

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                         |
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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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 6047(e), and 6058(a) of the Internal Revenue Code (the Code).<br><br><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2009</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                |                                                                                 |                                            |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------------------------------------|--------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                |                                                                                 |                                            |
| For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2008</u> and ending <u>12/31/2008</u> |                                                                |                                                                                 |                                            |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan;                 | <input type="checkbox"/> a multiple-employer plan; or                           |                                            |
|                                                                                                          | <input checked="" type="checkbox"/> a single-employer plan;    | <input type="checkbox"/> a DFE (specify) ____                                   |                                            |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report;              | <input type="checkbox"/> the final return/report;                               |                                            |
|                                                                                                          | <input checked="" type="checkbox"/> an amended return/report;  | <input type="checkbox"/> a short plan year return/report (less than 12 months). |                                            |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                               | <input checked="" type="checkbox"/>                            |                                                                                 |                                            |
| <b>D</b> Check box if filing under:                                                                      | <input type="checkbox"/> Form 5558;                            | <input type="checkbox"/> automatic extension;                                   | <input type="checkbox"/> the DFVC program; |
|                                                                                                          | <input type="checkbox"/> special extension (enter description) |                                                                                 |                                            |

|                                                                                                                                   |                                                                                                              |                                          |            |
|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------------------------------------|------------|
| <b>Part II</b>                                                                                                                    | <b>Basic Plan Information</b> —enter all requested information                                               |                                          |            |
| <b>1a</b> Name of plan                                                                                                            | <u>THAYER POWER AND COMMUNICATION LINE CONSTRUCTION CO., INC. COLLECTIVELY BARGAINED 401(K) SAVINGS PLAN</u> | <b>1b</b> Three-digit plan number (PN) ▶ | <u>002</u> |
|                                                                                                                                   |                                                                                                              | <b>1c</b> Effective date of plan         |            |
|                                                                                                                                   |                                                                                                              | <u>06/01/2000</u>                        |            |
| <b>2a</b> Plan sponsor's name and address (employer, if for a single-employer plan)<br>(Address should include room or suite no.) |                                                                                                              |                                          |            |
| <u>THAYER POWER AND COMMUNICATION LINE CONSTRUCTION CO., INC.</u>                                                                 |                                                                                                              |                                          |            |
| <br><br><u>7400 MARKET ROAD</u><br><u>FAIRVIEW, PA 16415</u>                                                                      |                                                                                                              |                                          |            |
|                                                                                                                                   | <b>2b</b> Employer Identification Number (EIN)                                                               |                                          |            |
|                                                                                                                                   | <u>25-1374363</u>                                                                                            |                                          |            |
|                                                                                                                                   | <b>2c</b> Sponsor's telephone number                                                                         |                                          |            |
|                                                                                                                                   | <u>814-474-1174</u>                                                                                          |                                          |            |
|                                                                                                                                   | <b>2d</b> Business code (see instructions)                                                                   |                                          |            |
|                                                                                                                                   | <u>221100</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.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 11/09/2010 | JOSEPH THAYER                                                |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

|                                                                                                                                                                                                     |                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same")<br>THAYER POWER AND COMMUNICATION LINE CONSTRUCTION CO., INC.<br><br>7400 MARKET ROAD<br>FAIRVIEW, PA 16415 | <b>3b</b> Administrator's EIN<br>25-1374363<br><br><b>3c</b> Administrator's telephone number<br>814-474-1174 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|

  

|                                                                                                                                                                                                                       |                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:<br><br><b>a</b> Sponsor's name | <b>4b</b> EIN<br><br><b>4c</b> PN |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|

  

|                                                                         |          |     |
|-------------------------------------------------------------------------|----------|-----|
| <b>5</b> Total number of participants at the beginning of the plan year | <b>5</b> | 130 |
|-------------------------------------------------------------------------|----------|-----|

  

|                                                                                                                                                        |           |     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). |           |     |
| <b>a</b> Active participants.....                                                                                                                      | <b>6a</b> | 97  |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                     | <b>6b</b> | 0   |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                      | <b>6c</b> | 10  |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                               | <b>6d</b> | 107 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                              | <b>6e</b> | 1   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                | <b>6f</b> | 108 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....         | <b>6g</b> | 44  |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....             | <b>6h</b> | 0   |

