBRA.

Plan termination – In the event the Plan terminates, the net assets of the Plan are to be allocated as prescribed by ERISA and the Internal Revenue Code.

Note 2 – Significant Accounting Policies

Method of accounting – The Plan prepares its financial statements using the accrual basis of accounting.

Money-market fund – The Plan's money-market fund is reported at estimated fair value, which approximates cost.

Use of estimates – The preparation of financial statements in conformity with the accrual basis of accounting requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of additions to and deductions from net assets available for benefits during the reporting period. Actual results could differ from those estimates.

Note 2 – Significant Accounting Policies (continued)

Subsequent events – Subsequent events are events or transactions that occur after the statement of net assets available for benefits date, but before the financial statements are available to be issued. The Plan recognizes in the financial statements the effects of all subsequent events that provide additional evidence about conditions that existed at the date of the statement of net assets available for benefits, including the estimates inherent in the process of preparing the financial statements. The Plan's financial statements do not recognize subsequent events that provide evidence about conditions that did not exist at the date of the statement of net assets available for benefits, but arose after the statement of net assets available for benefits date, and before the financial statements are available to be issued.

The Plan has evaluated subsequent events through October 4, 2018, which is the date the financial statements were available to be issued.

Note 3 – Fair Value Measurements

The framework for measuring fair value 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 are described as follows:

Level 1 – Inputs to the valuation methodology that 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 that 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 that are observable for the asset or liability; and 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, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 – Inputs to the valuation methodology that 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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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

Money-market fund – The money market account is a public investment vehicle valued using $1 for the net asset value (NAV). The money market account is classified within Level 1 of the valuation hierarchy.

Note 3 – Fair Value Measurements (continued)

The valuation methods used by the Plan 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 methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables disclose by level the fair value hierarchy of the Plan's assets at fair value as of December 31, 2017 and 2016:

	Investment Assets at Fair Value as of December 31, 2017			
	Level 1	Level 2	Level 3	Total
Money-market fund	$ 1,166,003	$ -	$ -	$ 1,166,003
Total assets at fair value	$ 1,166,003	$ -	$ -	$ 1,166,003

	Investment Assets at Fair Value as of December 31, 2016			
	Level 1	Level 2	Level 3	Total
Money-market fund	$ 42,781	$ -	$ -	$ 42,781
Total assets at fair value	$ 42,781	$ -	$ -	$ 42,781

Note 4 – Concentration

Investments are maintained in a money-market fund, which at times may exceed the federally-insured deposit limits. The Plan has not experienced any losses in the account and believes it is not exposed to any significant credit risk on its money-market fund.

Note 5 – Benefit Obligations and Claims Incurred by not Reported

Premiums paid by either the Company or the VEBA trust are recorded as premiums paid in the accompanying statement of changes in benefit obligations and net assets available for benefits. Premiums are generally paid in the month in which they are incurred. Consequently, there is no premiums payable at year end.

Note 5 – Benefit Obligations and Claims Incurred by not Reported (continued)

Claim payments are recorded when paid by the third-party claims processor. Amounts due to claims processors that have yet to be reimbursed by the Plan are recorded as health claims payable and claims incurred but not reported in the accompanying statement of benefit obligations and net assets available for benefits. Claims incurred but not reported include all self-insured claims for prescriptions and dental services reported for the year, through the time the financial statements are prepared, that were unpaid as of year-end. Health claims payable and claims incurred but not reported are $173,244 and $77,120 at December 31, 2017 and 2016, respectively.

Note 6 – Contracts with Insurance Companies

The Plan has contracts with insurance companies, whereby the insurance companies pay benefit claims submitted for eligible participants and their dependents under the terms of the policies. During the year ended December 31, 2017, the Plan incurred and paid $13,665,978 for insurance premiums.

Note 7 – Contracts with Parties-in-Interest

Administrative manager – The Plan has entered into an administrative contract with the Companies to provide services to collect contributions, transmit payments to the insurer, claims administration, pay other administrative expenses, and to maintain participant records. Administrative fees paid to the Companies for the year ended December 31, 2017 totaled $15,500.

Accounting services – The Plan engages its accountant to provide services at agreed-upon hourly rates. Total professional fees paid during the year ended December 31, 2017 were $22,300.

Note 8 – Income Tax Status

The Plan meets the requirements for qualification under Section 501(c)(9) of the Internal Revenue Code (IRC) and under Section 23701(i) of the California Revenue and Taxation Code and, therefore, is considered a tax exempt organization. Despite being exempt from most taxes, the Plan is required to pay income taxes on unrelated business income (UBI). Although the Plan does not conduct any unrelated business activities, net investment income is considered UBI because the Plan qualifies as an exempt organization under IRC Section 501(c)(9). Accordingly, the Plan is required to pay income taxes on net investment income.

Section 501(c)(9) organizations may set aside income that would otherwise be taxable (i.e. investment income). Investment income set aside for the payment of life, sickness, accident, or other benefits and reasonable administration costs directly attributed to these payments is not taxable. The IRC limits the amount of investment income which can be set aside.

Note 8 – Income Tax Status (continued)

For the years ended December 31, 2017 and 2016, the Plan generated $1,844 and $606, respectively, in investment income. This income is permitted to be set aside based on provisions of the IRC. Accordingly, the Plan had no tax liability for each of the years ended December 31, 2017 and 2016.

The Plan follows Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 740-10, relating to accounting for uncertain tax positions. ASC 740-10 prescribes a recognition threshold and measurement process for accounting for uncertain tax positions and also provides guidance on various related matters such as derecognition, interest, penalties, and disclosures required. The Plan does not have any entity-level uncertain tax positions. The Plan files income tax returns in the United States federal jurisdiction and various state jurisdictions.

