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

2019

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2019 or fiscal plan year beginning 04/01/2019 and ending 12/31/2019

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:
- [X] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [X] 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 401(K) PLAN

1b Three-digit plan number (PN) ▶ 005

1c Effective date of plan 04/01/2019

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

19820 N 7TH AVE., SUITE 120
PHOENIX, AZ 85027

2b Employer Identification Number (EIN) 47-2111826

2c Plan Sponsor's telephone number 623-582-1235

2d Business code (see instructions) 541700

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.	09/23/2020	GUY T. WERNET
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/21/2020	KEVIN NEILL
	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 ☐ Same as Plan Sponsor

RETIREMENT PLAN COMMITTEE

19820 N 7TH AVE., SUITE 120
PHOENIX, AZ 85027

3b Administrator's EIN: 47-2111826

3c Administrator's telephone number: 623-582-1235

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**	0
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)**	0
a(2) Total number of active participants at the end of the plan year	**6a(2)**	177
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	7
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	184
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	184
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	180
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2E 2F 2G 2J 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) Insurance	☐	**(1)** Insurance	☐
(2) Code section 412(e)(3) insurance contracts	☐	**(2)** Code section 412(e)(3) insurance contracts	☐
(3) Trust	X	**(3)** Trust	X
(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)** ☐ ___ **A** (Insurance Information)
- **(4)** X **C** (Service Provider Information)
- **(5)** X **D** (DFE/Participating Plan Information)
- **(6)** ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2019 Form M-1 annual report. If the plan was not required to file the 2019 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 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.**	**2019** **This Form is Open to Public Inspection.**

For calendar plan year 2019 or fiscal plan year beginning 04/01/2019 and ending 12/31/2019

A Name of plan
LINETEC 401(K) PLAN

B Three-digit plan number (PN) ▶ 005

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).. . . . . [X] Yes [ ] No

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

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

THE VANGUARD GROUP, INC.

23-1945930

(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)

THE VANGUARD GROUP, INC.

23-1945930

(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?
15 25 37 52 99	NONE	575	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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 [ ]

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
THE VANGUARD GROUP, INC.	99	0

(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.
DODGE & COX 94-1441976	8 BPS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
THE VANGUARD GROUP, INC.	99	0

(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.
DODGE & COX 94-1441976	10 BPS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2019

This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 04/01/2019 and ending 12/31/2019

A Name of plan
LINETEC 401(K) PLAN

B Three-digit plan number (PN) ▶ 005

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

D Employer Identification Number (EIN)
47-2111826

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

a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC RETIREMENT SAVINGS TRUST III

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
38-7041744-024	C	11722

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

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

2019

This Form is Open to Public Inspection

For calendar plan year 2019 or fiscal plan year beginning 04/01/2019 and ending 12/31/2019

A Name of plan
LINETEC 401(K) PLAN

B Three-digit plan number (PN) ▶ 005

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)		96805
(2) Participant contributions	1b(2)		19882
(3) Other	1b(3)		
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)	0	24499
(9) Value of interest in common/collective trusts	1c(9)	0	11722
(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)	0	1076480
(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	0	1229388
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	0	1229388

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)	420240	
	(B) Participants	2a(1)(B)	632893	
	(C) Others (including rollovers)	2a(1)(C)	115772	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1168905
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)	59	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		59
	(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)	22930	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		22930
	(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)		84
(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)		42301
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1234279
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4616	
(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)		4616
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)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	275	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		275
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		4891
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1229388
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) ☐ Unmodified **(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 PC **(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	
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		2000000
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			

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2019

This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 04/01/2019 and ending 12/31/2019

A Name of plan
LINETEC 401(K) PLAN

B Three-digit plan number (PN) ▶ 005

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**

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): 23-2186884

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):

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation_____

LINETEC 401(k) PLAN

FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE

December 31, 2019

LINETEC 401(k) PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE

December 31, 2019

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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 Retirement Plan Committee of

LINETEC 401(k) PLAN

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of ***LineTec 401(k) Plan*** (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2019 and the related statement of changes in net assets available for benefits for the period from April 1, 2019 through December 31, 2019, 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 Vanguard Fiduciary Trust Company, the trustee 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 trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of December 31, 2019 and the period from April 1, 2019 through December 31, 2019, that the information provided to the Plan administrator by the trustee 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.

Other Matter

The supplemental schedule of assets (held at end of year) as of December 31, 2019 is required by the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, 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.



