

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
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Part I	Annual Report Identification Information
For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u>	
A	This return/report is for: ☐ a multiemployer plan ☒ a single-employer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a DFE (specify) ____
B	This return/report is: ☐ the first return/report ☐ an amended return/report ☒ the final return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ special extension (enter description) ☐ automatic extension ☐ the DFVC program

Part II	Basic Plan Information —enter all requested information						
1a	Name of plan <u>TITAN ELECTRICAL CONSTRUCTION & DESIGN 401(K) PLAN</u>						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">1b</td> <td>Three-digit plan number (PN) ▶ <u>001</u></td> </tr> <tr> <td>1c</td> <td>Effective date of plan <u>01/01/2016</u></td> </tr> </table>	1b	Three-digit plan number (PN) ▶ <u>001</u>	1c	Effective date of plan <u>01/01/2016</u>		
1b	Three-digit plan number (PN) ▶ <u>001</u>						
1c	Effective date of plan <u>01/01/2016</u>						
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) <u>TITAN ELECTRICAL CONSTRUCTION & DESIGN</u> <u>88 SOUTH 2ND STREET</u> <u>NEWARK, OH 43055</u>						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">2b</td> <td>Employer Identification Number (EIN) <u>47-2449042</u></td> </tr> <tr> <td>2c</td> <td>Plan Sponsor's telephone number <u>614-885-5200</u></td> </tr> <tr> <td>2d</td> <td>Business code (see instructions) <u>238210</u></td> </tr> </table>	2b	Employer Identification Number (EIN) <u>47-2449042</u>	2c	Plan Sponsor's telephone number <u>614-885-5200</u>	2d	Business code (see instructions) <u>238210</u>
2b	Employer Identification Number (EIN) <u>47-2449042</u>						
2c	Plan Sponsor's telephone number <u>614-885-5200</u>						
2d	Business code (see instructions) <u>238210</u>						

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2020	LANE HARTFIELD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2019)
v. 190130

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	190
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)	130
a(2) Total number of active participants at the end of the plan year		6a(2)	0
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	0
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	0
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2J 2K 2F 2G 3D			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☐ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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 01/01/2019 and ending 12/31/2019		
A Name of plan TITAN ELECTRICAL CONSTRUCTION & DESIGN 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 TITAN ELECTRICAL CONSTRUCTION & DESIGN	D Employer Identification Number (EIN) 47-2449042	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

(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?
21	TRUST COMPANY	1168	Yes ☒ No ☐	Yes ☒ No ☐	1050	Yes ☐ No ☒

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

RETIREMENT PLANS, INC.

124 DORCHESTER SQUARE
SUITE B
WESTERVILLE, OH 43081

90-0734163

(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?
21	TRUST COMPANY	1389	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STADION MONEY MANAGEMENT, LLC

1061 CLIFF DAWSON ROAD
WATKINSVILLE, GA 30677

(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?
21	TRUST COMPANY	1050	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2019
		This Form is Open to Public Inspection

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019	
A Name of plan TITAN ELECTRICAL CONSTRUCTION & DESIGN 401(K) PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 TITAN ELECTRICAL CONSTRUCTION & DESIGN	D Employer Identification Number (EIN) 47-2449042

Part I	Asset and Liability Statement
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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)	6161	0
(2) Participant contributions.....	1b(2)	8452	0
(3) Other.....	1b(3)	425	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)	943299	0
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

		(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	958337 0
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 through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	958337 0

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.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	
	(B) Participants	2a(1)(B)	
	(C) Others (including rollovers)	2a(1)(C)	2063
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	2063
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans	2b(1)(E)	
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	0
(2)	Dividends: (A) Preferred stock	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	0
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		70253
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		72316

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	385805	
(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)		385805
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)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		0
j Total expenses. Add all expense amounts in column (b) and enter total	2j		385805

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-313489
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		644848

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: **SEO CPA GROUP, LTD**

(2) EIN: **83-1639096**

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:

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.)

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.)

	Yes	No	Amount
4a		X	
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.)		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.)		X	
e Was this plan covered by a fidelity bond?	X		225000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.)	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.)		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?	X		
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	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.	X		

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☒ Yes ☐ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
GROUP MANAGEMENT SERVICES, INC. 401(K) PROFIT SHARING PLAN & TRUST	34-1707723	001

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.)

