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

2018

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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
- [X] 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
LINETEC SERVICES 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 02/01/2017

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)
LINETEC SERVICES, LLC

1613 JB HUNT AVENUE
ALEXANDRIA, LA 71303

2b Employer Identification Number (EIN)
47-2111826

2c Plan Sponsor's telephone number
318-308-6510

2d Business code (see instructions)
541511

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.	07/24/2020	CORY CLOSE
	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**	417
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)**	362
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	540
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	15
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	555
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	555
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	110
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2S 2E 2J 2K 2F 2G 3D 2T

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

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 1 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **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 2018 Form M-1 annual report. If the plan was not required to file the 2018 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

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
LINETEC SERVICES 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LINETEC SERVICES, LLC

D Employer Identification Number (EIN)
47-2111826

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
GREAT-WEST LIFE & ANNUITY 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
84-0467907	68322	501728-01	38	01/01/2018	12/31/2018

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

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

(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		
	(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	21827
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	8681
c	Additions: (1) Contributions deposited during the year	7c(1)	30250		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	95		
	(4) Transferred from separate account	7c(4)	442		
	(5) Other (specify below)	7c(5)	4025		
	▶ FORFEITURES FROM DISTRIBUTIONS				
	(6) Total additions			7c(6)	34812
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	43493
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	2032		
	(2) Administration charge made by carrier	7e(2)	3		
	(3) Transferred to separate account	7e(3)	19631		
	(4) Other (specify below)	7e(4)	0		
	▶				
	(5) Total deductions			7e(5)	21666
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	21827

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. 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 ☒ 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.**	**2018** **This Form is Open to Public Inspection.**

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
LINETEC SERVICES 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LINETEC SERVICES, LLC

D Employer Identification Number (EIN)
47-2111826

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)

GREAT-WEST LIFE & ANNUITY INSURANCE

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

84-0467907

(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?
64	RECORDKEEPER	2424	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

IFP ADVISORS INC.

3030 N ROCKY POINT DR W
STE 700
TAMPA, FL 33607

(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?
27	INVESTMENT ADVISOR	1401	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

THE HASLAUER GROUP, INC

2400 VETERANS MEMORIAL BLVD
STE 310
KENNER, LA 70062

(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	TPA	800	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)

EMPOWER RETIREMENT ADVISORY SERVICE

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MGMT	47	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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(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

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
LINETEC SERVICES 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LINETEC SERVICES, LLC

D Employer Identification Number (EIN)
47-2111826

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)	0	3642
(2) Participant contributions	1b(2)	0	1938
(3) Other	1b(3)	0	3560
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(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)	137138	692804
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	137138	701944
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	0	5636
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	5636
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	137138	696308

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)	112495	
	(B) Participants	2a(1)(B)	250053	
	(C) Others (including rollovers)	2a(1)(C)	261861	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		624409
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(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)	46669	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		46669
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-94596
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		576482
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	14041	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		14041
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)	3271	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		3271
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		17312
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		559170
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: MAYER HOFFMAN MCCANN P.C. **(2)** EIN: 43-1947695

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		352633
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		500000
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? ..... [X] Yes [ ] No
If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... [ ] Yes [ ] No [ ] Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2018

This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
LINETEC SERVICES 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LINETEC SERVICES, LLC

D Employer Identification Number (EIN)
47-2111826

Part I Distributions

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

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

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

EIN(s): 84-0467907

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

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

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

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

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

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

LINETEC SERVICES 401(k) PLAN

FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULES

December 31, 2018 and 2017

LINETEC SERVICES 401(k) PLAN

FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULES

December 31, 2018 and 2017

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4722 North 24th Street, Suite 300 ■ Phoenix, AZ 85016
Main: 602.264.6835 ■ Fax: 602.265.7631 ■ www.mhmcpa.com

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator and the Sponsor of

LINETEC SERVICES 401(k) PLAN

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of ***LineTec Services 401(k) Plan*** (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2018 (in liquidation) and the statement of net assets available for benefits as of December 31, 2017, the related statement of changes in net assets available for benefits (in liquidation) for the year ended December 31, 2018 and the related statement of changes in net assets available for benefits for the period from February 1, 2017 through 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.

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Great-West Trust Company, LLC and Great-West Life & Annuity Insurance Company, the trustees of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan administrator that the trustees hold the Plan's investment assets and execute investment transactions. The Plan administrator has obtained certifications from the trustees as of December 31, 2018 and 2017 and for the year ended December 31, 2018 and the period from February 1, 2017 through December 31, 2017, that the information provided to the Plan administrator by the trustees is complete and accurate.

Disclaimer of Opinion

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

Basis of Accounting

As further discussed in Note 1 to the financial statements, LineTec Services, LLC, the Plan's sponsor, terminated the Plan effective November 30, 2018, and discontinued contributions to the Plan. In accordance with accounting principles generally accepted in the United States of America, the Plan has changed its basis of accounting from the ongoing plan basis used in presenting the 2017 financial statements to the liquidation basis used in presenting the 2018 financial statements. Our opinion is not modified with respect to this matter.