September 2, 2020

LINETEC 401(k) PLAN

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2019

INVESTMENTS	
Mutual funds	$ 1,070,997
Money market mutual fund	5,483
Common/collective trust	11,722
Total investments	1,088,202
RECEIVABLES	
Notes receivable from participants	24,499
Employer contributions	96,805
Participant Contributions	19,882
Total receivables	141,186
NET ASSETS AVAILABLE FOR BENEFITS	$ 1,229,388

See Notes to Financial Statements

LINETEC 401(k) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Period From April 1, 2019 through December 31, 2019

ADDITIONS	
Contributions	
Participant	$ 632,893
Employer	420,240
Rollover	115,772
Total contributions	1,168,905
Income	
Interest and dividends income	23,014
Net appreciation in fair value of investments	42,301
Interest income on notes receivable from participants	59
Total income	65,374
TOTAL ADDITIONS	1,234,279
DEDUCTIONS	
Benefits paid to participants	4,616
Administrative expenses	275
TOTAL DEDUCTIONS	4,891
NET CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS	1,229,388
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	-
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	$ 1,229,388

See Notes to Financial Statements

LINETEC 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2019

(1) Description of the Plan

The following description of the ***LineTec 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 April 1, 2019 covering certain employees of LineTec Services, LLC (the "Company"), a subsidiary of Centuri Construction Group, Inc. Effective April 30, 2019, the parent company changed its name from Centuri Construction Group, Inc. to Centuri Group, Inc. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA") and Internal Revenue Code ("IRC") Section 401(k).

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.

B. Plan administration – The Board of Directors of Centuri Group, Inc. has appointed a Retirement Committee ("Committee") to exercise certain duties and responsibilities in connection with the Plan. The Committee appointed Vanguard Fiduciary Trust Company to serve as the contract recordkeeper.

C. Eligibility – Eligibility requirements of the Plan are age 18 and 3 months of service. Once the requirements have been met, participants may make contributions to the Plan.

D. Contributions – Each participant may elect a contribution of 1% to 80% of their compensation. Participant contributions under the IRC Section 401(k) were subject to a maximum of $19,000 for the year ended December 31, 2019. In addition, the Plan allows participants attaining the age of 50 before the end of the Plan year to make additional catch-up contributions not exceeding $6,000 for the year ended December 31, 2019.

The Company makes a safe harbor contribution equal to 100% of each participant's contribution up to 3% of the participant's compensation, and 50% of the next 2% of the participant's compensation. As a result, at no time can the Company matching contribution exceed 4% of each participant's eligible compensation.

E. Participant accounts – Each participant's account is credited with their elective deferral contribution, Company safe harbor contributions, and an allocation of investment earnings and losses, and charged with an allocation of administrative expenses. Allocations of investment earnings and losses are based on each participant's investment election. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

F. Vesting – Participants are fully vested in all contributions upon participation in the Plan.

G. Distribution of benefits – Distributions from the Plan will only be made in one lump-sum payment in cash. The Plan provides for the payment of benefits in amounts up to the entire vested balance in a participant's account upon one of the following:

a. Termination of employment
b. Death or disability of participant
c. Attainment of age 59½
d. Demonstrated hardship

(1) Description of the Plan (continued)

H. Notes receivable from participants - A participant may borrow the lesser of $50,000 or 50 percent of his or her vested account balance, with a minimum loan amount of $1,000. Loan repayments must be made through an established repayment schedule, not to exceed 60 months. The interest rate is based on the prime interest rate plus 2% at the time of the loan and is fixed over the life of the loan.

I. Administrative expenses – Substantially all administrative expenses of the Plan are paid by the Company except for participant loan costs.

J. Plan termination – Although the Company has not expressed an intention to do so, the Company has the right to terminate the Plan at any time, subject to the provisions of ERISA.

K. Investments – Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers a number of mutual funds managed by various investment managers as investment options for participants.

(2) Significant accounting policies

Basis of accounting – The accompanying financial statements of the Plan are prepared on the accrual basis of accounting. Accordingly, income and contributions are recognized when earned and expenses are recorded when incurred.

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 available for benefits and the reported amounts of changes in net assets available for benefits during the reporting period. Actual results could differ from those estimates.

Investment valuation and income recognition – Mutual funds and the money market mutual fund are reported at fair value and the common/collective trust is reported at net asset value ("NAV") as a practical expedient. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Net appreciation/depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the period from April 1, 2019 through December 31, 2019.

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, 2019.

- Mutual funds and money market mutual fund – 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.

- Common/collective trust ("CCT") – The CCT is valued based upon the quoted redemption value of units, or the equivalent of net asset value, which is a practical expedient for estimating fair value. This investment has no unfunded commitments as of December 31, 2019 and can be redeemed daily with no redemption notice period or other redemption restrictions.

(2) Significant accounting policies (continued)

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.

Risks and uncertainties – The Plan provides for investments in various fund options, which in turn invest in any combination of stocks, bonds, and other investment securities. Investment securities are exposed to interest rate, overall credit volatility and market risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in risks in the near term could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits and the statement of changes in net assets available for benefits.

Payment of benefits – Benefits are recorded when paid.