  

|                                                                                                                                      |          |  |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|--|
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) ..... | <b>7</b> |  |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|--|

  

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

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

|                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> 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)

|                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a Pension Schedules</b><br>(1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information)<br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input checked="" type="checkbox"/> <u>1</u> <b>A</b> (Insurance Information)<br>(4) <input type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                           |                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Insurance Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b><br><br>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110<br><br><b>2009</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                                                   |                                                             |     |
|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2009 or fiscal plan year beginning 01/01/2008 and ending 12/31/2008                                        |                                                             |     |
| <b>A</b> Name of plan<br>THAYER POWER AND COMMUNICATION LINE CONSTRUCTION CO., INC.<br>COLLECTIVELY BARGAINED 401(K) SAVINGS PLAN | <b>B</b> Three-digit plan number (PN) ▶                     | 002 |
|                                                                                                                                   |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500.<br>THAYER POWER AND COMMUNICATION LINE CONSTRUCTION CO., INC.      | <b>D</b> Employer Identification Number (EIN)<br>25-1374363 |     |

|               |                                                                                                                                                                                                                                                     |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information Concerning Insurance Contract Coverage, Fees, and Commissions</b> Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**1** Coverage Information:

(a) Name of insurance carrier  
HARTFORD LIFE INSURANCE COMPANY

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 06-0974148 | 88072         | GA-710465                             | 42                                                                          | 01/01/2008              | 12/31/2008 |

**2** Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

|                                      |                               |
|--------------------------------------|-------------------------------|
| (a) Total amount of commissions paid | (b) Total amount of fees paid |
| 1334                                 | 0                             |

**3** Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

EDWARD D JONES & CO  
INSURANCE SERVICES  
8640 S. RIVER PARKWAY  
TEMPE, AZ 85284-2609

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
| 707                                           |                                 |             | 3                     |

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

WS INSURANCE SERVICES LLC  
10700 WHEAT FIRST DR  
GLEN ALLEN, VA 23060

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
| 627                                           |                                 |             | 3                     |

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

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

---

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

**Part II Investment and Annuity Contract Information**

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

|                                                                                                        |          |        |
|--------------------------------------------------------------------------------------------------------|----------|--------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> | 0      |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end .....   | <b>5</b> | 660369 |

**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity  
(3) ☐ other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee  
(3) ☐ guaranteed investment (4) ☐ other ▶

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

**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

|                                                                                                                                                   |                 |                 |   |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|---|
| <b>a</b> Premiums: (1) Amount received.....                                                                                                       | <b>9a(1)</b>    |                 |   |
| (2) Increase (decrease) in amount due but unpaid.....                                                                                             | <b>9a(2)</b>    |                 |   |
| (3) Increase (decrease) in unearned premium reserve.....                                                                                          | <b>9a(3)</b>    |                 |   |
| (4) Earned ((1) + (2) - (3)).....                                                                                                                 |                 | <b>9a(4)</b>    | 0 |
| <b>b</b> Benefit charges (1) Claims paid.....                                                                                                     | <b>9b(1)</b>    |                 |   |
| (2) Increase (decrease) in claim reserves.....                                                                                                    | <b>9b(2)</b>    |                 |   |
| (3) Incurred claims (add (1) and (2)).....                                                                                                        |                 | <b>9b(3)</b>    | 0 |
| (4) Claims charged.....                                                                                                                           |                 | <b>9b(4)</b>    |   |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                     |                 |                 |   |
| (A) Commissions.....                                                                                                                              | <b>9c(1)(A)</b> |                 |   |
| (B) Administrative service or other fees.....                                                                                                     | <b>9c(1)(B)</b> |                 |   |
| (C) Other specific acquisition costs.....                                                                                                         | <b>9c(1)(C)</b> |                 |   |
| (D) Other expenses.....                                                                                                                           | <b>9c(1)(D)</b> |                 |   |
| (E) Taxes.....                                                                                                                                    | <b>9c(1)(E)</b> |                 |   |
| (F) Charges for risks or other contingencies.....                                                                                                 | <b>9c(1)(F)</b> |                 |   |
| (G) Other retention charges.....                                                                                                                  | <b>9c(1)(G)</b> |                 |   |
| (H) Total retention.....                                                                                                                          |                 | <b>9c(1)(H)</b> | 0 |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)..... |                 | <b>9c(2)</b>    |   |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....                                |                 | <b>9d(1)</b>    |   |
| (2) Claim reserves.....                                                                                                                           |                 | <b>9d(2)</b>    |   |
| (3) Other reserves.....                                                                                                                           |                 | <b>9d(3)</b>    |   |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....                                                 |                 | <b>9e</b>       |   |