Other Matter

The supplemental schedules listed in the accompanying index are required by the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustees, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, is presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



July 24, 2020

LINETEC SERVICES 401(k) PLAN

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS (IN LIQUIDATION)

December 31, 2018

ASSETS	
INVESTMENTS	
Mutual funds	$ 670,977
Guaranteed investment contract	21,827
Total investments	692,804
RECEIVABLES	
Participant contributions	1,938
Employer contributions	3,642
Other receivables	3,560
Total receivables	9,140
LIABILITIES	
Participant contributions payable	5,636
NET ASSETS AVAILABLE FOR BENEFITS	$ 696,308

See Notes to Financial Statements

LINETEC SERVICES 401(k) PLAN

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2017

ASSETS		
INVESTMENTS		
Mutual funds	$	128,457
Guaranteed investment contract		8,681
Total investments		137,138
RECEIVABLES		
Participant contributions		5,350
Employer contributions		3,745
Other receivables		1,398
Total receivables		10,493
NET ASSETS AVAILABLE FOR BENEFITS	$	147,631

See Notes to Financial Statements

LINETEC SERVICES 401(k) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS (IN LIQUIDATION)

Year Ended December 31, 2018

ADDITIONS		
Contributions		
Participant	$	244,703
Employer		108,750
Rollover		261,861
Total contributions		615,314
Investment income		
Interest and dividends		46,669
Total investment income		46,669
Total additions		661,983
DEDUCTIONS		
Net depreciation in fair value of investments		95,994
Benefits paid to participants		14,041
Administrative expenses		3,271
Total deductions		113,306
NET CHANGE IN NET ASSETS		548,677
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR		147,631
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	$	696,308

See Notes to Financial Statements

LINETEC SERVICES 401(k) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Period from February 1, 2017 through December 31, 2017

ADDITIONS	
Contributions	
Participant	$ 107,930
Employer	38,302
Total contributions	146,232
Investment income	
Net appreciation in fair value of investments	1,398
Interest and dividends	1
Total investment income	1,399
Total additions	147,631
NET CHANGE IN NET ASSETS	147,631
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	-
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	$ 147,631

See Notes to Financial Statements

(1) Description of the Plan

The following description of the ***LineTec Services 401(k) Plan*** (the "Plan"), provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

A. General – The Plan is a defined contribution plan formed on February 1, 2017 which covers all employees who meet specified eligibility requirements of LineTec Services, LLC (the "Company" or the "Sponsor"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Effective November 30, 2018 (the "Closing"), Centuri Construction Group, Inc., a wholly-owned subsidiary of Southwest Gas Holdings, Inc., acquired the Plan Sponsor. The Company is part of a controlled group, however, the Company's parent has filed an Internal Revenue Service ("IRS") Form 5310-A which qualifies the Company as a separate line of business, and as such, the Company operates its own plan.

As part of the acquisition, the Company approved the termination of the Plan, effective November 30, 2018. Plan management is taking action to terminate the Plan during 2020.

Effective April 30, 2019, the parent company changed its name from Centuri Construction Group, Inc. to Centuri Group, Inc.

B. Eligibility – Full-time or part-time employees were eligible to participate in the Plan. Union, nonresident aliens, and leased employees were not eligible to participate in the Plan. Eligibility requirements of the Plan were 90 days of service and attaining the age of 18. Eligible employees were able to participate for purposes of elective deferrals once they reached the entry date. The employee's entry date was the first day of the Plan year quarter coinciding with or the first day of the next Plan year quarter following the date the employee satisfied the eligibility requirements. The Plan allowed immediate participation for all full-time or part-time employees that were employed as of February 1, 2017. Effective with the Closing, the Plan was frozen to new participants.

C. Contributions – Each participant could elect a contribution of 1% to 100% of their compensation subject to certain limitations prescribed by the IRS. Unless a participant elected otherwise, the Plan withheld an automatic deferral amount equal to 6% of eligible compensation each pay period, with annual increases of 1% through the fifth year of participation, up to a maximum of 10%. Participants could also contribute amounts representing distributions from other qualified pension plans. Roth elective deferrals were permitted under the Plan.

The Company had elected a fixed matching contribution equal to 50% of the participant's elective contributions that were not in excess of 3% of the participant's eligible compensation. The employer matching contributions are included in the employer contributions receivable as of December 31, 2018 and 2017. The Plan also contained provisions for discretionary profit-sharing contributions. Contributions under the profit-sharing portion of the Plan were made at the discretion of the Company. For 2018, the Sponsor made a profit-sharing contribution equal to approximately $52,000. The profit-sharing contribution was remitted to the Plan during 2018 and was allocated to employees based on the prorata share of each eligible participant's elective deferrals to total elective deferrals for all eligible participants.

D. Participant accounts – Each participant's account was credited with their elective deferral contribution, Company matching contributions, an allocation of any Company discretionary profit-sharing contributions, and an allocation of investment earnings and losses. Allocations of Company discretionary profit-sharing contributions were based on the ratio of each participant's compensation to total participant compensation. Allocations of investment earnings and losses were based on each participant's investment election. The benefit to which a participant was entitled to was the benefit that could be provided from the participant's vested account.

(1) Description of the Plan (continued)

E. Vesting – Effective with the Closing, participant balances in the Plan became fully vested. Prior to the Closing, participants were immediately vested in their voluntary and rollover contributions, plus accrued earnings thereon. Participants vested in the Company's matching and profit-sharing contributions, plus actual earnings thereon, based on years of service as follows:

Years of Service for Vesting	Percentage
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

F. Distribution of benefits – Effective with the Closing and termination of the Plan, the Plan will be maintained until the accounts of all participants have been distributed.

Prior to the Closing, the Plan provided for the payment of benefits in amounts up to the entire vested balance in a participant's account upon participant retirement from the Company, termination of employment, death, or disability. In general, distributions from the Plan were to be made in one lump-sum payment in cash. The only form of distribution available under the Plan is a lump sum payment.