Notes receivable from participants – Notes receivable from participants are measured at their unpaid principal balance plus accrued interest.

Subsequent events – The Plan's management has evaluated subsequent events through September 2, 2020, which is the date the financial statements were available to be issued.

On March 11, 2020 the World Health Organization declared the outbreak of COVID-19 a pandemic. The reaction by Federal, state and local governments as well as the general public to the pandemic has triggered volatility in financial markets and has had a significant negative impact on the global economy. The extent of the impact on the financial performance of the Plan's investments will depend on future developments, including the duration and severity of the outbreak which is highly uncertain and cannot be predicted. If the financial markets and global economy are impacted for an extended period of time, the Plan's investment results may be materially adversely affected.

(3) Investments

The following table summarizes the valuation of the Plan's investments by the above categories as of December 31, 2019:

	Total	Level 1	Level 2	Level 3
Money market mutual fund	$ 5,483	$ 5,483	$ -	$ -
Mutual funds	1,070,997	1,070,997	-	-
Common/collective trust*	11,722	-	-	-
Total investments at fair value	$ 1,088,202	$ 1,076,480	$ -	$ -

* Certain investments that are measured using net asset value per share (or its equivalent) as a practical expedient for fair value have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statement of net assets available for benefits.

(4) Information certified by the trustee

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, Vanguard Fiduciary Trust Company, the trustee, has certified that the following information included in the accompanying financial statements and supplemental schedule are complete and accurate:

- Investments
- Notes receivable from participants
- Interest and dividends income
- Interest income on notes receivable from participants
- Net appreciation in fair value of investments
- Schedule 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 schedule.

(5) Party-in-interest transactions

The Company is the Plan Sponsor and provides all employer contributions to the Plan; consequently, these transactions qualify as party-in-interest transactions.

Certain Plan investments are shares of mutual funds managed by the trustee, therefore, these transactions qualify as party-in-interest transactions. Transactional fees paid by the Plan to the trustee were $275 for the period from April 1, 2019 through December 31, 2019.

(6) Tax status

The IRS issued an advisory opinion letter dated May 28, 2014, stating that the Plan and related trust are designed in accordance with the applicable sections of the IRC. Although the Plan has been amended since receiving the determination letter and the advisory opinion letter, the Plan administrator and the Company believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC, and therefore believe that the Plan is qualified and the related trust is tax exempt as of and for the period from April 1, 2019 through December 31, 2019.

SUPPLEMENTAL SCHEDULE

LINETEC 401(k) PLAN

EIN: 47-2111826

Plan No. 005

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

December 31, 2019

(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
Money market mutual fund				
*	Vanguard	Vanguard Federal Money Market Fund	**	$ 5,483
Mutual funds				
	American Beacon	American Beacon Large Cap Value Fund; Inst Class	**	6,477
	Dimensional Fund Advisors	DFA Emerging Markets Portfolio; Institutional Class Shr	**	922
	Dimensional Fund Advisors	DFA International Small Cap Value Port: Inst'l Cl	**	117
	Dimensional Fund Advisors	DFA US Small Cap Portfolio Institutional Class	**	3,657
	Dimensional Fund Advisors	DFA US Targeted Value Portfolio	**	800
	Dodge & Cox	Dodge & Cox Income Fund	**	4,003
	Dodge & Cox	Dodge & Cox International Stock Fund	**	116
	Loomis Sayles	Loomis Sayles Bond Fund: Institutional Class	**	718
	PIMCO	PIMCO All Asset Fund - Institutional Shares	**	113
	Principal	Principal LargeCap Growth Fund I; Institutional Class	**	11,752
*	Vanguard	Vanguard 500 Index Fund Admiral Shares	**	67,913
*	Vanguard	Vanguard Developed Markets Index Fund Admiral Shares	**	5,876
*	Vanguard	Vanguard Institutional Target Retirement 2015 Fund	**	4,706
*	Vanguard	Vanguard Institutional Target Retirement 2020 Fund	**	24,169
*	Vanguard	Vanguard Institutional Target Retirement 2025 Fund	**	77,376
*	Vanguard	Vanguard Institutional Target Retirement 2030 Fund	**	65,994
*	Vanguard	Vanguard Institutional Target Retirement 2035 Fund	**	133,424
*	Vanguard	Vanguard Institutional Target Retirement 2040 Fund	**	201,975
*	Vanguard	Vanguard Institutional Target Retirement 2045 Fund	**	98,022
*	Vanguard	Vanguard Institutional Target Retirement 2050 Fund	**	116,067
*	Vanguard	Vanguard Institutional Target Retirement 2055 Fund	**	160,004
*	Vanguard	Vanguard Institutional Target Retirement 2060 Fund	**	68,708
*	Vanguard	Vanguard Institutional Target Retirement 2065 Fund	**	13,113
*	Vanguard	Vanguard Institutional Target Retirement Income Fund	**	112
*	Vanguard	Vanguard Mid-Cap Index Fund Admiral Shares	**	4,590
*	Vanguard	Vanguard Short-Term Inflation-Protected Sec. Idx Fund: Adm Shr	**	156
*	Vanguard	Vanguard Utilities Index Fund Admiral Shares	**	117
	Total mutual funds			1,070,997
Common/collective trust				
*	Vanguard	Vanguard Retirement Savings Trust III	**	11,722
Notes receivable from participants				
	Plan participants	Notes receivable with maturity dates through January 2025 and interest rates ranging from 6.75% to 7.50%	-0-	24,499
	TOTAL ASSETS (HELD AT END OF YEAR)			$ 1,112,701