TITAN ELECTRICAL CONSTRUCTION & DESIGN 401(k) PLAN

Financial Statements and Supplemental Information
Liquidation Basis of Accounting

Year Ended December 31, 2019

TITAN ELECTRICAL CONSTRUCTION & DESIGN 401(k) PLAN

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Page 2	Statement of Net Assets Available for Benefits in Liquidation as of December 31, 2019 (liquidation basis) and Statement of Net Assets Available for Benefits as of December 31, 2018 (accrual basis).
Page 3	Statement of Changes in Net Assets Available for Benefits in Liquidation for the year ended December 31, 2019.
Page 4	Notes to Financial Statements. (4 pages)
Page 5	Supplemental Schedule of Delinquent Participant Contributions for the year ended December 31, 2019.
Page 6	Supplemental Schedule of Assets (Held at End of Year) as of December 31, 2019.



3596 Maple Avenue, Suite B
Zanesville, Ohio 43701
Phone: 740-868-1100
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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
Titan Electrical Construction & Design 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Titan Electrical Construction & Design 401(k) Plan (the "Plan"), which comprise the statement of net assets available for benefits in liquidation as of December 31, 2019, and the related statement of changes in net assets available for benefits in liquidation for the year then ended, the statement of net assets available for benefits as of December 31, 2018, 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 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 H, which was certified by The Nationwide Financial Services, Inc., including its subsidiary Nationwide Trust company, FSB, a division of Nationwide Bank, the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that the custodian holds the Plan's investment assets and executes transactions. The Plan Administrator has obtained a certification from the custodian as of December 31, 2019 and 2018 and for the year ended December 31, 2019, that the information provided to the Plan Administrator by the custodian is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion, on the 2019 financial statements. Accordingly, we do not express an opinion on these financial statements.

Other Matter – Supplemental Schedules

The supplemental schedules of delinquent participant contributions and assets (held at end of year) as of and for the year ended December 31, 2019 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purposes of additional analysis and are not a required part of the financial statements. The supplemental schedules are the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

Emphasis of Matter

As discussed in Note E to the financial statements, Owners of KE Gutridge, LLC, the Plan's Sponsor, voted on November 30, 2018 to terminate the Plan, and management determined liquidation is imminent as of January 1, 2019. As a result, the Plan changed its basis of accounting from the going concern (accrual) basis used in presenting the 2018 financial statements to the liquidation basis used in presenting the 2019 financial statements. Our disclaimer of opinion is not modified with respect to this matter.

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

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



SEO CPA Group, LTD.
Zanesville, Ohio

October 8, 2020

TITAN ELECTRICAL CONSTRUCTION & DESIGN 401(k) PLAN

Statement of Net Assets Available for Benefits in Liquidation

As of December 31, 2019 (liquidation basis)

Statement of Net Assets Available for Benefits

As of December 31, 2018 (accrual basis)

	2019	2018
	<u>(Liquidation Basis)</u>	<u>(Accrual Basis)</u>
ASSETS:		
Investments at fair value	\$ -	\$ 943,299
Receivables:		
Employer contribution	-	6,161
Participant contribution	-	8,452
Other employer contribution	-	424
Total receivables	<u>-</u>	<u>15,037</u>
 TOTAL ASSETS	 <u>-</u>	 <u>958,336</u>
 Net assets available for benefits in liquidation	 <u>\$ -</u>	 <u>\$ 958,336</u>

TITAN ELECTRICAL CONSTRUCTION & DESIGN 401(k) PLAN
Statement of Changes in Net Assets Available for Benefits in Liquidation
Year Ended December 31, 2019

	<u>2019</u>
ADDITIONS:	
Investment income:	
Net appreciation in fair value of investments	\$ 70,253
	<u>70,253</u>
Contributions:	
Other	2,064
	<u>2,064</u>
TOTAL ADDITIONS	72,317
DEDUCTIONS:	
Benefits paid to participants	<u>385,805</u>
TOTAL DEDUCTIONS	<u>385,805</u>
NET INCREASE	(313,488)
Transfers to Multi-Employer plan	(644,848)
NET ASSETS AVAILABLE FOR BENEFITS IN LIQUIDATION:	
Beginning of year	<u>958,336</u>
End of year	<u>\$ -</u>

See independent auditors' report and accompanying notes to financial statements.

TITAN ELECTRICAL CONSTRUCTION & DESIGN 401(k) PLAN NOTES TO FINANCIAL STATEMENTS

NOTE A - DESCRIPTION OF PLAN

The following description of the Titan Electrical Construction & Design (Employer) 401(k) Plan (Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions. An amendment was made to the plan effective January 1, 2019 to merge to a multi-employer profit sharing plan, Group Management Services, Inc. 401(k) Profit Sharing Plan & Trust. The remaining assets of the Plan were transferred and the Plan was liquidated December 31, 2019.