G. Forfeitures – Forfeited non-vested accounts were used to pay administrative expenses of the Plan and to reduce Company matching and discretionary profit-sharing contributions. At December 31, 2018 and 2017, forfeited non-vested accounts totaled $4,043 and $0, respectively. For the year ended December 31, 2018 and the period from February 1, 2017 through December 31, 2017 there were no forfeited nonvested accounts used to offset employer contributions or pay for administrative expenses of the Plan.

H. Administrative expenses – Substantially all administrative expenses were paid by the Company, which consisted of investment advisory, recordkeeping and information management fees.

I. Plan termination – Effective with the Closing, the Plan was terminated. The Company received a favorable determination letter from the IRS approving the Plan termination on May 22, 2020. Plan management is in the process of commencing final distributions of participant account balances.

(2) Significant accounting policies

Basis of accounting – Effective as of the Closing, liquidation of the Plan became imminent. As a result, the Plan has changed its basis of accounting from the ongoing basis to the liquidation basis of accounting as of November 30, 2018.

Management's use of estimates – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets and the reported amounts of changes in net assets available. Actual results could differ from those estimates.

(2) Significant accounting policies (continued)

Investment valuation and income recognition – Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

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

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 three levels of the fair value hierarchy under Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820 are described below:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access. If a Level 1 input is available, it must be used.

Level 2: Inputs other than quoted prices that are observable for assets or liabilities, either directly or indirectly. Examples include matrix pricing utilizing yield curves, prepayment speeds, credit risks, etc.; quoted prices for similar assets in active markets; and inputs derived from observable market data by correlation or other means.

Level 3: Unobservable inputs, which contain assumptions by the party valuing those assets or liabilities. For Level 3 inputs, there is no market data or correlations with market assumptions. Examples would include limited partnership interests, closely held stock, etc.

The asset's 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 the investments held by the Plan. There have been no changes in the methodologies used at December 31, 2018 and 2017.

- Mutual funds – Stated at net asset values, which are readily determinable fair values of those shares as they are published daily and are the basis for current transactions.

- Guaranteed investment contract – Investments in a fully benefit responsive fixed income guaranteed option are required to be reported at contract value rather than fair value. As of December 31, 2017, contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

  As of November 30, 2018, fair value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts due to the limitations set forth in Note 3.

As of December 31, 2018 and 2017, the Plan's investments in mutual funds totaled $670,977 and $128,457, respectively, all of which are measured using Level 1 inputs within the fair value hierarchy.

(2) Significant accounting policies (continued)

Risks and uncertainties – The Plan's exposure to credit loss in the event of nonperformance of investments was limited to the carrying value of such instruments. The Plan's exposure to interest rate risk, credit risk and market risk are dictated by the Plan's provisions as well as those of ERISA and the participants' investment preference. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of these investments, it is at least reasonably possible that changes in risks in the near term could materially affect participant account balances and the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits.

On December 2, 2019, the Company received a Notice of Rejection from the Department of Labor ("DOL") regarding the Plan's deficient Form 5500 and annual report filing for the 2018 Plan year. Pursuant to this notice, on July 20, 2020 the Company was notified by the DOL regarding its intent to assess a civil penalty of $50,000 against the Company for lack of timely and satisfactory remediation of the delinquent filing. The Company may be subject to additional civil penalties up to $2,233 per day subsequent to July 20, 2020, until an amended annual report satisfactory to the DOL is filed. Management is in the process of taking corrective action including payment of the penalty, which is to be absorbed in full by the Company. The accompanying financial statements do not include any adjustments that might result from this uncertainty.

Payment of benefits – Benefits were recorded when paid.

Notes receivable from participants – The Plan does not allow for notes receivables to participants.

Subsequent events – The Plan's management has evaluated subsequent events through July 24, 2020 which is the date the financial statements were available to be issued.

(3) Investment contract with insurance company

The Plan participated in an investment contract with Great-West Life & Annuity Insurance Company ("Great-West) via the Key Guaranteed Portfolio Fund ("KGPF"). The KGPF was collateralized by the general assets of Great-West. The methodology for calculating the interest crediting rate was based on the earnings of the underlying assets in the entire portfolio compared to the minimum interest credit rate stated in the contract and prevailing market conditions. The interest crediting rate was reset quarterly. This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value represents contributions made to the contract, plus earnings, less participant withdrawals and administrative expenses.

Certain events limited the ability of the Plan to transact at contract value with the contract issuer. Examples of such events include the following:

1) The Plan's failure to qualify under Section 401(a) of the Internal Revenue Code ("IRC") or the failure of the trust to be tax-exempt under Section 501(a) of the IRC
2) Premature termination of the contracts
3) Plan termination or merger
4) Changes to the Plan's prohibition on competing investment options
5) Bankruptcy of the Plan Sponsor or other Plan Sponsor events (for example, divestitures or spinoffs of a subsidiary) that significantly affect the Plan's normal operations

Effective with the Closing, the Plan was limited from transacting at contract value with the contract issuer. The fair value of the guaranteed investment contract under the liquidation basis of accounting was $10,626, which was $780 less than contract value, as of November 30, 2018.

(4) Information certified by the trustee

In addition, certain events allowed the issuer to terminate the contract with the Plan and settle at an amount other than contract value. Although no such events were considered probable of occurring, examples of such events included the following:

1) An uncured violation of the Plan's investment guidelines
2) A breach of material obligation under the contract
3) A material misrepresentation
4) A material amendment to the agreement without the consent of the issuer

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Great-West Trust Company, LLC and Great-West Life & Annuity Insurance Company, the trustees, have certified that the following information included in the accompanying financial statements and supplemental schedules of assets (held at end of year) are complete and accurate:

- Investments
- Interest and dividends
- Net appreciation/(depreciation) in fair value of investments
- Schedules of assets (held at end of year)

The Plan's independent public accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedules.