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                 |            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier.....                                                                                                                                                            | <b>10a</b> |  |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount. .... | <b>10b</b> |  |

Specify nature of costs ▶

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ..... ☐ Yes ☒ No

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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2009</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                                                                                 |                                                                                                  |                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|--------------------------------------|
| For calendar plan year 2009 or fiscal plan year beginning <span style="color:blue;">01/01/2008</span> and ending <span style="color:blue;">12/31/2008</span>    |                                                                                                  |                                      |
| <b>A</b> Name of plan<br><span style="color:blue;">THAYER POWER AND COMMUNICATION LINE CONSTRUCTION CO., INC. COLLECTIVELY BARGAINED 401(K) SAVINGS PLAN</span> | <b>B</b> Three-digit plan number (PN) ►                                                          | <span style="color:blue;">002</span> |
|                                                                                                                                                                 |                                                                                                  |                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><span style="color:blue;">THAYER POWER AND COMMUNICATION LINE CONSTRUCTION CO., INC.</span>    | <b>D</b> Employer Identification Number (EIN)<br><br><span style="color:blue;">25-1374363</span> |                                      |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                     | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    | 471                   | 251             |
| <b>(2)</b> Participant contributions .....                                                        | <b>1b(2)</b>    | 2937                  | 1370            |
| <b>(3)</b> Other.....                                                                             | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities.....                                                        | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                         | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    | 138216                | 103516          |
| <b>(9)</b> Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts.....                                    | <b>1c(10)</b>   | 926580                | 660369          |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   |                       |                 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                           | <b>1c(15)</b>   |                       |                 |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 1068204               | 765506          |

**Liabilities**

|                                                                           |           |       |      |
|---------------------------------------------------------------------------|-----------|-------|------|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |       |      |
| <b>h</b> Operating payables .....                                         | <b>1h</b> | 10797 | 6604 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |       |      |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |       |      |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 10797 | 6604 |

**Net Assets**

|                                                           |           |         |        |
|-----------------------------------------------------------|-----------|---------|--------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 1057407 | 758902 |
|-----------------------------------------------------------|-----------|---------|--------|

**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 Contributions:**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 22399      |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 108992     |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 131391    |

**b Earnings on investments:****(1) Interest:**

|                                                                                                      |                 |      |      |
|------------------------------------------------------------------------------------------------------|-----------------|------|------|
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) ..... | <b>2b(1)(A)</b> |      |      |
| <b>(B)</b> U.S. Government securities .....                                                          | <b>2b(1)(B)</b> |      |      |
| <b>(C)</b> Corporate debt instruments .....                                                          | <b>2b(1)(C)</b> |      |      |
| <b>(D)</b> Loans (other than to participants) .....                                                  | <b>2b(1)(D)</b> |      |      |
| <b>(E)</b> Participant loans .....                                                                   | <b>2b(1)(E)</b> | 8074 |      |
| <b>(F)</b> Other .....                                                                               | <b>2b(1)(F)</b> |      |      |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                        | <b>2b(1)(G)</b> |      | 8074 |

|                                                                                           |                 |  |   |
|-------------------------------------------------------------------------------------------|-----------------|--|---|
| (2) Dividends: <b>(A)</b> Preferred stock .....                                           | <b>2b(2)(A)</b> |  |   |
| <b>(B)</b> Common stock .....                                                             | <b>2b(2)(B)</b> |  |   |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                 | <b>2b(2)(C)</b> |  |   |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> ..... | <b>2b(2)(D)</b> |  | 0 |

|                 |              |  |  |
|-----------------|--------------|--|--|
| (3) Rents ..... | <b>2b(3)</b> |  |  |
|-----------------|--------------|--|--|

|                                                                                           |                 |  |   |
|-------------------------------------------------------------------------------------------|-----------------|--|---|
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                | <b>2b(4)(A)</b> |  |   |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                             | <b>2b(4)(B)</b> |  |   |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result ..... | <b>2b(4)(C)</b> |  | 0 |