* Denotes a party-in-interest

** Cost information not required for participant directed investments

LINETEC 401(k) PLAN

FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE

December 31, 2019

LINETEC 401(k) PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE

December 31, 2019

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INDEPENDENT AUDITORS' REPORT

To the Retirement Plan Committee of

LINETEC 401(k) PLAN

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of ***LineTec 401(k) Plan*** (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2019 and the related statement of changes in net assets available for benefits for the period from April 1, 2019 through December 31, 2019, 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 Vanguard Fiduciary Trust Company, the trustee 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 trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of December 31, 2019 and the period from April 1, 2019 through December 31, 2019, that the information provided to the Plan administrator by the trustee 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.

Other Matter

The supplemental schedule of assets (held at end of year) as of December 31, 2019 is required by the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, 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.



September 2, 2020

LINETEC 401(k) PLAN

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2019

INVESTMENTS	
Mutual funds	$ 1,070,997
Money market mutual fund	5,483
Common/collective trust	11,722
Total investments	1,088,202
RECEIVABLES	
Notes receivable from participants	24,499
Employer contributions	96,805
Participant Contributions	19,882
Total receivables	141,186
NET ASSETS AVAILABLE FOR BENEFITS	$ 1,229,388

See Notes to Financial Statements

LINETEC 401(k) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Period From April 1, 2019 through December 31, 2019

ADDITIONS	
Contributions	
Participant	$ 632,893
Employer	420,240
Rollover	115,772
Total contributions	1,168,905
Income	
Interest and dividends income	23,014
Net appreciation in fair value of investments	42,301
Interest income on notes receivable from participants	59
Total income	65,374
TOTAL ADDITIONS	1,234,279
DEDUCTIONS	
Benefits paid to participants	4,616
Administrative expenses	275
TOTAL DEDUCTIONS	4,891
NET CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS	1,229,388
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	-
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	$ 1,229,388

See Notes to Financial Statements

LINETEC 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2019

(1) Description of the Plan

The following description of the ***LineTec 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 April 1, 2019 covering certain employees of LineTec Services, LLC (the "Company"), a subsidiary of Centuri Construction Group, Inc. Effective April 30, 2019, the parent company changed its name from Centuri Construction Group, Inc. to Centuri Group, Inc. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA") and Internal Revenue Code ("IRC") Section 401(k).

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.

B. Plan administration – The Board of Directors of Centuri Group, Inc. has appointed a Retirement Committee ("Committee") to exercise certain duties and responsibilities in connection with the Plan. The Committee appointed Vanguard Fiduciary Trust Company to serve as the contract recordkeeper.

C. Eligibility – Eligibility requirements of the Plan are age 18 and 3 months of service. Once the requirements have been met, participants may make contributions to the Plan.

D. Contributions – Each participant may elect a contribution of 1% to 80% of their compensation. Participant contributions under the IRC Section 401(k) were subject to a maximum of $19,000 for the year ended December 31, 2019. In addition, the Plan allows participants attaining the age of 50 before the end of the Plan year to make additional catch-up contributions not exceeding $6,000 for the year ended December 31, 2019.

The Company makes a safe harbor contribution equal to 100% of each participant's contribution up to 3% of the participant's compensation, and 50% of the next 2% of the participant's compensation. As a result, at no time can the Company matching contribution exceed 4% of each participant's eligible compensation.

E. Participant accounts – Each participant's account is credited with their elective deferral contribution, Company safe harbor contributions, and an allocation of investment earnings and losses, and charged with an allocation of administrative expenses. Allocations of investment earnings and losses are based on each participant's investment election. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

F. Vesting – Participants are fully vested in all contributions upon participation in the Plan.

G. Distribution of benefits – Distributions from the Plan will only be made in one lump-sum payment in cash. The Plan provides for the payment of benefits in amounts up to the entire vested balance in a participant's account upon one of the following:

a. Termination of employment
b. Death or disability of participant
c. Attainment of age 59½
d. Demonstrated hardship

(1) Description of the Plan (continued)

H. Notes receivable from participants - A participant may borrow the lesser of $50,000 or 50 percent of his or her vested account balance, with a minimum loan amount of $1,000. Loan repayments must be made through an established repayment schedule, not to exceed 60 months. The interest rate is based on the prime interest rate plus 2% at the time of the loan and is fixed over the life of the loan.