1. *General.* The Plan is a defined contribution plan covering all employees of the Employer who have three months of service, are not a nonresident alien or a leased employee, and are not covered by a collective bargaining agreement. Eligible participants can enter the Plan immediately for elective deferrals. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan Administrator and shareholders are responsible for oversight of the Plan. The Plan Administrator and management determine the appropriateness of the Plan's investment offerings, monitor investment performance and report to the shareholders.
2. *Contributions.* Each year, participants may contribute up to 100 percent of pretax and post tax (Roth) annual compensation, as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). The Employer elected to match 100% of the employee deferral up to three percent. If the employee elects to defer over three percent the employer will match 50% up to five percent. Additional profit sharing amounts may be contributed at the option of the shareholders. Participants direct the investment of their contributions, employer matching contributions, and profit sharing contributions into various investment options offered by the Plan. Eligible participants must have three months of service, completion of at least 1,000 hours of service and be employed on last day of plan year unless death, disability or normal retirement during the Plan year to receive profit sharing contributions. No profit sharing contributions were made by the Employer during the year ended December 31, 2019 and 2018. Contributions are subject to certain IRS limitations. Beginning January 1, 2019, no employee contributions and matching employer contributions were made to the Plan.
3. *Participant accounts.* Each participant's account is credited with the participant's contributions and Employer matching contributions, as well as allocations of the Employer's profit sharing contribution and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.
4. *Vesting.* Participants in the Plan are vested immediately in their contributions, rollovers and Employer matching contributions plus actual earnings thereon. Vesting in the Employer's profit sharing contribution portion of their accounts is based on years with hours of service of 1000 hours or more. A participant is 100 percent vested after five years of credited service. Inservice participants become 100 percent vested upon normal retirement date, death, or disability. As a result of the decision to terminate the Plan during 2019, all participants became fully vested in their account balances.
5. *Payment of benefits.* On termination of service due to death, disability, or retirement, a participant may elect to receive a lump sum distribution equal to the value of the participant's vested interest in his or her account. A participant may also withdraw all of his or her account once they reach age 65 or older, if fully vested. Upon death of participant, the Plan will pay the entire participant's account balance by the end of the fifth year for all beneficiaries, except for domestic partners. Vested involuntary cashout distributions of \$1,000 or less are paid in a lump sum or installments as elected by the participant and April 1 of the calendar year following the later of the calendar year in which the participant attains age 70 ½ or retirement. Participants may request a hardship distribution allowed on all accounts, exceptions apply. In-service distributions can be made from all vested accounts if the participant is over 65, normal retirement date. Distributions pursuant to the Plan merger were paid to the multi-employer plan and totaled \$644,848. Distribution of remaining participants accrued benefits were made in December of 2019 and totaled \$15,199.

TITAN ELECTRICAL CONSTRUCTION & DESIGN 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE A - DESCRIPTION OF PLAN (CONTINUED)

6. *Forfeited accounts.* At December 31, 2019 and December 31, 2018, forfeited nonvested accounts totaled \$0 and \$0, respectively. These accounts will be used to restore forfeitures, reduce employer contributions, or pay plan expenses.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

Effective January 1, 2019, the Plan merged to a multi-employer profit sharing plan. Therefore, liquidation was deemed imminent and the Plan changed its basis of accounting from the going concern (accrual) basis used to prepare the financial statements for the year ended December 31, 2018 to the liquidation basis for the year ended December 31, 2019. As such, assets and liabilities are valued at their liquidation value for the year ended December 31, 2019.

Investment Valuation and Income Recognition

There were no investments remaining at December 31, 2019.

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's management determines the Plan's valuation policies utilizing information provided by the investment advisers and custodians. See Note C for discussion of fair value measurements as of December 31, 2018.

Purchases and sales of securities are recorded on a trade-date basis, and interest income is recorded on the accrual basis for the year ended December 31, 2018. Dividends are recorded on the ex-dividend date during 2018. Purchases and sales of securities are recorded on a settlement-date basis, and interest income and dividends are recorded on the liquidation basis for the year ended December 31, 2019. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefits are recorded when paid.

Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Employer. Expenses that are paid by the Employer are excluded from these financial statements. Investment related expenses are included in net appreciation of fair value of investments.

NOTE C - FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
Level 2	Inputs to the valuation methodology include: a. Quoted prices for similar assets or liabilities in active markets; b. Quoted prices for identical or similar assets or liabilities in inactive markets; c. Inputs other than quoted prices that are observable for the asset or liability; d. Inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

TITAN ELECTRICAL CONSTRUCTION & DESIGN 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE C - FAIR VALUE MEASUREMENTS (CONTINUED)

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2019 and 2018.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

There were no investments remaining at December 31, 2019.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2018.