(5) Party-in-interest transactions

Certain Plan investments were managed by Great-West Trust Company, LLC, which qualify as party-in-interest transactions. Total administrative expenses paid by the Plan to parties-in-interest for the year ended December 31, 2018 and the period from February 1, 2017 through December 31, 2017 were $3,271 and $0, respectively, and related to investment management and record keeping services.

(6) Tax status

The Plan received of a favorable determination letter from the IRS dated May 22, 2020 approving the Plan's termination. The Plan previously adopted a defined contribution prototype plan document, which obtained a favorable opinion letter dated March 31, 2014, stating that the Plan and related trust were designed in accordance with the applicable IRC. The Plan administrator and the Company believe that the Plan was designed and operated in compliance with the applicable requirements of the IRC, and therefore believe that the Plan was qualified and the related trust was tax exempt as of and for the periods ended December 31, 2018 and 2017 and through the date the financial statements were available to be issued.

(7) Nonexempt transactions

Plan management determined that certain participant contributions withheld from compensation by the Company during the 2018 and 2017 Plan years were not deposited with the Plan in a timely manner based upon guidelines established by the DOL. These late contributions amounted to $244,703 and $107,930 for the year ended December 31, 2018 and the period from February 1, 2017 through December 31, 2017, respectively, and represent nonexempt transactions. Lost earnings associated with the late participant contributions totaled $3,560 and $1,398 for Plan years 2018 and 2017, respectively, and were remitted to the Plan during 2019.

(8) Refundable participant contributions

The Company determined that certain participant contributions submitted during the 2018 Plan year were in excess of limits established by the DOL. The Plan is required to return contributions to participants received during the year that were in excess of the limits established by the DOL. These excess contributions amounted to $5,636 for the year ended December 31, 2018. The amounts have been reflected as excess contributions refundable in the accompanying statement of net assets available for benefits (in liquidation) and as a reduction of participant contributions in the accompany statement of changes in assets available for benefits (in liquidation).

(8) Reconciliation of financial statements to Form 5500

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

	2017
Net assets available for benefits as reported in the financial statements	$ 147,631
Less: Other receivables	(1,398)
Less: Employer contributions receivable	(3,745)
Less: Participant contributions receivable	(5,350)
Net assets available for benefits as reported in the Form 5500	$ 137,138

The following is a reconciliation of the change in net assets as reported in the financial statements for the year ended December 31, 2018 and the period from February 1, 2017 through December 31, 2017 to the net income (loss) as reported in the Form 5500:

	2018	2017
Net change in net assets per the financial statements	$ 548,677	$ 147,631
Other receivables at December 31, 2017	1,398	(1,398)
Employer contributions receivable at December 31, 2017	3,745	(3,745)
Participant contributions receivable at December 31, 2017	5,350	(5,350)
Net income (loss) in net assets per the Form 5500	$ 559,170	$ 137,138

SUPPLEMENTAL SCHEDULES

LINETEC SERVICES 401(k) PLAN

EIN: 47-2111826

Plan # 001

SCHEDULE H, LINE 4(a) - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

Year Ended December 31, 2018

Participant Contributions Transferred Late to the Plan			Check Here if Late Participant Loan Repayments Are Included	Total That Constitutes Nonexempt Prohibited Transactions			
Amount Withheld	Date Withheld	Date Remitted		Contributions Not Corrected	Contributions Corrected Outside Voluntary Fiduciary Correction Program	Contributions Pending Correction in Voluntary Fiduciary Correction Program	Total Fully Corrected Under Voluntary Fiduciary Correction Program and PTE 2002-51
$ 4,393	5/28/2017	12/29/2017		$ 4,393	$ -	$ -	$ -
4,978	6/4/2017	12/29/2017		4,978	-	-	-
3,309	6/11/2017	12/29/2017		3,309	-	-	-
3,440	6/18/2017	12/29/2017		3,440	-	-	-
3,142	6/25/2017	12/29/2017		3,142	-	-	-
3,225	7/2/2017	12/29/2017		3,225	-	-	-
3,134	7/9/2017	12/29/2017		3,134	-	-	-
2,947	7/16/2017	12/29/2017		2,947	-	-	-
2,849	7/23/2017	12/29/2017		2,849	-	-	-
2,898	7/30/2017	12/29/2017		2,898	-	-	-
2,711	8/6/2017	12/29/2017		2,711	-	-	-
2,709	8/13/2017	12/29/2017		2,709	-	-	-
2,992	8/20/2017	12/29/2017		2,992	-	-	-
3,554	8/27/2017	12/29/2017		3,554	-	-	-
6,219	9/3/2017	12/29/2017		6,219	-	-	-
5,648	9/10/2017	12/29/2017		5,648	-	-	-
6,191	9/17/2017	12/29/2017		6,191	-	-	-