I. Administrative expenses – Substantially all administrative expenses of the Plan are paid by the Company except for participant loan costs.

J. Plan termination – Although the Company has not expressed an intention to do so, the Company has the right to terminate the Plan at any time, subject to the provisions of ERISA.

K. Investments – Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers a number of mutual funds managed by various investment managers as investment options for participants.

(2) Significant accounting policies

Basis of accounting – The accompanying financial statements of the Plan are prepared on the accrual basis of accounting. Accordingly, income and contributions are recognized when earned and expenses are recorded when incurred.

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 available for benefits and the reported amounts of changes in net assets available for benefits during the reporting period. Actual results could differ from those estimates.

Investment valuation and income recognition – Mutual funds and the money market mutual fund are reported at fair value and the common/collective trust is reported at net asset value ("NAV") as a practical expedient. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Net appreciation/depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the period from April 1, 2019 through December 31, 2019.

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, 2019.

- Mutual funds and money market mutual fund – 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.

- Common/collective trust ("CCT") – The CCT is valued based upon the quoted redemption value of units, or the equivalent of net asset value, which is a practical expedient for estimating fair value. This investment has no unfunded commitments as of December 31, 2019 and can be redeemed daily with no redemption notice period or other redemption restrictions.

(2) Significant accounting policies (continued)

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.

Risks and uncertainties – The Plan provides for investments in various fund options, which in turn invest in any combination of stocks, bonds, and other investment securities. Investment securities are exposed to interest rate, overall credit volatility and market risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in risks in the near term could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits and the statement of changes in net assets available for benefits.

Payment of benefits – Benefits are recorded when paid.

Notes receivable from participants – Notes receivable from participants are measured at their unpaid principal balance plus accrued interest.

Subsequent events – The Plan's management has evaluated subsequent events through September 2, 2020, which is the date the financial statements were available to be issued.

On March 11, 2020 the World Health Organization declared the outbreak of COVID-19 a pandemic. The reaction by Federal, state and local governments as well as the general public to the pandemic has triggered volatility in financial markets and has had a significant negative impact on the global economy. The extent of the impact on the financial performance of the Plan's investments will depend on future developments, including the duration and severity of the outbreak which is highly uncertain and cannot be predicted. If the financial markets and global economy are impacted for an extended period of time, the Plan's investment results may be materially adversely affected.

(3) Investments

The following table summarizes the valuation of the Plan's investments by the above categories as of December 31, 2019:

	Total	Level 1	Level 2	Level 3
Money market mutual fund	$ 5,483	$ 5,483	$ -	$ -
Mutual funds	1,070,997	1,070,997	-	-
Common/collective trust*	11,722	-	-	-
Total investments at fair value	$ 1,088,202	$ 1,076,480	$ -	$ -

* Certain investments that are measured using net asset value per share (or its equivalent) as a practical expedient for fair value have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statement of net assets available for benefits.

(4) Information certified by the trustee

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, Vanguard Fiduciary Trust Company, the trustee, has certified that the following information included in the accompanying financial statements and supplemental schedule are complete and accurate:

- Investments
- Notes receivable from participants
- Interest and dividends income
- Interest income on notes receivable from participants
- Net appreciation in fair value of investments
- Schedule 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 schedule.

(5) Party-in-interest transactions

The Company is the Plan Sponsor and provides all employer contributions to the Plan; consequently, these transactions qualify as party-in-interest transactions.

Certain Plan investments are shares of mutual funds managed by the trustee, therefore, these transactions qualify as party-in-interest transactions. Transactional fees paid by the Plan to the trustee were $275 for the period from April 1, 2019 through December 31, 2019.

(6) Tax status

The IRS issued an advisory opinion letter dated May 28, 2014, stating that the Plan and related trust are designed in accordance with the applicable sections of the IRC. Although the Plan has been amended since receiving the determination letter and the advisory opinion letter, the Plan administrator and the Company believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC, and therefore believe that the Plan is qualified and the related trust is tax exempt as of and for the period from April 1, 2019 through December 31, 2019.