Note 9 – Reconciliation to Form 5500

The following is a reconciliation of the net assets available for benefits between the financial statements and the Form 5500 as of December 31:

	2017	2016
Net assets available for benefits, per the financial statements	$ 1,422,435	$ 1,407,447
Less: claims payable	(173,244)	(77,120)
Net assets per Form 5500	$ 1,249,191	$ 1,330,327

The following is a reconciliation of the change in net assets available for benefits between the financial statements and the Form 5500 for the year ended December 31, 2017:

Change in net assets per the financial statements	$ 14,988
Less: current year claims payable	(173,244)
Add: prior year claims payable	77,120
Net income per Form 5500	$ (81,136)

Supplementary Information
Required by The Department of Labor

(a)	(b) Identity of Issuer	(c) Description of Investment, Rate of Interest, and Maturity Date	(d) Cost	(e) Current Value
	Wells Fargo Institutional Securities, LLC	Money-market fund	$ 1,166,003	$ 1,166,003

Helix Electric, Inc.
Health and Welfare Plan
EIN #33-0124909
Plan #: 504
Schedule H, Line 4(j) – Schedule of Reportable Transactions
December 31, 2017

(a) Identity of party involved	(b) Description of asset	(c) Purchase Price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Category 1 - Single Transaction in Excess of 5% of Value								
Purchases:								
Wells Fargo	Money Market	$ 1,346,478	N/A	N/A	N/A	$ 1,346,478	$ 1,346,478	$ -
Wells Fargo	Money Market	5,316	N/A	N/A	N/A	5,316	5,316	-
Wells Fargo	Money Market	1,263,195	N/A	N/A	N/A	1,263,195	1,263,195	-
Wells Fargo	Money Market	94,048	N/A	N/A	N/A	94,048	94,048	-
Wells Fargo	Money Market	645,632	N/A	N/A	N/A	645,632	645,632	-
Wells Fargo	Money Market	989,000	N/A	N/A	N/A	989,000	989,000	-
Wells Fargo	Money Market	24,743	N/A	N/A	N/A	24,743	24,743	-
Wells Fargo	Money Market	611,861	N/A	N/A	N/A	611,861	611,861	-
Wells Fargo	Money Market	859,454	N/A	N/A	N/A	859,454	859,454	-
Wells Fargo	Money Market	427,918	N/A	N/A	N/A	427,918	427,918	-
Wells Fargo	Money Market	902,544	N/A	N/A	N/A	902,544	902,544	-
Wells Fargo	Money Market	621,367	N/A	N/A	N/A	621,367	621,367	-
Wells Fargo	Money Market	579,413	N/A	N/A	N/A	579,413	579,413	-
Wells Fargo	Money Market	2,926	N/A	N/A	N/A	2,926	2,926	-
Wells Fargo	Money Market	885,842	N/A	N/A	N/A	885,842	885,842	-
Wells Fargo	Money Market	625,119	N/A	N/A	N/A	625,119	625,119	-
Wells Fargo	Money Market	397,341	N/A	N/A	N/A	397,341	397,341	-
Wells Fargo	Money Market	629,259	N/A	N/A	N/A	629,259	629,259	-
Wells Fargo	Money Market	4,361	N/A	N/A	N/A	4,361	4,361	-
Wells Fargo	Money Market	610,522	N/A	N/A	N/A	610,522	610,522	-
Wells Fargo	Money Market	6,137	N/A	N/A	N/A	6,137	6,137	-
Wells Fargo	Money Market	731,386	N/A	N/A	N/A	731,386	731,386	-
Wells Fargo	Money Market	5,084	N/A	N/A	N/A	5,084	5,084	-
Wells Fargo	Money Market	868,821	N/A	N/A	N/A	868,821	868,821	-
Wells Fargo	Money Market	218,932	N/A	N/A	N/A	218,932	218,932	-
Wells Fargo	Money Market	670,429	N/A	N/A	N/A	670,429	670,429	-
Sales:								
Wells Fargo	Money Market	N/A	$ 42,807	N/A	N/A	$ 42,807	$ 42,807	$ -
Wells Fargo	Money Market	N/A	111,064	N/A	N/A	111,064	111,064	-
Wells Fargo	Money Market	N/A	1,165,564	N/A	N/A	1,165,564	1,165,564	-
Wells Fargo	Money Market	N/A	46,907	N/A	N/A	46,907	46,907	-
Wells Fargo	Money Market	N/A	6,500	N/A	N/A	6,500	6,500	-

(Continued)

(a) Identity of party involved	(b) Description of asset	(c) Purchase Price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Sales:								
Wells Fargo	Money Market	N/A	$ 16,497	N/A	N/A	$ 16,497	$ 16,497	$ -
Wells Fargo	Money Market	N/A	1,233,717	N/A	N/A	1,233,717	1,233,717	-
Wells Fargo	Money Market	N/A	739,632	N/A	N/A	739,632	739,632	-
Wells Fargo	Money Market	N/A	926,677	N/A	N/A	926,677	926,677	-
Wells Fargo	Money Market	N/A	39,441	N/A	N/A	39,441	39,441	-
Wells Fargo	Money Market	N/A	94,566	N/A	N/A	94,566	94,566	-
Wells Fargo	Money Market	N/A	358,939	N/A	N/A	358,939	358,939	-
Wells Fargo	Money Market	N/A	30,965	N/A	N/A	30,965	30,965	-
Wells Fargo	Money Market	N/A	37,582	N/A	N/A	37,582	37,582	-
Wells Fargo	Money Market	N/A	568,304	N/A	N/A	568,304	568,304	-
Wells Fargo	Money Market	N/A	28,461	N/A	N/A	28,461	28,461	-
Wells Fargo	Money Market	N/A	57,142	N/A	N/A	57,142	57,142	-
Wells Fargo	Money Market	N/A	723,420	N/A	N/A	723,420	723,420	-
Wells Fargo	Money Market	N/A	31,849	N/A	N/A	31,849	31,849	-
Wells Fargo	Money Market	N/A	926,391	N/A	N/A	926,391	926,391	-
Wells Fargo	Money Market	N/A	2,500	N/A	N/A	2,500	2,500	-
Wells Fargo	Money Market	N/A	61,659	N/A	N/A	61,659	61,659	-
Wells Fargo	Money Market	N/A	23,140	N/A	N/A	23,140	23,140	-
Wells Fargo	Money Market	N/A	470,111	N/A	N/A	470,111	470,111	-
Wells Fargo	Money Market	N/A	105,301	N/A	N/A	105,301	105,301	-
Wells Fargo	Money Market	N/A	13,968	N/A	N/A	13,968	13,968	-
Wells Fargo	Money Market	N/A	36,068	N/A	N/A	36,068	36,068	-
Wells Fargo	Money Market	N/A	341,574	N/A	N/A	341,574	341,574	-
Wells Fargo	Money Market	N/A	94,066	N/A	N/A	94,066	94,066	-
Wells Fargo	Money Market	N/A	748,497	N/A	N/A	748,497	748,497	-
Wells Fargo	Money Market	N/A	13,565	N/A	N/A	13,565	13,565	-
Wells Fargo	Money Market	N/A	164,120	N/A	N/A	164,120	164,120	-
Wells Fargo	Money Market	N/A	359,611	N/A	N/A	359,611	359,611	-
Wells Fargo	Money Market	N/A	3,224	N/A	N/A	3,224	3,224	-
Wells Fargo	Money Market	N/A	26,176	N/A	N/A	26,176	26,176	-
Wells Fargo	Money Market	N/A	31,595	N/A	N/A	31,595	31,595	-
Wells Fargo	Money Market	N/A	49,160	N/A	N/A	49,160	49,160	-
Wells Fargo	Money Market	N/A	470,508	N/A	N/A	470,508	470,508	-
Wells Fargo	Money Market	N/A	15,635	N/A	N/A	15,635	15,635	-
Wells Fargo	Money Market	N/A	319,245	N/A	N/A	319,245	319,245	-
Wells Fargo	Money Market	N/A	44,095	N/A	N/A	44,095	44,095	-