|                                                                                                   |          | (a) Amount | (b) Total |
|---------------------------------------------------------------------------------------------------|----------|------------|-----------|
| <b>2b</b> (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....              | 2b(5)(A) |            |           |
| (B) Other .....                                                                                   | 2b(5)(B) |            |           |
| (C) Total unrealized appreciation of assets.<br>Add lines 2b(5)(A) and (B).....                   | 2b(5)(C) |            | 0         |
| (6) Net investment gain (loss) from common/collective trusts .....                                | 2b(6)    |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                                | 2b(7)    |            | -316247   |
| (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<br>companies (e.g., mutual funds)..... | 2b(10)   |            |           |
| <b>c</b> Other income.....                                                                        | 2c       |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....           | 2d       |            | -176782   |

**Expenses**

|                                                                                            |       |        |        |
|--------------------------------------------------------------------------------------------|-------|--------|--------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |       |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers .....            | 2e(1) | 109117 |        |
| (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) |        | 109117 |
| <b>f</b> Corrective distributions (see instructions) .....                                 | 2f    |        | 2670   |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | 2g    |        |        |
| <b>h</b> Interest expense.....                                                             | 2h    |        |        |
| <b>i</b> Administrative expenses: (1) Professional fees .....                              | 2i(1) | 9936   |        |
| (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) |        | 9936   |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | 2j    |        | 121723 |

**Net Income and Reconciliation**

|                                                                |       |  |         |
|----------------------------------------------------------------|-------|--|---------|
| <b>k</b> Net income (loss). Subtract line 2j from line 2d..... | 2k    |  | -298505 |
| <b>l</b> Transfers of assets:                                  |       |  |         |
| (1) To this plan.....                                          | 2l(1) |  |         |
| (2) From this plan .....                                       | 2l(2) |  |         |

**Part III Accountant's Opinion**

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

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

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

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

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

(1) Name: HILL, BARTH & KING LLC

(2) EIN: 34-1897225

**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 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

|                                                                                                                                                                                                                                                                                                                 | Yes | No | Amount |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>a</b> 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.).....                 |     | X  |        |
| <b>b</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.)..... |     | X  |        |
| <b>c</b> 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  |        |
| <b>d</b> 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  |        |
| <b>e</b> Was this plan covered by a fidelity bond?.....                                                                                                                                                                                                                                                         | X   |    | 250000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                         |     | X  |        |
| <b>g</b> 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  |        |
| <b>h</b> 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  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....                                                                                                                                                   | X   |    |        |
| <b>j</b> 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  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....                                                                                                                                              |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                              |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....                                                                                                                                                                                     |     | X  |        |
| <b>n</b> 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. ....                                                                                                                        |     |    |        |

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

- 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) |
|-----------------------|--------------|-------------|
|                       |              |             |
|                       |              |             |
|                       |              |             |
|                       |              |             |

**THAYER POWER AND COMMUNICATION LINE  
CONSTRUCTION CO., INC.  
COLLECTIVELY BARGAINED 401(k) SAVINGS PLAN**

**FINANCIAL STATEMENTS AND  
SUPPLEMENTAL SCHEDULE**

**December 31, 2008 and 2007**

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October 21, 2010

To the Participants and Administrator  
of the Thayer Power and Communication Line Construction Co., Inc.  
Collectively Bargained 401(k) Savings Plan  
Fairview, Pennsylvania

Independent Auditors' Report

We were engaged to audit the statements of net assets available for benefits of Thayer Power and Communication Line Construction Co., Inc. Collectively Bargained 401(k) Savings Plan (the Plan) as of December 31, 2008 and 2007 and the related statements of changes in net assets available for benefits for the years then ended and the accompanying schedule H, part IV, item 4i schedule of assets (held at end of year) as of December 31, 2008. These financial statements and supplemental schedule are the responsibility of the Plan's management.