LINETEC SERVICES 401(k) PLAN

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Plan # 001

SCHEDULE H, LINE 4(a) - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

Year Ended December 31, 2018

Participant Contributions Transferred Late to the Plan			Total That Constitutes Nonexempt Prohibited Transactions				
Amount Withheld	Date Withheld	Date Remitted	Check Here if Late Participant Loan Repayments Are Included	Contributions Not Corrected	Contributions Corrected Outside Voluntary Fiduciary Correction Program	Contributions Pending Correction in Voluntary Fiduciary Correction Program	Total Fully Corrected Under Voluntary Fiduciary Correction Program and PTE 2002-51
$ 5,189	9/24/2017	12/29/2017		$ 5,189	$ -	$ -	$ -
2,492	10/1/2017	12/29/2017		2,492	-	-	-
2,855	10/8/2017	12/29/2017		2,855	-	-	-
2,776	10/15/2017	12/29/2017		2,776	-	-	-
2,844	10/22/2017	12/29/2017		2,844	-	-	-
2,769	10/29/2017	12/29/2017		2,769	-	-	-
2,581	11/5/2017	12/29/2017		2,581	-	-	-
2,682	11/12/2017	12/29/2017		2,682	-	-	-
2,749	11/19/2017	12/29/2017		2,749	-	-	-
2,268	11/26/2017	12/29/2017		2,268	-	-	-
2,864	12/3/2017	12/29/2017		2,864	-	-	-
2,992	12/10/2017	12/29/2017		2,992	-	-	-
3,180	12/17/2017	12/29/2017		3,180	-	-	-
2,671	12/24/2017	6/14/2018		2,671	-	-	-
2,679	12/31/2017	6/14/2018		2,679	-	-	-
3,069	1/11/2018	6/14/2018		3,069	-	-	-
3,321	1/19/2018	6/14/2018		3,321	-	-	-

LINETEC SERVICES 401(k) PLAN

EIN: 47-2111826

Plan # 001

SCHEDULE H, LINE 4(a) - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

Year Ended December 31, 2018

Participant Contributions Transferred Late to the Plan			Check Here if Late Participant Loan Repayments Are Included	Total That Constitutes Nonexempt Prohibited Transactions			
Amount Withheld	Date Withheld	Date Remitted		Contributions Not Corrected	Contributions Corrected Outside Voluntary Fiduciary Correction Program	Contributions Pending Correction in Voluntary Fiduciary Correction Program	Total Fully Corrected Under Voluntary Fiduciary Correction Program and PTE 2002-51
$ 2,903	1/26/2018	6/14/2018		$ 2,903	$ -	$ -	$ -
3,142	1/31/2018	6/14/2018		3,142	-	-	-
3,228	2/9/2018	6/14/2018		3,228	-	-	-
2,850	2/16/2018	6/14/2018		2,850	-	-	-
8,163	2/23/2018	6/14/2018		8,163	-	-	-
3,690	2/28/2018	6/14/2018		3,690	-	-	-
3,580	3/9/2018	6/14/2018		3,580	-	-	-
4,180	3/16/2018	6/14/2018		4,180	-	-	-
3,496	3/23/2018	6/14/2018		3,496	-	-	-
3,182	3/29/2018	6/14/2018		3,182	-	-	-
3,523	3/31/2018	9/24/2019		3,523	-	-	-
4,253	4/13/2018	6/15/2018		4,253	-	-	-
4,614	4/20/2018	6/15/2018		4,614	-	-	-
4,688	4/27/2018	6/15/2018		4,688	-	-	-
4,686	4/30/2018	6/15/2018		4,686	-	-	-
4,254	5/11/2018	6/15/2018		4,254	-	-	-
4,024	5/18/2018	6/15/2018		4,024	-	-	-

LINETEC SERVICES 401(k) PLAN

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Plan # 001

SCHEDULE H, LINE 4(a) - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

Year Ended December 31, 2018

Participant Contributions Transferred Late to the Plan			Total That Constitutes Nonexempt Prohibited Transactions				
Amount Withheld	Date Withheld	Date Remitted	Check Here if Late Participant Loan Repayments Are Included	Contributions Not Corrected	Contributions Corrected Outside Voluntary Fiduciary Correction Program	Contributions Pending Correction in Voluntary Fiduciary Correction Program	Total Fully Corrected Under Voluntary Fiduciary Correction Program and PTE 2002-51
$ 3,976	5/25/2018	6/15/2018		$ 3,976	$ -	$ -	$ -
3,895	5/31/2018	6/15/2018		3,895	-	-	-
3,752	6/8/2018	6/15/2018		3,752	-	-	-
4,468	6/15/2018	10/12/2018		4,468	-	-	-
4,712	6/22/2018	10/12/2018		4,712	-	-	-
4,703	6/29/2018	10/12/2018		4,703	-	-	-
5,269	6/30/2018	10/12/2018		5,269	-	-	-
4,530	7/13/2018	10/12/2018		4,530	-	-	-
4,749	7/20/2018	10/12/2018		4,749	-	-	-
4,695	7/27/2018	10/12/2018		4,695	-	-	-
4,777	7/31/2018	10/12/2018		4,777	-	-	-
4,669	8/10/2018	10/12/2018		4,669	-	-	-
5,427	8/17/2018	10/12/2018		5,427	-	-	-
5,176	8/24/2018	10/12/2018		5,176	-	-	-
5,524	8/31/2018	10/12/2018		5,524	-	-	-
5,756	9/7/2018	10/12/2018		5,756	-	-	-
6,292	9/14/2018	10/12/2018		6,292	-	-	-

LINETEC SERVICES 401(k) PLAN

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SCHEDULE H, LINE 4(a) - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

Year Ended December 31, 2018

Participant Contributions Transferred Late to the Plan			Check Here if Late Participant Loan Repayments Are Included	Total That Constitutes Nonexempt Prohibited Transactions			
Amount Withheld	Date Withheld	Date Remitted		Contributions Not Corrected	Contributions Corrected Outside Voluntary Fiduciary Correction Program	Contributions Pending Correction in Voluntary Fiduciary Correction Program	Total Fully Corrected Under Voluntary Fiduciary Correction Program and PTE 2002-51
$ 10,306	9/21/2018	10/12/2018		$ 10,306	$ -	$ -	$ -
10,239	9/28/2018	10/12/2018		10,239	-	-	-
6,275	9/30/2018	10/12/2018		6,275	-	-	-
5,924	10/12/2018	12/27/2018		5,924	-	-	-
9,346	10/19/2018	12/27/2018		9,346	-	-	-
7,590	10/26/2018	12/27/2018		7,590	-	-	-
7,385	10/31/2018	12/27/2018		7,385	-	-	-
9,244	11/9/2018	12/27/2018		9,244	-	-	-
6,784	11/16/2018	12/27/2018		6,784	-	-	-
7,825	11/23/2018	12/27/2018		7,825	-	-	-
6,569	11/30/2018	12/27/2018		6,569	-	-	-
$ 352,633				$ 352,633	$ -	$ -	$ -