(Continued)

Helix Electric, Inc.
Health and Welfare Plan
EIN #33-0124909
Plan #: 504
Schedule H, Line 4(j) – Schedule of Reportable Transactions (continued)
December 31, 2017

(a) Identity of party involved	(b) Description of asset	(c) Purchase Price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Sales:								
Wells Fargo	Money Market	N/A	$ 524,038	N/A	N/A	$ 524,038	$ 524,038	$ -
Wells Fargo	Money Market	N/A	16,065	N/A	N/A	16,065	16,065	-
Wells Fargo	Money Market	N/A	44,055	N/A	N/A	44,055	44,055	-
Wells Fargo	Money Market	N/A	96,567	N/A	N/A	96,567	96,567	-
Wells Fargo	Money Market	N/A	2,602	N/A	N/A	2,602	2,602	-
Wells Fargo	Money Market	N/A	76,005	N/A	N/A	76,005	76,005	-
Wells Fargo	Money Market	N/A	6,131	N/A	N/A	6,131	6,131	-
Wells Fargo	Money Market	N/A	138,737	N/A	N/A	138,737	138,737	-
Wells Fargo	Money Market	N/A	186,740	N/A	N/A	186,740	186,740	-
Wells Fargo	Money Market	N/A	16,384	N/A	N/A	16,384	16,384	-
Wells Fargo	Money Market	N/A	5,593	N/A	N/A	5,593	5,593	-
Wells Fargo	Money Market	N/A	332,228	N/A	N/A	332,228	332,228	-
Wells Fargo	Money Market	N/A	55,000	N/A	N/A	55,000	55,000	-
Wells Fargo	Money Market	N/A	491,048	N/A	N/A	491,048	491,048	-
Wells Fargo	Money Market	N/A	337,694	N/A	N/A	337,694	337,694	-
Wells Fargo	Money Market	N/A	3,106	N/A	N/A	3,106	3,106	-
Category 3 - Series of Transactions in Excess of 5% of Value								
Purchases:								
Wells Fargo	Money Market	$ 26	N/A	N/A	N/A	$ 26	$ 26	$ -
Wells Fargo	Money Market	1,346,478	N/A	N/A	N/A	1,346,478	1,346,478	-
Wells Fargo	Money Market	54	N/A	N/A	N/A	54	54	-
Wells Fargo	Money Market	5,316	N/A	N/A	N/A	5,316	5,316	-
Wells Fargo	Money Market	3	N/A	N/A	N/A	3	3	-
Wells Fargo	Money Market	1,263,195	N/A	N/A	N/A	1,263,195	1,263,195	-
Wells Fargo	Money Market	25	N/A	N/A	N/A	25	25	-
Wells Fargo	Money Market	94,048	N/A	N/A	N/A	94,048	94,048	-
Wells Fargo	Money Market	645,632	N/A	N/A	N/A	645,632	645,632	-
Wells Fargo	Money Market	989,000	N/A	N/A	N/A	989,000	989,000	-
Wells Fargo	Money Market	24,743	N/A	N/A	N/A	24,743	24,743	-
Wells Fargo	Money Market	611,861	N/A	N/A	N/A	611,861	611,861	-
Wells Fargo	Money Market	859,454	N/A	N/A	N/A	859,454	859,454	-
Wells Fargo	Money Market	355	N/A	N/A	N/A	355	355	-
Wells Fargo	Money Market	427,918	N/A	N/A	N/A	427,918	427,918	-

(Continued)

See report of independent auditors.