SUPPLEMENTAL SCHEDULE

LINETEC 401(k) PLAN

EIN: 47-2111826

Plan No. 005

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

December 31, 2019

(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
Money market mutual fund				
*	Vanguard	Vanguard Federal Money Market Fund	**	$ 5,483
Mutual funds				
	American Beacon	American Beacon Large Cap Value Fund; Inst Class	**	6,477
	Dimensional Fund Advisors	DFA Emerging Markets Portfolio; Institutional Class Shr	**	922
	Dimensional Fund Advisors	DFA International Small Cap Value Port: Inst'l Cl	**	117
	Dimensional Fund Advisors	DFA US Small Cap Portfolio Institutional Class	**	3,657
	Dimensional Fund Advisors	DFA US Targeted Value Portfolio	**	800
	Dodge & Cox	Dodge & Cox Income Fund	**	4,003
	Dodge & Cox	Dodge & Cox International Stock Fund	**	116
	Loomis Sayles	Loomis Sayles Bond Fund: Institutional Class	**	718
	PIMCO	PIMCO All Asset Fund - Institutional Shares	**	113
	Principal	Principal LargeCap Growth Fund I; Institutional Class	**	11,752
*	Vanguard	Vanguard 500 Index Fund Admiral Shares	**	67,913
*	Vanguard	Vanguard Developed Markets Index Fund Admiral Shares	**	5,876
*	Vanguard	Vanguard Institutional Target Retirement 2015 Fund	**	4,706
*	Vanguard	Vanguard Institutional Target Retirement 2020 Fund	**	24,169
*	Vanguard	Vanguard Institutional Target Retirement 2025 Fund	**	77,376
*	Vanguard	Vanguard Institutional Target Retirement 2030 Fund	**	65,994
*	Vanguard	Vanguard Institutional Target Retirement 2035 Fund	**	133,424
*	Vanguard	Vanguard Institutional Target Retirement 2040 Fund	**	201,975
*	Vanguard	Vanguard Institutional Target Retirement 2045 Fund	**	98,022
*	Vanguard	Vanguard Institutional Target Retirement 2050 Fund	**	116,067
*	Vanguard	Vanguard Institutional Target Retirement 2055 Fund	**	160,004
*	Vanguard	Vanguard Institutional Target Retirement 2060 Fund	**	68,708
*	Vanguard	Vanguard Institutional Target Retirement 2065 Fund	**	13,113
*	Vanguard	Vanguard Institutional Target Retirement Income Fund	**	112
*	Vanguard	Vanguard Mid-Cap Index Fund Admiral Shares	**	4,590
*	Vanguard	Vanguard Short-Term Inflation-Protected Sec. Idx Fund: Adm Shr	**	156
*	Vanguard	Vanguard Utilities Index Fund Admiral Shares	**	117
	Total mutual funds			1,070,997
Common/collective trust				
*	Vanguard	Vanguard Retirement Savings Trust III	**	11,722
Notes receivable from participants				
	Plan participants	Notes receivable with maturity dates through January 2025 and interest rates ranging from 6.75% to 7.50%	-0-	24,499
	TOTAL ASSETS (HELD AT END OF YEAR)			$ 1,112,701

* Denotes a party-in-interest

** Cost information not required for participant directed investments

LINETEC 401(k) PLAN

FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE

December 31, 2019

LINETEC 401(k) PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE

December 31, 2019

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INDEPENDENT AUDITORS' REPORT

To the Retirement Plan Committee of

LINETEC 401(k) PLAN

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of ***LineTec 401(k) Plan*** (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2019 and the related statement of changes in net assets available for benefits for the period from April 1, 2019 through December 31, 2019, 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 Vanguard Fiduciary Trust Company, the trustee 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 trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of December 31, 2019 and the period from April 1, 2019 through December 31, 2019, that the information provided to the Plan administrator by the trustee 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.

Other Matter

The supplemental schedule of assets (held at end of year) as of December 31, 2019 is required by the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, 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.



September 2, 2020

LINETEC 401(k) PLAN

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2019

INVESTMENTS	
Mutual funds	$ 1,070,997
Money market mutual fund	5,483
Common/collective trust	11,722
Total investments	1,088,202
RECEIVABLES	
Notes receivable from participants	24,499
Employer contributions	96,805
Participant Contributions	19,882
Total receivables	141,186
NET ASSETS AVAILABLE FOR BENEFITS	$ 1,229,388

See Notes to Financial Statements

LINETEC 401(k) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Period From April 1, 2019 through December 31, 2019

ADDITIONS	
Contributions	
Participant	$ 632,893
Employer	420,240
Rollover	115,772
Total contributions	1,168,905
Income	
Interest and dividends income	23,014
Net appreciation in fair value of investments	42,301
Interest income on notes receivable from participants	59
Total income	65,374
TOTAL ADDITIONS	1,234,279
DEDUCTIONS	
Benefits paid to participants	4,616
Administrative expenses	275
TOTAL DEDUCTIONS	4,891
NET CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS	1,229,388
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	-
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	$ 1,229,388

See Notes to Financial Statements

LINETEC 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2019

(1) Description of the Plan

The following description of the ***LineTec 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 April 1, 2019 covering certain employees of LineTec Services, LLC (the "Company"), a subsidiary of Centuri Construction Group, Inc. Effective April 30, 2019, the parent company changed its name from Centuri Construction Group, Inc. to Centuri Group, Inc. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA") and Internal Revenue Code ("IRC") Section 401(k).