Assets at Fair Value as of December 31, 2018

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 943,299	\$ —	\$ —	\$ 943,299
Investments at fair value	\$ 943,299	\$ —	\$ —	\$ 943,299

Transfers between Levels

For the year ended December 31, 2019 and 2018, there were no significant transfers between levels 1 and 2 and no transfers in or out of level 3.

NOTE D - RELATED-PARTY TRANSACTIONS AND PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by The Nationwide Financial Services, Inc. (Nationwide), including its subsidiary Nationwide Trust company, FSB, a division of Nationwide Bank. Nationwide is the custodian for the Plan and, therefore, these transactions qualify as party-in-interest transactions.

NOTE E - PLAN TERMINATION

The Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100 percent vested in their Employer contributions.

As of November 30, 2018, the Plan Sponsor signed an agreement to merge the Plan with the Group Management Services, Inc. 401(k) Profit Sharing Plan & Trust, a multiple employer profit sharing plan, effective January 1, 2019. As a result, all participants' accounts were transferred to this new Plan during 2019 and the Titan Electrical Construction & Design 401(k) Plan was terminated. As a result, management determined that liquidation was imminent at January 1, 2019.

NOTE F - RISKS AND UNCERTAINTIES

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

TITAN ELECTRICAL CONSTRUCTION & DESIGN 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE G - TAX STATUS

The IRS has determined and informed by a letter dated March 31, 2014, that the Prototype Non-standardized Profit Sharing Plan, in effect, is acceptable under section 401 of the Internal Revenue Code (IRC) for use by the Employer for the benefit of their employees. The letter states that the IRC opinion on the acceptability of the form of the plan is not a ruling or determination as to whether an employer's plan qualifies under Code Section 401(a). However, an employer that adopts this plan may rely on this letter with respect to the qualification of its plan number Code Section 401(a). Although the Plan has been amended since receiving the determination letter and due to the qualification of the prototype document abovementioned, the Plan Administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the Internal Revenue Code and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt. Management believes the Plan termination does not adversely affect the qualification of the Plan.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2015.

NOTE H - INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by the custodian, The Nationwide Financial Services, Inc.

	<u>2019</u>	<u>2018</u>
Investments, at fair value:		
Mutual funds	\$ -	\$ 943,299
Total Investments	\$ -	\$ 943,299
Investment Income (loss), net of expenses	\$ (70,253)	\$ (78,858)

NOTE I - SUBSEQUENT EVENT

The Plan Administrator has evaluated subsequent events through October 8, 2020, the date the financial statements were available to be issued.

TITAN ELECTRICAL CONSTRUCTION & DESIGN 401(k) PLAN
Supplemental Schedule of Delinquent Participant Contributions
For the year ended December 31, 2019

Schedule H, Line 4a - Schedule of Delinquent Participant Contributions for the Year Ended December 31, 2019
EIN 47-2449042, PN 001

Participant Contributions Transferred Late to the Plan		Total that Constitute Nonexempt Prohibited Transactions				Total Fully Corrected Under Voluntary Fiduciary Correction Program and Prohibited Transaction Exemption 2002-51	
Check here if Late Participant Loan Repayments are Included []		Contributions Not Corrected	Contributions Corrected Outside Voluntary Fiduciary Correction Program	Contributions Pending Correction in Voluntary Fiduciary Correction Program			
\$	4,526.00	\$ -	\$ 4,526.00	\$ -	\$	-	-
\$	4,350.00	\$ -	\$ 4,350.00	\$ -	\$	-	-

TITAN ELECTRICAL CONSTRUCTION & DESIGN 401(k) PLAN
Supplemental Schedule of Assets (Held at End of Year)
As of December 31, 2019