(a) Identity of party involved	(b) Description of asset	(c) Purchase Price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Purchases:								
Wells Fargo	Money Market	$ 210	N/A	N/A	N/A	$ 210	$ 210	$ -
Wells Fargo	Money Market	1,382	N/A	N/A	N/A	1,382	1,382	-
Wells Fargo	Money Market	902,544	N/A	N/A	N/A	902,544	902,544	-
Wells Fargo	Money Market	148	N/A	N/A	N/A	148	148	-
Wells Fargo	Money Market	621,367	N/A	N/A	N/A	621,367	621,367	-
Wells Fargo	Money Market	579,413	N/A	N/A	N/A	579,413	579,413	-
Wells Fargo	Money Market	2,926	N/A	N/A	N/A	2,926	2,926	-
Wells Fargo	Money Market	885,842	N/A	N/A	N/A	885,842	885,842	-
Wells Fargo	Money Market	625,119	N/A	N/A	N/A	625,119	625,119	-
Wells Fargo	Money Market	1,949	N/A	N/A	N/A	1,949	1,949	-
Wells Fargo	Money Market	397,341	N/A	N/A	N/A	397,341	397,341	-
Wells Fargo	Money Market	1,130	N/A	N/A	N/A	1,130	1,130	-
Wells Fargo	Money Market	629,259	N/A	N/A	N/A	629,259	629,259	-
Wells Fargo	Money Market	1,949	N/A	N/A	N/A	1,949	1,949	-
Wells Fargo	Money Market	4,361	N/A	N/A	N/A	4,361	4,361	-
Wells Fargo	Money Market	610,522	N/A	N/A	N/A	610,522	610,522	-
Wells Fargo	Money Market	247	N/A	N/A	N/A	247	247	-
Wells Fargo	Money Market	6,137	N/A	N/A	N/A	6,137	6,137	-
Wells Fargo	Money Market	1,949	N/A	N/A	N/A	1,949	1,949	-
Wells Fargo	Money Market	731,386	N/A	N/A	N/A	731,386	731,386	-
Wells Fargo	Money Market	5,084	N/A	N/A	N/A	5,084	5,084	-
Wells Fargo	Money Market	868,821	N/A	N/A	N/A	868,821	868,821	-
Wells Fargo	Money Market	1,949	N/A	N/A	N/A	1,949	1,949	-
Wells Fargo	Money Market	670,429	N/A	N/A	N/A	670,429	670,429	-
Wells Fargo	Money Market	218,932	N/A	N/A	N/A	218,932	218,932	-
Sales:								
Wells Fargo	Money Market	N/A	$ 42,807	N/A	N/A	$ 42,807	$ 42,807	$ -
Wells Fargo	Money Market	N/A	111,064	N/A	N/A	111,064	111,064	-
Wells Fargo	Money Market	N/A	1,165,564	N/A	N/A	1,165,564	1,165,564	-
Wells Fargo	Money Market	N/A	46,907	N/A	N/A	46,907	46,907	-
Wells Fargo	Money Market	N/A	6,500	N/A	N/A	6,500	6,500	-
Wells Fargo	Money Market	N/A	16,497	N/A	N/A	16,497	16,497	-
Wells Fargo	Money Market	N/A	417	N/A	N/A	417	417	-
Wells Fargo	Money Market	N/A	1,233,717	N/A	N/A	1,233,717	1,233,717	-

(Continued)

Helix Electric, Inc.
Health and Welfare Plan
EIN #33-0124909
Plan #: 504
Schedule H, Line 4(j) – Schedule of Reportable Transactions (continued)
December 31, 2017

(a) Identity of party involved	(b) Description of asset	(c) Purchase Price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Sales:								
Wells Fargo	Money Market	N/A	$ 417	N/A	N/A	$ 417	$ 417	$ -
Wells Fargo	Money Market	N/A	739,632	N/A	N/A	739,632	739,632	-
Wells Fargo	Money Market	N/A	926,677	N/A	N/A	926,677	926,677	-
Wells Fargo	Money Market	N/A	417	N/A	N/A	417	417	-
Wells Fargo	Money Market	N/A	39,441	N/A	N/A	39,441	39,441	-
Wells Fargo	Money Market	N/A	94,566	N/A	N/A	94,566	94,566	-
Wells Fargo	Money Market	N/A	358,939	N/A	N/A	358,939	358,939	-
Wells Fargo	Money Market	N/A	30,965	N/A	N/A	30,965	30,965	-
Wells Fargo	Money Market	N/A	37,582	N/A	N/A	37,582	37,582	-
Wells Fargo	Money Market	N/A	568,304	N/A	N/A	568,304	568,304	-
Wells Fargo	Money Market	N/A	402	N/A	N/A	402	402	-
Wells Fargo	Money Market	N/A	28,461	N/A	N/A	28,461	28,461	-
Wells Fargo	Money Market	N/A	57,142	N/A	N/A	57,142	57,142	-
Wells Fargo	Money Market	N/A	723,420	N/A	N/A	723,420	723,420	-
Wells Fargo	Money Market	N/A	31,849	N/A	N/A	31,849	31,849	-
Wells Fargo	Money Market	N/A	926,391	N/A	N/A	926,391	926,391	-
Wells Fargo	Money Market	N/A	2,500	N/A	N/A	2,500	2,500	-
Wells Fargo	Money Market	N/A	61,659	N/A	N/A	61,659	61,659	-
Wells Fargo	Money Market	N/A	23,140	N/A	N/A	23,140	23,140	-
Wells Fargo	Money Market	N/A	470,111	N/A	N/A	470,111	470,111	-
Wells Fargo	Money Market	N/A	402	N/A	N/A	402	402	-
Wells Fargo	Money Market	N/A	105,301	N/A	N/A	105,301	105,301	-
Wells Fargo	Money Market	N/A	13,968	N/A	N/A	13,968	13,968	-
Wells Fargo	Money Market	N/A	36,068	N/A	N/A	36,068	36,068	-
Wells Fargo	Money Market	N/A	341,574	N/A	N/A	341,574	341,574	-
Wells Fargo	Money Market	N/A	94,066	N/A	N/A	94,066	94,066	-
Wells Fargo	Money Market	N/A	748,497	N/A	N/A	748,497	748,497	-
Wells Fargo	Money Market	N/A	417	N/A	N/A	417	417	-
Wells Fargo	Money Market	N/A	13,565	N/A	N/A	13,565	13,565	-
Wells Fargo	Money Market	N/A	164,120	N/A	N/A	164,120	164,120	-
Wells Fargo	Money Market	N/A	359,611	N/A	N/A	359,611	359,611	-
Wells Fargo	Money Market	N/A	3,224	N/A	N/A	3,224	3,224	-
Wells Fargo	Money Market	N/A	26,176	N/A	N/A	26,176	26,176	-
Wells Fargo	Money Market	N/A	31,595	N/A	N/A	31,595	31,595	-
Wells Fargo	Money Market	N/A	49,160	N/A	N/A	49,160	49,160	-
Wells Fargo	Money Market	N/A	470,508	N/A	N/A	470,508	470,508	-

See report of independent auditors.