LINETEC SERVICES 401(k) PLAN

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Plan # 001

SCHEDULE H, LINE 4(a) - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

Period from February 1, 2017 through December 31, 2017

Participant Contributions Transferred Late to the Plan			Check Here if Late Participant Loan Repayments Are Included	Total That Constitutes Nonexempt Prohibited Transactions			
Amount Withheld	Date Withheld	Date Remitted		Contributions Not Corrected	Contributions Corrected Outside Voluntary Fiduciary Correction Program	Contributions Pending Correction in Voluntary Fiduciary Correction Program	Total Fully Corrected Under Voluntary Fiduciary Correction Program and PTE 2002-51
$ 4,393	5/28/2017	12/29/2017		$ 4,393	$ -	$ -	$ -
4,978	6/4/2017	12/29/2017		4,978	-	-	-
3,309	6/11/2017	12/29/2017		3,309	-	-	-
3,440	6/18/2017	12/29/2017		3,440	-	-	-
3,142	6/25/2017	12/29/2017		3,142	-	-	-
3,225	7/2/2017	12/29/2017		3,225	-	-	-
3,134	7/9/2017	12/29/2017		3,134	-	-	-
2,947	7/16/2017	12/29/2017		2,947	-	-	-
2,849	7/23/2017	12/29/2017		2,849	-	-	-
2,898	7/30/2017	12/29/2017		2,898	-	-	-
2,711	8/6/2017	12/29/2017		2,711	-	-	-
2,709	8/13/2017	12/29/2017		2,709	-	-	-
2,992	8/20/2017	12/29/2017		2,992	-	-	-
3,554	8/27/2017	12/29/2017		3,554	-	-	-
6,219	9/3/2017	12/29/2017		6,219	-	-	-
5,648	9/10/2017	12/29/2017		5,648	-	-	-
6,191	9/17/2017	12/29/2017		6,191	-	-	-

LINETEC SERVICES 401(k) PLAN

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Plan # 001

SCHEDULE H, LINE 4(a) - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

Period from February 1, 2017 through December 31, 2017

Participant Contributions Transferred Late to the Plan			Check Here if Late Participant Loan Repayments Are Included	Total That Constitutes Nonexempt Prohibited Transactions			
Amount Withheld	Date Withheld	Date Remitted		Contributions Not Corrected	Contributions Corrected Outside Voluntary Fiduciary Correction Program	Contributions Pending Correction in Voluntary Fiduciary Correction Program	Total Fully Corrected Under Voluntary Fiduciary Correction Program and PTE 2002-51
$ 5,189	9/24/2017	12/29/2017		$ 5,189	$ -	$ -	$ -
2,492	10/1/2017	12/29/2017		2,492	-	-	-
2,855	10/8/2017	12/29/2017		2,855	-	-	-
2,776	10/15/2017	12/29/2017		2,776	-	-	-
2,844	10/22/2017	12/29/2017		2,844	-	-	-
2,769	10/29/2017	12/29/2017		2,769	-	-	-
2,581	11/5/2017	12/29/2017		2,581	-	-	-
2,682	11/12/2017	12/29/2017		2,682	-	-	-
2,749	11/19/2017	12/29/2017		2,749	-	-	-
2,268	11/26/2017	12/29/2017		2,268	-	-	-
2,864	12/3/2017	12/29/2017		2,864	-	-	-
2,992	12/10/2017	12/29/2017		2,992	-	-	-
3,180	12/17/2017	12/29/2017		3,180	-	-	-
2,671	12/24/2017	6/14/2018		2,671	-	-	-
2,679	12/31/2017	6/14/2018		2,679	-	-	-
$ 107,930				$ 107,930	$ -	$ -	$ -

LINETEC SERVICES 401(k) PLAN
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Plan No. 001