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN 47-2449042, PN 001

(a)	(b) Identity of issue, borrower, <u>lessor or similar party</u>	(c) Description of investment, including maturity date, rate of interest, collateral, <u>par or maturity value</u>	(e) Current <u>value</u>
	DFA Emrg Mkt Cor Eq Inst	Mutual Fund	\$ -
	DFA Infl Prtct Sec Inst	Mutual Fund	-
	DFA Intl Cor Eq Inst	Mutual Fund	-
	DFA Intl Sm Co Inst	Mutual Fund	-
	DFA RealEst Sec	Mutual Fund	-
	DFA US Cor Eq I	Mutual Fund	-
	DFA US Trgt Val Inst	Mutual Fund	-
	Fed Inst Hi Yld Bd Inst	Mutual Fund	-
	LeggM WstrAs Cor Bd I	Mutual Fund	-
	NW FXD SEL OPTN	Mutual Fund	-
	PIMCO Inc Inst	Mutual Fund	-
	Stadion Bal 7	Mutual Fund	-
	Stadion Con 7	Mutual Fund	-
	Stadion Gr 7	Mutual Fund	-
	Stadion Max Gr 7	Mutual Fund	-
	Stadion Mod Gr 7	Mutual Fund	-
	Vanguard Eq Inc Adml	Mutual Fund	-
	Vanguard Mid-Cap Ind Fd AS	Mutual Fund	-
	Vanguard Target Retirement 2060 Inv	Mutual Fund	-
	Vanguard Target Retirement 2055 Inv	Mutual Fund	-
	Vanguard Target Retirement 2050 Inv	Mutual Fund	-
	Vanguard Target Retirement 2045 Inv	Mutual Fund	-
	Vanguard Target Retirement 2040 Inv	Mutual Fund	-
	Vanguard Target Retirement 2035 Inv	Mutual Fund	-
	Vanguard Target Retirement 2030 Inv	Mutual Fund	-
	Vanguard Target Retirement 2025 Inv	Mutual Fund	-
	Vanguard Target Retirement 2020 Inv	Mutual Fund	-
	Vanguard Target Retirement 2015 Inv	Mutual Fund	-
	Vanguard Target Retirement Inc	Mutual Fund	-
			\$ -

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
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Part I Annual Report Identification Information	
For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☒ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description) _____

Part II Basic Plan Information—enter all requested information		
1a Name of plan TITAN ELECTRICAL CONSTRUCTION & DESIGN 401(K) PLAN	1b Three-digit plan number (PN) ▶	001
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) TITAN ELECTRICAL CONSTRUCTION & DESIGN 88 South 2nd Street Newark OH 43055		1c Effective date of plan 01/01/2016 2b Employer Identification Number (EIN) 47-2449042 2c Plan Sponsor's telephone number 614-885-5200 2d Business code (see instructions) 238210

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE		Oct 12, 2020	LANE HARTFIELD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		Oct 12, 2020	LANE HARTFIELD
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2019)
v. 190130

TITAN ELECTRICAL CONSTRUCTION & DESIGN 401(k) PLAN
Supplemental Schedule of Assets (Held at End of Year)
As of December 31, 2019

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN 47-2449042, PN 001

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(e) Current value
	DFA Emrg Mkt Cor Eq Inst	Mutual Fund	\$ -
	DFA Infl Prtct Sec Inst	Mutual Fund	-
	DFA Intl Cor Eq Inst	Mutual Fund	-
	DFA Intl Sm Co Inst	Mutual Fund	-
	DFA RealEst Sec	Mutual Fund	-
	DFA US Cor Eq I	Mutual Fund	-
	DFA US Trgt Val Inst	Mutual Fund	-
	Fed Inst Hi Yld Bd Inst	Mutual Fund	-
	LeggM WstrAs Cor Bd I	Mutual Fund	-
	NW FXD SEL OPTN	Mutual Fund	-
	PIMCO Inc Inst	Mutual Fund	-
	Stadion Bal 7	Mutual Fund	-
	Stadion Con 7	Mutual Fund	-
	Stadion Gr 7	Mutual Fund	-
	Stadion Max Gr 7	Mutual Fund	-
	Stadion Mod Gr 7	Mutual Fund	-
	Vanguard Eq Inc Adml	Mutual Fund	-
	Vanguard Mid-Cap Ind Fd AS	Mutual Fund	-
	Vanguard Target Retirement 2060 Inv	Mutual Fund	-
	Vanguard Target Retirement 2055 Inv	Mutual Fund	-
	Vanguard Target Retirement 2050 Inv	Mutual Fund	-
	Vanguard Target Retirement 2045 Inv	Mutual Fund	-
	Vanguard Target Retirement 2040 Inv	Mutual Fund	-
	Vanguard Target Retirement 2035 Inv	Mutual Fund	-
	Vanguard Target Retirement 2030 Inv	Mutual Fund	-
	Vanguard Target Retirement 2025 Inv	Mutual Fund	-
	Vanguard Target Retirement 2020 Inv	Mutual Fund	-
	Vanguard Target Retirement 2015 Inv	Mutual Fund	-
	Vanguard Target Retirement Inc	Mutual Fund	-
			\$ -