(a) Identity of party involved	(b) Description of asset	(c) Purchase Price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Sales:								
Wells Fargo	Money Market	N/A	$ 15,635	N/A	N/A	$ 15,635	$ 15,635	$ -
Wells Fargo	Money Market	N/A	319,245	N/A	N/A	319,245	319,245	-
Wells Fargo	Money Market	N/A	44,095	N/A	N/A	44,095	44,095	-
Wells Fargo	Money Market	N/A	417	N/A	N/A	417	417	-
Wells Fargo	Money Market	N/A	524,038	N/A	N/A	524,038	524,038	-
Wells Fargo	Money Market	N/A	16,065	N/A	N/A	16,065	16,065	-
Wells Fargo	Money Market	N/A	44,055	N/A	N/A	44,055	44,055	-
Wells Fargo	Money Market	N/A	96,567	N/A	N/A	96,567	96,567	-
Wells Fargo	Money Market	N/A	2,602	N/A	N/A	2,602	2,602	-
Wells Fargo	Money Market	N/A	76,005	N/A	N/A	76,005	76,005	-
Wells Fargo	Money Market	N/A	417	N/A	N/A	417	417	-
Wells Fargo	Money Market	N/A	6,131	N/A	N/A	6,131	6,131	-
Wells Fargo	Money Market	N/A	138,737	N/A	N/A	138,737	138,737	-
Wells Fargo	Money Market	N/A	186,740	N/A	N/A	186,740	186,740	-
Wells Fargo	Money Market	N/A	16,384	N/A	N/A	16,384	16,384	-
Wells Fargo	Money Market	N/A	5,593	N/A	N/A	5,593	5,593	-
Wells Fargo	Money Market	N/A	332,228	N/A	N/A	332,228	332,228	-
Wells Fargo	Money Market	N/A	55,000	N/A	N/A	55,000	55,000	-
Wells Fargo	Money Market	N/A	491,048	N/A	N/A	491,048	491,048	-
Wells Fargo	Money Market	N/A	337,694	N/A	N/A	337,694	337,694	-
Wells Fargo	Money Market	N/A	3,106	N/A	N/A	3,106	3,106	-

(a)	(b) Identity of Issuer	(c) Description of Investment, Rate of Interest, and Maturity Date	(d) Cost	(e) Current Value
	Wells Fargo Institutional Securities, LLC	Money-market fund	$ 1,166,003	$ 1,166,003

Form **5558**
(Rev. August 2012)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns

▶ For Privacy Act and Paperwork Reduction Act Notice, see instructions.
▶ Information about Form 5558 and its instructions is at *www.irs.gov/form5558*

OMB No. 1545-0212

File With IRS Only

Part I Identification

A Name of filer, plan administrator, or plan sponsor (see instructions)

HELIX ELECTRIC, INC.

Number, street, and room or suite no. (If a P.O. box, see instructions)

PO BOX 85298

City or town, state, and ZIP code

SAN DIEGO, CA 92186

B Filer's identifying number (see instr)

Employer identification number (EIN) (9 digits XX-XXXXXXX)

33-0124909

Social security number (SSN) (9 digits XXX-XX-XXXX)

C Plan name	Plan number	Plan year ending - MM	DD	YYYY
HELIX ELECTRIC HEALTH AND WELFARE PLAN	504	12	31	2017

Part II Extension of Time To File Form 5500 Series, and/or Form 8955-SSA

1 ☐ Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part 1, C above.

2 I request an extension of time until 10/15/2018 to file Form 5500 series (see instructions).

Note. A signature IS NOT required if you are requesting an extension to file Form 5500 series.

3 I request an extension of time until _____ to file Form 8955-SSA (see instructions).

Note. A signature IS NOT required if you are requesting an extension to file Form 8955-SSA.

The application is automatically approved to the date shown on line 2 and/or line 3 (above) if: (a) the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested, and (b) the date on line 2 and/or line 3 (above) is not later than the 15th day of the third month after the normal due date.

Part III Extension of Time To File Form 5330 *(see instructions)*

4 I request an extension of time until _____ to file Form 5330.

You may be approved for up to a 6 month extension to file Form 5330, after the normal due date of Form 5330.

a Enter the Code section(s) imposing the tax ▶ a

b Enter the payment amount attached ▶ b

c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date ▶ c

5 **State in detail why you need the extension:**

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ▶ [signature] Date ▶ 5/8/18

Form **5558** (Rev. 8-2012)

719101 04-01-17 LHA

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 instr.)

☒ 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
HELIX ELECTRIC HEALTH AND WELFARE PLAN

1b Three-digit plan number (PN) ▶ 504

1c Effective date of plan 04/01/1995

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)
HELIX ELECTRIC, INC.

PO BOX 85298

SAN DIEGO CA 92186

2b Employer Identification Number (EIN) 33-0124909

2c Plan Sponsor's telephone number 858-623-1207

2d Business code (see instructions) 238210

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	Signature of plan administrator	Date: 10/10/2018	Enter name of individual signing as plan administrator: MICHAEL STONE
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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2017)
v. 170203

718401 10-04-17

Helix Electric, Inc.
Health and Welfare Plan
EIN #33-0124909
Plan #: 504
Schedule H, Line 4(j) – Schedule of Reportable Transactions
December 31, 2017