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.

B. Plan administration – The Board of Directors of Centuri Group, Inc. has appointed a Retirement Committee ("Committee") to exercise certain duties and responsibilities in connection with the Plan. The Committee appointed Vanguard Fiduciary Trust Company to serve as the contract recordkeeper.

C. Eligibility – Eligibility requirements of the Plan are age 18 and 3 months of service. Once the requirements have been met, participants may make contributions to the Plan.

D. Contributions – Each participant may elect a contribution of 1% to 80% of their compensation. Participant contributions under the IRC Section 401(k) were subject to a maximum of $19,000 for the year ended December 31, 2019. In addition, the Plan allows participants attaining the age of 50 before the end of the Plan year to make additional catch-up contributions not exceeding $6,000 for the year ended December 31, 2019.

The Company makes a safe harbor contribution equal to 100% of each participant's contribution up to 3% of the participant's compensation, and 50% of the next 2% of the participant's compensation. As a result, at no time can the Company matching contribution exceed 4% of each participant's eligible compensation.

E. Participant accounts – Each participant's account is credited with their elective deferral contribution, Company safe harbor contributions, and an allocation of investment earnings and losses, and charged with an allocation of administrative expenses. Allocations of investment earnings and losses are based on each participant's investment election. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

F. Vesting – Participants are fully vested in all contributions upon participation in the Plan.

G. Distribution of benefits – Distributions from the Plan will only be made in one lump-sum payment in cash. The Plan provides for the payment of benefits in amounts up to the entire vested balance in a participant's account upon one of the following:

a. Termination of employment
b. Death or disability of participant
c. Attainment of age 59½
d. Demonstrated hardship

(1) Description of the Plan (continued)

H. Notes receivable from participants - A participant may borrow the lesser of $50,000 or 50 percent of his or her vested account balance, with a minimum loan amount of $1,000. Loan repayments must be made through an established repayment schedule, not to exceed 60 months. The interest rate is based on the prime interest rate plus 2% at the time of the loan and is fixed over the life of the loan.

I. Administrative expenses – Substantially all administrative expenses of the Plan are paid by the Company except for participant loan costs.

J. Plan termination – Although the Company has not expressed an intention to do so, the Company has the right to terminate the Plan at any time, subject to the provisions of ERISA.

K. Investments – Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers a number of mutual funds managed by various investment managers as investment options for participants.

(2) Significant accounting policies

Basis of accounting – The accompanying financial statements of the Plan are prepared on the accrual basis of accounting. Accordingly, income and contributions are recognized when earned and expenses are recorded when incurred.

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 available for benefits and the reported amounts of changes in net assets available for benefits during the reporting period. Actual results could differ from those estimates.

Investment valuation and income recognition – Mutual funds and the money market mutual fund are reported at fair value and the common/collective trust is reported at net asset value ("NAV") as a practical expedient. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Net appreciation/depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the period from April 1, 2019 through December 31, 2019.

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, 2019.

- Mutual funds and money market mutual fund – 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.

- Common/collective trust ("CCT") – The CCT is valued based upon the quoted redemption value of units, or the equivalent of net asset value, which is a practical expedient for estimating fair value. This investment has no unfunded commitments as of December 31, 2019 and can be redeemed daily with no redemption notice period or other redemption restrictions.

(2) Significant accounting policies (continued)

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.

Risks and uncertainties – The Plan provides for investments in various fund options, which in turn invest in any combination of stocks, bonds, and other investment securities. Investment securities are exposed to interest rate, overall credit volatility and market risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in risks in the near term could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits and the statement of changes in net assets available for benefits.

Payment of benefits – Benefits are recorded when paid.

Notes receivable from participants – Notes receivable from participants are measured at their unpaid principal balance plus accrued interest.

Subsequent events – The Plan's management has evaluated subsequent events through September 2, 2020, which is the date the financial statements were available to be issued.

On March 11, 2020 the World Health Organization declared the outbreak of COVID-19 a pandemic. The reaction by Federal, state and local governments as well as the general public to the pandemic has triggered volatility in financial markets and has had a significant negative impact on the global economy. The extent of the impact on the financial performance of the Plan's investments will depend on future developments, including the duration and severity of the outbreak which is highly uncertain and cannot be predicted. If the financial markets and global economy are impacted for an extended period of time, the Plan's investment results may be materially adversely affected.