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2018

	(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
Mutual funds					
		Alger	ALGER CAPITAL APPRECIATION INSTL I	**	$ 5,099
		Columbia	COLUMBIA BALANCED A	**	3,120
		Columbia	COLUMBIA CONTRARIAN CORE A	**	10,582
		Columbia	COLUMBIA DIVIDEND INCOME A	**	6,537
		Columbia	COLUMBIA EMERGING MARKETS A	**	4,939
		Eaton Vance	EATON VANCE ATLANTA CAPITAL SMID-CAP A	**	4,586
	*	Great-West Funds	GREAT-WEST AGGRESSIVE PROFILE FUND INV	**	85,935
	*	Great-West Funds	GREAT-WEST CONSERVATIVE PROFILE FUND INV	**	235
	*	Great-West Funds	GREAT-WEST LIFETIME 2015 FUND SVC	**	2,132
	*	Great-West Funds	GREAT-WEST LIFETIME 2020 FUND SVC	**	8,395
	*	Great-West Funds	GREAT-WEST LIFETIME 2025 FUND SVC	**	72,526
	*	Great-West Funds	GREAT-WEST LIFETIME 2030 FUND SVC	**	63,293
	*	Great-West Funds	GREAT-WEST LIFETIME 2035 FUND SVC	**	112,133
	*	Great-West Funds	GREAT-WEST LIFETIME 2040 FUND SVC	**	25,827
	*	Great-West Funds	GREAT-WEST LIFETIME 2045 FUND SVC	**	52,702
	*	Great-West Funds	GREAT-WEST LIFETIME 2050 FUND SVC	**	32,196
	*	Great-West Funds	GREAT-WEST LIFETIME 2055 FUND SVC	**	26,817
	*	Great-West Funds	GREAT-WEST MOD AGGR PROFILE FUND INV	**	2,668
	*	Great-West Funds	GREAT-WEST MOD CONS PROFILE FUND INV	**	268
	*	Great-West Funds	GREAT-WEST MODERATE PROFILE FUND INV	**	2,968
	*	Great-West Funds	GREAT-WEST S&P SMCAP 600 INDEX FUND INV	**	24,828
		Ivy Funds	IVY INTERNATIONAL CORE EQUITY Y	**	9,397
		Janus Henderson	JANUS HENDERSON VENTURE S	**	7,999
		JPMorgan	JPMORGAN CORE BOND A	**	21,402
		Lord Abbett	LORD ABBETT HIGH YIELD R4	**	6,294
		MFS	MFS GLOBAL EQUITY R3	**	6,669
		MFS	MFS INTERNATIONAL GROWTH R3	**	11,129
		Invesco	OPPENHEIMER INTERNATIONAL BOND FUND A	**	736
		Invesco	OPPENHEIMER REAL ESTATE A	**	2,481
		Parnassus	PARNASSUS MID-CAP	**	3,532
		PIMCO	PIMCO DIVERSIFIED INC A	**	8,774
		Pioneer Investments	PIONEER EQUITY INCOME A	**	20,001
		JPMorgan	UNDISCOVERED MGRS BEHAVIORAL VALUE A	**	6,469
		Victory	VICTORY SYCAMORE ESTABLISHED VALUE A	**	13,289
		Legg Mason	WESTERN ASSET CORE PLUS BOND A	**	5,019
					670,977
Guaranteed investment contract					
	*	Great-West Life & Annuity Insurance Company	Key Guaranteed Portfolio Fund	**	21,827
					$ 692,804

* Denotes a party-in-interest

** Cost information not required for participant directed investments

LINETEC SERVICES 401(k) PLAN
EIN: 47-2111826
Plan No. 001

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2017

	(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
Mutual funds					
		Alger	ALGER CAPITAL APPRECIATION INSTL I	**	$ 578
		Columbia	COLUMBIA BALANCED A	**	911
		Columbia	COLUMBIA CONTRARIAN CORE A	**	5,641
		Columbia	COLUMBIA DIVIDEND INCOME A	**	1,682
		Columbia	COLUMBIA EMERGING MARKETS A	**	3,574
		Eaton Vance	EATON VANCE ATLANTA CAPITAL SMID-CAP A	**	1,051
	*	Great-West Funds	GREAT-WEST AGGRESSIVE PROFILE FUND INV	**	1,837
	*	Great-West Funds	GREAT-WEST CONSERVATIVE PROFILE FUND INV	**	43
	*	Great-West Funds	GREAT-WEST LIFETIME 2015 FUND SVC	**	878
	*	Great-West Funds	GREAT-WEST LIFETIME 2020 FUND SVC	**	2,196
	*	Great-West Funds	GREAT-WEST LIFETIME 2025 FUND SVC	**	6,920
	*	Great-West Funds	GREAT-WEST LIFETIME 2030 FUND SVC	**	12,352
	*	Great-West Funds	GREAT-WEST LIFETIME 2035 FUND SVC	**	11,337
	*	Great-West Funds	GREAT-WEST LIFETIME 2040 FUND SVC	**	4,807
	*	Great-West Funds	GREAT-WEST LIFETIME 2045 FUND SVC	**	15,181
	*	Great-West Funds	GREAT-WEST LIFETIME 2050 FUND SVC	**	9,910
	*	Great-West Funds	GREAT-WEST LIFETIME 2055 FUND SVC	**	5,515
	*	Great-West Funds	GREAT-WEST MOD AGGR PROFILE FUND INV	**	583
	*	Great-West Funds	GREAT-WEST MOD CONS PROFILE FUND INV	**	44
	*	Great-West Funds	GREAT-WEST MODERATE PROFILE FUND INV	**	1,680
	*	Great-West Funds	GREAT-WEST S&P SMCAP 600 INDEX FUND INV	**	8,740
		Ivy Funds	IVY INTERNATIONAL CORE EQUITY Y	**	199
		Janus Henderson	JANUS HENDERSON VENTURE S	**	2,269
		JPMorgan	JPMORGAN CORE BOND A	**	8,921
		Lord Abbett	LORD ABBETT HIGH YIELD R4	**	1,844
		MFS	MFS GLOBAL EQUITY R3	**	1,505
		MFS	MFS INTERNATIONAL GROWTH R3	**	164
		Invesco	OPPENHEIMER INTERNATIONAL BOND FUND A	**	1,505
		Invesco	OPPENHEIMER REAL ESTATE A	**	898
		Parnassus	PARNASSUS MID-CAP	**	184
		PIMCO	PIMCO DIVERSIFIED INC A	**	4,362
		Pioneer Investments	PIONEER EQUITY INCOME A	**	4,987
		JPMorgan	UNDISCOVERED MGRS BEHAVIORAL VALUE A	**	2,605
		Victory	VICTORY SYCAMORE ESTABLISHED VALUE A	**	3,481
		Legg Mason	WESTERN ASSET CORE PLUS BOND A	**	73
					128,457
Guaranteed investment contract					
	*	Great-West Life & Annuity Insurance Company	Key Guaranteed Portfolio Fund	**	8,681
					$ 137,138