(a) Identity of party involved	(b) Description of asset	(c) Purchase Price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Category 1 - Single Transaction in Excess of 5% of Value								
Purchases:								
Wells Fargo	Money Market	$ 1,346,478	N/A	N/A	N/A	$ 1,346,478	$ 1,346,478	$ -
Wells Fargo	Money Market	5,316	N/A	N/A	N/A	5,316	5,316	-
Wells Fargo	Money Market	1,263,195	N/A	N/A	N/A	1,263,195	1,263,195	-
Wells Fargo	Money Market	94,048	N/A	N/A	N/A	94,048	94,048	-
Wells Fargo	Money Market	645,632	N/A	N/A	N/A	645,632	645,632	-
Wells Fargo	Money Market	989,000	N/A	N/A	N/A	989,000	989,000	-
Wells Fargo	Money Market	24,743	N/A	N/A	N/A	24,743	24,743	-
Wells Fargo	Money Market	611,861	N/A	N/A	N/A	611,861	611,861	-
Wells Fargo	Money Market	859,454	N/A	N/A	N/A	859,454	859,454	-
Wells Fargo	Money Market	427,918	N/A	N/A	N/A	427,918	427,918	-
Wells Fargo	Money Market	902,544	N/A	N/A	N/A	902,544	902,544	-
Wells Fargo	Money Market	621,367	N/A	N/A	N/A	621,367	621,367	-
Wells Fargo	Money Market	579,413	N/A	N/A	N/A	579,413	579,413	-
Wells Fargo	Money Market	2,926	N/A	N/A	N/A	2,926	2,926	-
Wells Fargo	Money Market	885,842	N/A	N/A	N/A	885,842	885,842	-
Wells Fargo	Money Market	625,119	N/A	N/A	N/A	625,119	625,119	-
Wells Fargo	Money Market	397,341	N/A	N/A	N/A	397,341	397,341	-
Wells Fargo	Money Market	629,259	N/A	N/A	N/A	629,259	629,259	-
Wells Fargo	Money Market	4,361	N/A	N/A	N/A	4,361	4,361	-
Wells Fargo	Money Market	610,522	N/A	N/A	N/A	610,522	610,522	-
Wells Fargo	Money Market	6,137	N/A	N/A	N/A	6,137	6,137	-
Wells Fargo	Money Market	731,386	N/A	N/A	N/A	731,386	731,386	-
Wells Fargo	Money Market	5,084	N/A	N/A	N/A	5,084	5,084	-
Wells Fargo	Money Market	868,821	N/A	N/A	N/A	868,821	868,821	-
Wells Fargo	Money Market	218,932	N/A	N/A	N/A	218,932	218,932	-
Wells Fargo	Money Market	670,429	N/A	N/A	N/A	670,429	670,429	-
Sales:								
Wells Fargo	Money Market	N/A	$ 42,807	N/A	N/A	$ 42,807	$ 42,807	$ -
Wells Fargo	Money Market	N/A	111,064	N/A	N/A	111,064	111,064	-
Wells Fargo	Money Market	N/A	1,165,564	N/A	N/A	1,165,564	1,165,564	-
Wells Fargo	Money Market	N/A	46,907	N/A	N/A	46,907	46,907	-
Wells Fargo	Money Market	N/A	6,500	N/A	N/A	6,500	6,500	-

(Continued)

(a) Identity of party involved	(b) Description of asset	(c) Purchase Price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Sales:								
Wells Fargo	Money Market	N/A	$ 16,497	N/A	N/A	$ 16,497	$ 16,497	$ -
Wells Fargo	Money Market	N/A	1,233,717	N/A	N/A	1,233,717	1,233,717	-
Wells Fargo	Money Market	N/A	739,632	N/A	N/A	739,632	739,632	-
Wells Fargo	Money Market	N/A	926,677	N/A	N/A	926,677	926,677	-
Wells Fargo	Money Market	N/A	39,441	N/A	N/A	39,441	39,441	-
Wells Fargo	Money Market	N/A	94,566	N/A	N/A	94,566	94,566	-
Wells Fargo	Money Market	N/A	358,939	N/A	N/A	358,939	358,939	-
Wells Fargo	Money Market	N/A	30,965	N/A	N/A	30,965	30,965	-
Wells Fargo	Money Market	N/A	37,582	N/A	N/A	37,582	37,582	-
Wells Fargo	Money Market	N/A	568,304	N/A	N/A	568,304	568,304	-
Wells Fargo	Money Market	N/A	28,461	N/A	N/A	28,461	28,461	-
Wells Fargo	Money Market	N/A	57,142	N/A	N/A	57,142	57,142	-
Wells Fargo	Money Market	N/A	723,420	N/A	N/A	723,420	723,420	-
Wells Fargo	Money Market	N/A	31,849	N/A	N/A	31,849	31,849	-
Wells Fargo	Money Market	N/A	926,391	N/A	N/A	926,391	926,391	-
Wells Fargo	Money Market	N/A	2,500	N/A	N/A	2,500	2,500	-
Wells Fargo	Money Market	N/A	61,659	N/A	N/A	61,659	61,659	-
Wells Fargo	Money Market	N/A	23,140	N/A	N/A	23,140	23,140	-
Wells Fargo	Money Market	N/A	470,111	N/A	N/A	470,111	470,111	-
Wells Fargo	Money Market	N/A	105,301	N/A	N/A	105,301	105,301	-
Wells Fargo	Money Market	N/A	13,968	N/A	N/A	13,968	13,968	-
Wells Fargo	Money Market	N/A	36,068	N/A	N/A	36,068	36,068	-
Wells Fargo	Money Market	N/A	341,574	N/A	N/A	341,574	341,574	-
Wells Fargo	Money Market	N/A	94,066	N/A	N/A	94,066	94,066	-
Wells Fargo	Money Market	N/A	748,497	N/A	N/A	748,497	748,497	-
Wells Fargo	Money Market	N/A	13,565	N/A	N/A	13,565	13,565	-
Wells Fargo	Money Market	N/A	164,120	N/A	N/A	164,120	164,120	-
Wells Fargo	Money Market	N/A	359,611	N/A	N/A	359,611	359,611	-
Wells Fargo	Money Market	N/A	3,224	N/A	N/A	3,224	3,224	-
Wells Fargo	Money Market	N/A	26,176	N/A	N/A	26,176	26,176	-
Wells Fargo	Money Market	N/A	31,595	N/A	N/A	31,595	31,595	-
Wells Fargo	Money Market	N/A	49,160	N/A	N/A	49,160	49,160	-
Wells Fargo	Money Market	N/A	470,508	N/A	N/A	470,508	470,508	-
Wells Fargo	Money Market	N/A	15,635	N/A	N/A	15,635	15,635	-
Wells Fargo	Money Market	N/A	319,245	N/A	N/A	319,245	319,245	-
Wells Fargo	Money Market	N/A	44,095	N/A	N/A	44,095	44,095	-

(Continued)

Helix Electric, Inc.
Health and Welfare Plan
EIN #33-0124909
Plan #: 504
Schedule H, Line 4(j) – Schedule of Reportable Transactions (continued)
December 31, 2017