(3) Investments

The following table summarizes the valuation of the Plan's investments by the above categories as of December 31, 2019:

	Total	Level 1	Level 2	Level 3
Money market mutual fund	$ 5,483	$ 5,483	$ -	$ -
Mutual funds	1,070,997	1,070,997	-	-
Common/collective trust*	11,722	-	-	-
Total investments at fair value	$ 1,088,202	$ 1,076,480	$ -	$ -

* Certain investments that are measured using net asset value per share (or its equivalent) as a practical expedient for fair value have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statement of net assets available for benefits.

(4) Information certified by the trustee

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, Vanguard Fiduciary Trust Company, the trustee, has certified that the following information included in the accompanying financial statements and supplemental schedule are complete and accurate:

- Investments
- Notes receivable from participants
- Interest and dividends income
- Interest income on notes receivable from participants
- Net appreciation in fair value of investments
- Schedule 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 schedule.

(5) Party-in-interest transactions

The Company is the Plan Sponsor and provides all employer contributions to the Plan; consequently, these transactions qualify as party-in-interest transactions.

Certain Plan investments are shares of mutual funds managed by the trustee, therefore, these transactions qualify as party-in-interest transactions. Transactional fees paid by the Plan to the trustee were $275 for the period from April 1, 2019 through December 31, 2019.

(6) Tax status

The IRS issued an advisory opinion letter dated May 28, 2014, stating that the Plan and related trust are designed in accordance with the applicable sections of the IRC. Although the Plan has been amended since receiving the determination letter and the advisory opinion letter, the Plan administrator and the Company believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC, and therefore believe that the Plan is qualified and the related trust is tax exempt as of and for the period from April 1, 2019 through December 31, 2019.

SUPPLEMENTAL SCHEDULE

LINETEC 401(k) PLAN

EIN: 47-2111826

Plan No. 005

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

December 31, 2019

(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
Money market mutual fund				
*	Vanguard	Vanguard Federal Money Market Fund	**	$ 5,483
Mutual funds				
	American Beacon	American Beacon Large Cap Value Fund; Inst Class	**	6,477
	Dimensional Fund Advisors	DFA Emerging Markets Portfolio; Institutional Class Shr	**	922
	Dimensional Fund Advisors	DFA International Small Cap Value Port: Inst'l Cl	**	117
	Dimensional Fund Advisors	DFA US Small Cap Portfolio Institutional Class	**	3,657
	Dimensional Fund Advisors	DFA US Targeted Value Portfolio	**	800
	Dodge & Cox	Dodge & Cox Income Fund	**	4,003
	Dodge & Cox	Dodge & Cox International Stock Fund	**	116
	Loomis Sayles	Loomis Sayles Bond Fund: Institutional Class	**	718
	PIMCO	PIMCO All Asset Fund - Institutional Shares	**	113
	Principal	Principal LargeCap Growth Fund I; Institutional Class	**	11,752
*	Vanguard	Vanguard 500 Index Fund Admiral Shares	**	67,913
*	Vanguard	Vanguard Developed Markets Index Fund Admiral Shares	**	5,876
*	Vanguard	Vanguard Institutional Target Retirement 2015 Fund	**	4,706
*	Vanguard	Vanguard Institutional Target Retirement 2020 Fund	**	24,169
*	Vanguard	Vanguard Institutional Target Retirement 2025 Fund	**	77,376
*	Vanguard	Vanguard Institutional Target Retirement 2030 Fund	**	65,994
*	Vanguard	Vanguard Institutional Target Retirement 2035 Fund	**	133,424
*	Vanguard	Vanguard Institutional Target Retirement 2040 Fund	**	201,975
*	Vanguard	Vanguard Institutional Target Retirement 2045 Fund	**	98,022
*	Vanguard	Vanguard Institutional Target Retirement 2050 Fund	**	116,067
*	Vanguard	Vanguard Institutional Target Retirement 2055 Fund	**	160,004
*	Vanguard	Vanguard Institutional Target Retirement 2060 Fund	**	68,708
*	Vanguard	Vanguard Institutional Target Retirement 2065 Fund	**	13,113
*	Vanguard	Vanguard Institutional Target Retirement Income Fund	**	112
*	Vanguard	Vanguard Mid-Cap Index Fund Admiral Shares	**	4,590
*	Vanguard	Vanguard Short-Term Inflation-Protected Sec. Idx Fund: Adm Shr	**	156
*	Vanguard	Vanguard Utilities Index Fund Admiral Shares	**	117
	Total mutual funds			1,070,997
Common/collective trust				
*	Vanguard	Vanguard Retirement Savings Trust III	**	11,722
Notes receivable from participants				
	Plan participants	Notes receivable with maturity dates through January 2025 and interest rates ranging from 6.75% to 7.50%	-0-	24,499
	TOTAL ASSETS (HELD AT END OF YEAR)			$ 1,112,701

* Denotes a party-in-interest

** Cost information not required for participant directed investments