* Denotes a party-in-interest

** Cost information not required for participant directed investments

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

2018

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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

B This return/report is:
- ☐ the first return/report
- ☐ the final return/report
- ☒ an amended return/report
- ☐ a short plan year return/report (less than 12 months)

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
Linetec Services 401(k) Plan

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 02/01/2017

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)
Linetec Services, LLC

1613 JB Hunt Avenue

Alexandria LA 71303

2b Employer Identification Number (EIN)
47-2111826

2c Plan Sponsor's telephone number
318-308-6510

2d Business code (see instructions)
541511

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]	7/24/2020	Cory Close
	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**	417
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)**	362
a(2) Total number of active participants at the end of the plan year	**6a(2)**	540
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	15
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	555
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	555
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	110
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

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

a Pension Schedules

(1) [X] **R** (Retirement Plan Information)

(2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1) [X] **H** (Financial Information)

(2) [ ] **I** (Financial Information – Small Plan)

(3) [X] 1 **A** (Insurance Information)

(4) [X] **C** (Service Provider Information)

(5) [ ] **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 2018 Form M-1 annual report. If the plan was not required to file the 2018 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 H, Line 4i
Schedule of Assets (Held At End of Year)

Name of Plan:

► Linetec Services 401(k) Plan

Employer Identification Number:► 47-2111826

For plan year (beginning/ending):► 01/01/2018 - 12/31/2018 Plan number:► 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
*	Great-West Life & Annuity Insurance Co.	Forfeiture Account		4,042.86
*	Great-West Life & Annuity Insurance Co.	Alger Capital Appreciation Instl I		5,099.45
*	Great-West Life & Annuity Insurance Co.	Columbia Balanced A		3,119.78
*	Great-West Life & Annuity Insurance Co.	Columbia Contrarian Core A		10,582.05
*	Great-West Life & Annuity Insurance Co.	Columbia Dividend Income A		6,536.53
*	Great-West Life & Annuity Insurance Co.	Columbia Emerging Markets A		4,938.76
*	Great-West Life & Annuity Insurance Co.	Eaton Vance Atlanta Capital Smid-Cap A		4,586.00
*	Great-West Life & Annuity Insurance Co.	Great-West Aggressive Profile Fund Inv		85,935.39
*	Great-West Life & Annuity Insurance Co.	Great-West Conservative Profule Fund Inv		234.70
*	Great-West Life & Annuity Insurance Co.	Great-West Lifetime 2015 Fund Svc		2,132.26
*	Great-West Life & Annuity Insurance Co.	Great-West Lifetime 2020 Fund Svc		8,395.23
*	Great-West Life & Annuity Insurance Co.	Great-West Lifetime 2025 Fund Svc		72,526.24
*	Great-West Life & Annuity Insurance Co.	Great-West Lifetime 2030 Fund Svc		63,293.01
*	Great-West Life & Annuity Insurance Co.	Great-West Lifetime 2035 Fund Svc		112,133.01
*	Great-West Life & Annuity Insurance Co.	Great-West Lifetime 2040 Service		25,826.68
*	Great-West Life & Annuity Insurance Co.	Great-West Lifetime 2045 Fund Svc		52,702.30
*	Great-West Life & Annuity Insurance Co.	Great-West Lifetime 2050 Fund Svc		32,195.69
*	Great-West Life & Annuity Insurance Co.	Great-West Lifetime 2055 Fund Svc		26,817.48
*	Great-West Life & Annuity Insurance Co.	Great-West Mod Aggr Profile Fund Inv		2,668.05
*	Great-West Life & Annuity Insurance Co.	Great-West Mod Cons Profile Fund Inv		267.54
*	Great-West Life & Annuity Insurance Co.	Great-West Moderate Profile Fund Inv		2,967.84
*	Great-West Life & Annuity Insurance Co.	Great-West S&P SMCAP 600 Index Fund Inv		24,827.51
*	Great-West Life & Annuity Insurance Co.	Ivy International Core Equity Y		9,396.59
*	Great-West Life & Annuity Insurance Co.	Janus Henderson Venture S		7,999.25
*	Great-West Life & Annuity Insurance Co.	JPMorgan Core Bond A		21,401.52
*	Great-West Life & Annuity Insurance Co.	Lord Abbett High Yield R4		6,294.34
*	Great-West Life & Annuity Insurance Co.	MFS Global Equity R3		6,669.10
*	Great-West Life & Annuity Insurance Co.	MFS International Growth R3		11,129.12
*	Great-West Life & Annuity Insurance Co.	Oppenheimer International Bond Fund A		735.85
*	Great-West Life & Annuity Insurance Co.	Oppenheimer Real Estate A		2,480.86
*	Great-West Life & Annuity Insurance Co.	Parnassus Mid-Cap		3,531.81
*	Great-West Life & Annuity Insurance Co.	Pimco Diversified Inc A		8,773.93
*	Great-West Life & Annuity Insurance Co.	Pioneer Equity Income A		20,001.26
*	Great-West Life & Annuity Insurance Co.	Undiscovered Mgrs Behavioral Value A		6,469.71
*	Great-West Life & Annuity Insurance Co.	Victory Sycamore Established Value A		13,289.08
*	Great-West Life & Annuity Insurance Co.	Western Asset Core Plus Bond A		5,019.17
*	Great-West Life & Annuity Insurance Co.	Key Guaranteed Portfolio Fund		17,783.69