(a) Identity of party involved	(b) Description of asset	(c) Purchase Price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Sales:								
Wells Fargo	Money Market	N/A	$ 524,038	N/A	N/A	$ 524,038	$ 524,038	$ -
Wells Fargo	Money Market	N/A	16,065	N/A	N/A	16,065	16,065	-
Wells Fargo	Money Market	N/A	44,055	N/A	N/A	44,055	44,055	-
Wells Fargo	Money Market	N/A	96,567	N/A	N/A	96,567	96,567	-
Wells Fargo	Money Market	N/A	2,602	N/A	N/A	2,602	2,602	-
Wells Fargo	Money Market	N/A	76,005	N/A	N/A	76,005	76,005	-
Wells Fargo	Money Market	N/A	6,131	N/A	N/A	6,131	6,131	-
Wells Fargo	Money Market	N/A	138,737	N/A	N/A	138,737	138,737	-
Wells Fargo	Money Market	N/A	186,740	N/A	N/A	186,740	186,740	-
Wells Fargo	Money Market	N/A	16,384	N/A	N/A	16,384	16,384	-
Wells Fargo	Money Market	N/A	5,593	N/A	N/A	5,593	5,593	-
Wells Fargo	Money Market	N/A	332,228	N/A	N/A	332,228	332,228	-
Wells Fargo	Money Market	N/A	55,000	N/A	N/A	55,000	55,000	-
Wells Fargo	Money Market	N/A	491,048	N/A	N/A	491,048	491,048	-
Wells Fargo	Money Market	N/A	337,694	N/A	N/A	337,694	337,694	-
Wells Fargo	Money Market	N/A	3,106	N/A	N/A	3,106	3,106	-
Category 3 - Series of Transactions in Excess of 5% of Value								
Purchases:								
Wells Fargo	Money Market	$ 26	N/A	N/A	N/A	$ 26	$ 26	$ -
Wells Fargo	Money Market	1,346,478	N/A	N/A	N/A	1,346,478	1,346,478	-
Wells Fargo	Money Market	54	N/A	N/A	N/A	54	54	-
Wells Fargo	Money Market	5,316	N/A	N/A	N/A	5,316	5,316	-
Wells Fargo	Money Market	3	N/A	N/A	N/A	3	3	-
Wells Fargo	Money Market	1,263,195	N/A	N/A	N/A	1,263,195	1,263,195	-
Wells Fargo	Money Market	25	N/A	N/A	N/A	25	25	-
Wells Fargo	Money Market	94,048	N/A	N/A	N/A	94,048	94,048	-
Wells Fargo	Money Market	645,632	N/A	N/A	N/A	645,632	645,632	-
Wells Fargo	Money Market	989,000	N/A	N/A	N/A	989,000	989,000	-
Wells Fargo	Money Market	24,743	N/A	N/A	N/A	24,743	24,743	-
Wells Fargo	Money Market	611,861	N/A	N/A	N/A	611,861	611,861	-
Wells Fargo	Money Market	859,454	N/A	N/A	N/A	859,454	859,454	-
Wells Fargo	Money Market	355	N/A	N/A	N/A	355	355	-
Wells Fargo	Money Market	427,918	N/A	N/A	N/A	427,918	427,918	-

(Continued)

See report of independent auditors.

(a) Identity of party involved	(b) Description of asset	(c) Purchase Price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Purchases:								
Wells Fargo	Money Market	$ 210	N/A	N/A	N/A	$ 210	$ 210	$ -
Wells Fargo	Money Market	1,382	N/A	N/A	N/A	1,382	1,382	-
Wells Fargo	Money Market	902,544	N/A	N/A	N/A	902,544	902,544	-
Wells Fargo	Money Market	148	N/A	N/A	N/A	148	148	-
Wells Fargo	Money Market	621,367	N/A	N/A	N/A	621,367	621,367	-
Wells Fargo	Money Market	579,413	N/A	N/A	N/A	579,413	579,413	-
Wells Fargo	Money Market	2,926	N/A	N/A	N/A	2,926	2,926	-
Wells Fargo	Money Market	885,842	N/A	N/A	N/A	885,842	885,842	-
Wells Fargo	Money Market	625,119	N/A	N/A	N/A	625,119	625,119	-
Wells Fargo	Money Market	1,949	N/A	N/A	N/A	1,949	1,949	-
Wells Fargo	Money Market	397,341	N/A	N/A	N/A	397,341	397,341	-
Wells Fargo	Money Market	1,130	N/A	N/A	N/A	1,130	1,130	-
Wells Fargo	Money Market	629,259	N/A	N/A	N/A	629,259	629,259	-
Wells Fargo	Money Market	1,949	N/A	N/A	N/A	1,949	1,949	-
Wells Fargo	Money Market	4,361	N/A	N/A	N/A	4,361	4,361	-
Wells Fargo	Money Market	610,522	N/A	N/A	N/A	610,522	610,522	-
Wells Fargo	Money Market	247	N/A	N/A	N/A	247	247	-
Wells Fargo	Money Market	6,137	N/A	N/A	N/A	6,137	6,137	-
Wells Fargo	Money Market	1,949	N/A	N/A	N/A	1,949	1,949	-
Wells Fargo	Money Market	731,386	N/A	N/A	N/A	731,386	731,386	-
Wells Fargo	Money Market	5,084	N/A	N/A	N/A	5,084	5,084	-
Wells Fargo	Money Market	868,821	N/A	N/A	N/A	868,821	868,821	-
Wells Fargo	Money Market	1,949	N/A	N/A	N/A	1,949	1,949	-
Wells Fargo	Money Market	670,429	N/A	N/A	N/A	670,429	670,429	-
Wells Fargo	Money Market	218,932	N/A	N/A	N/A	218,932	218,932	-
Sales:								
Wells Fargo	Money Market	N/A	$ 42,807	N/A	N/A	$ 42,807	$ 42,807	$ -
Wells Fargo	Money Market	N/A	111,064	N/A	N/A	111,064	111,064	-
Wells Fargo	Money Market	N/A	1,165,564	N/A	N/A	1,165,564	1,165,564	-
Wells Fargo	Money Market	N/A	46,907	N/A	N/A	46,907	46,907	-
Wells Fargo	Money Market	N/A	6,500	N/A	N/A	6,500	6,500	-
Wells Fargo	Money Market	N/A	16,497	N/A	N/A	16,497	16,497	-
Wells Fargo	Money Market	N/A	417	N/A	N/A	417	417	-
Wells Fargo	Money Market	N/A	1,233,717	N/A	N/A	1,233,717	1,233,717	-

(Continued)

Helix Electric, Inc.
Health and Welfare Plan
EIN #33-0124909
Plan #: 504
Schedule H, Line 4(j) – Schedule of Reportable Transactions (continued)
December 31, 2017

(a) Identity of party involved	(b) Description of asset	(c) Purchase Price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Sales:								
Wells Fargo	Money Market	N/A	$ 417	N/A	N/A	$ 417	$ 417	$ -
Wells Fargo	Money Market	N/A	739,632	N/A	N/A	739,632	739,632	-
Wells Fargo	Money Market	N/A	926,677	N/A	N/A	926,677	926,677	-
Wells Fargo	Money Market	N/A	417	N/A	N/A	417	417	-
Wells Fargo	Money Market	N/A	39,441	N/A	N/A	39,441	39,441	-
Wells Fargo	Money Market	N/A	94,566	N/A	N/A	94,566	94,566	-
Wells Fargo	Money Market	N/A	358,939	N/A	N/A	358,939	358,939	-
Wells Fargo	Money Market	N/A	30,965	N/A	N/A	30,965	30,965	-
Wells Fargo	Money Market	N/A	37,582	N/A	N/A	37,582	37,582	-
Wells Fargo	Money Market	N/A	568,304	N/A	N/A	568,304	568,304	-
Wells Fargo	Money Market	N/A	402	N/A	N/A	402	402	-
Wells Fargo	Money Market	N/A	28,461	N/A	N/A	28,461	28,461	-
Wells Fargo	Money Market	N/A	57,142	N/A	N/A	57,142	57,142	-
Wells Fargo	Money Market	N/A	723,420	N/A	N/A	723,420	723,420	-
Wells Fargo	Money Market	N/A	31,849	N/A	N/A	31,849	31,849	-
Wells Fargo	Money Market	N/A	926,391	N/A	N/A	926,391	926,391	-
Wells Fargo	Money Market	N/A	2,500	N/A	N/A	2,500	2,500	-
Wells Fargo	Money Market	N/A	61,659	N/A	N/A	61,659	61,659	-
Wells Fargo	Money Market	N/A	23,140	N/A	N/A	23,140	23,140	-
Wells Fargo	Money Market	N/A	470,111	N/A	N/A	470,111	470,111	-
Wells Fargo	Money Market	N/A	402	N/A	N/A	402	402	-
Wells Fargo	Money Market	N/A	105,301	N/A	N/A	105,301	105,301	-
Wells Fargo	Money Market	N/A	13,968	N/A	N/A	13,968	13,968	-
Wells Fargo	Money Market	N/A	36,068	N/A	N/A	36,068	36,068	-
Wells Fargo	Money Market	N/A	341,574	N/A	N/A	341,574	341,574	-
Wells Fargo	Money Market	N/A	94,066	N/A	N/A	94,066	94,066	-
Wells Fargo	Money Market	N/A	748,497	N/A	N/A	748,497	748,497	-
Wells Fargo	Money Market	N/A	417	N/A	N/A	417	417	-
Wells Fargo	Money Market	N/A	13,565	N/A	N/A	13,565	13,565	-
Wells Fargo	Money Market	N/A	164,120	N/A	N/A	164,120	164,120	-
Wells Fargo	Money Market	N/A	359,611	N/A	N/A	359,611	359,611	-
Wells Fargo	Money Market	N/A	3,224	N/A	N/A	3,224	3,224	-
Wells Fargo	Money Market	N/A	26,176	N/A	N/A	26,176	26,176	-
Wells Fargo	Money Market	N/A	31,595	N/A	N/A	31,595	31,595	-
Wells Fargo	Money Market	N/A	49,160	N/A	N/A	49,160	49,160	-
Wells Fargo	Money Market	N/A	470,508	N/A	N/A	470,508	470,508	-

See report of independent auditors.

(a) Identity of party involved	(b) Description of asset	(c) Purchase Price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Sales:								
Wells Fargo	Money Market	N/A	$ 15,635	N/A	N/A	$ 15,635	$ 15,635	$ -
Wells Fargo	Money Market	N/A	319,245	N/A	N/A	319,245	319,245	-
Wells Fargo	Money Market	N/A	44,095	N/A	N/A	44,095	44,095	-
Wells Fargo	Money Market	N/A	417	N/A	N/A	417	417	-
Wells Fargo	Money Market	N/A	524,038	N/A	N/A	524,038	524,038	-
Wells Fargo	Money Market	N/A	16,065	N/A	N/A	16,065	16,065	-
Wells Fargo	Money Market	N/A	44,055	N/A	N/A	44,055	44,055	-
Wells Fargo	Money Market	N/A	96,567	N/A	N/A	96,567	96,567	-
Wells Fargo	Money Market	N/A	2,602	N/A	N/A	2,602	2,602	-
Wells Fargo	Money Market	N/A	76,005	N/A	N/A	76,005	76,005	-
Wells Fargo	Money Market	N/A	417	N/A	N/A	417	417	-
Wells Fargo	Money Market	N/A	6,131	N/A	N/A	6,131	6,131	-
Wells Fargo	Money Market	N/A	138,737	N/A	N/A	138,737	138,737	-
Wells Fargo	Money Market	N/A	186,740	N/A	N/A	186,740	186,740	-
Wells Fargo	Money Market	N/A	16,384	N/A	N/A	16,384	16,384	-
Wells Fargo	Money Market	N/A	5,593	N/A	N/A	5,593	5,593	-
Wells Fargo	Money Market	N/A	332,228	N/A	N/A	332,228	332,228	-
Wells Fargo	Money Market	N/A	55,000	N/A	N/A	55,000	55,000	-
Wells Fargo	Money Market	N/A	491,048	N/A	N/A	491,048	491,048	-
Wells Fargo	Money Market	N/A	337,694	N/A	N/A	337,694	337,694	-
Wells Fargo	Money Market	N/A	3,106	N/A	N/A	3,106	3,106	-