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 D, which was certified by Principal Life Insurance Company and Hartford Life Insurance Company, the trustees of the Plan, except for comparing such information with the related information included in the financial statements and accompanying information. We have been informed by the plan administrator that Hartford Life Insurance Company held the Plan's investment assets and executed investment transactions for the year ended December 31, 2008 and from August 1, 2007 to December 31, 2007, and that Principal Life Insurance Company held the Plan's investment assets and executed investment transactions for the period January 1, 2007 to July 31, 2007. The plan administrator has obtained certifications from the trustees as of and for the years ended December 31, 2008 and 2007, that the information provided to the plan administrator by the trustees is complete and accurate.

As discussed in Note H to the financial statements, on March 5, 2010, the assets of the Plan Sponsor were sold. As a result, the Plan was terminated on that date.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. 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 trustees, 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.

*Hill, Barth & King LLC*

Certified Public Accountants

**THAYER POWER AND COMMUNICATION LINE CONSTRUCTION CO., INC.**  
**COLLECTIVELY BARGAINED 401(k) SAVINGS PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

**December 31, 2008 and 2007**

|                                   | <u>2008</u>              | <u>2007</u>                |
|-----------------------------------|--------------------------|----------------------------|
| <b><u>ASSETS</u></b>              |                          |                            |
| Investments at fair value:        |                          |                            |
| Pooled separate accounts          | \$ 660,369               | \$ 926,580                 |
| Guaranteed interest account       | -                        | -                          |
| Participant loans                 | 93,607                   | 138,216                    |
| TOTAL INVESTMENTS                 | <u>753,976</u>           | <u>1,064,796</u>           |
| Receivables:                      |                          |                            |
| Employer contributions            | 251                      | 471                        |
| Employee contributions            | 1,370                    | 2,937                      |
| Participant loans                 | -                        | -                          |
| TOTAL ASSETS                      | <u>755,597</u>           | <u>1,068,204</u>           |
| <b><u>LIABILITIES</u></b>         |                          |                            |
| Excess contribution payable       | 5,839                    | 10,797                     |
| Other liabilities                 | 765                      | -                          |
| TOTAL LIABILITIES                 | <u>6,604</u>             | <u>10,797</u>              |
| NET ASSETS AVAILABLE FOR BENEFITS | <u><u>\$ 748,993</u></u> | <u><u>\$ 1,057,407</u></u> |

See accompanying notes to financial statements

**THAYER POWER AND COMMUNICATION LINE CONSTRUCTION CO., INC.**  
**COLLECTIVELY BARGAINED 401(k) SAVINGS PLAN**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

**Years ended December 31, 2008 and 2007**

|                                                              | <u>2008</u>       | <u>2007</u>         |
|--------------------------------------------------------------|-------------------|---------------------|
| <b><u>ADDITIONS TO NET ASSETS ATTRIBUTED TO:</u></b>         |                   |                     |
| Investment income:                                           |                   |                     |
| Net appreciation (depreciation) in fair value of investments | \$ (316,247)      | \$ 97,647           |
| Interest on participant loans                                | 8,074             | 8,093               |
| Other earnings                                               | -                 | 483                 |
| Other interest                                               | -                 | 744                 |
|                                                              | <u>(308,173)</u>  | <u>106,967</u>      |
| Contributions:                                               |                   |                     |
| Participants                                                 | 108,992           | 124,246             |
| Employer                                                     | 22,399            | 20,675              |
| TOTAL ADDITIONS (DEDUCTIONS)                                 | <u>(176,782)</u>  | <u>251,888</u>      |
| <b><u>DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:</u></b>      |                   |                     |
| Benefits paid to participants                                | 109,117           | 344,190             |
| Deemed distributions                                         | 9,909             | 3,235               |
| Corrective distributions                                     | 2,670             | 10,797              |
| Administrative fees                                          | 9,936             | 5,403               |
| TOTAL DEDUCTIONS                                             | <u>131,632</u>    | <u>363,625</u>      |
| NET DECREASE IN NET ASSETS                                   | (308,414)         | (111,737)           |
| <b><u>NET ASSETS AVAILABLE FOR BENEFITS</u></b>              |                   |                     |
| Beginning of year                                            | 1,057,407         | 1,169,144           |
| End of year                                                  | <u>\$ 748,993</u> | <u>\$ 1,057,407</u> |

See accompanying notes to financial statements

**THAYER POWER AND COMMUNICATION LINE CONSTRUCTION CO., INC.  
COLLECTIVELY BARGAINED 401(k) SAVINGS PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**December 31, 2008 and 2007**

**NOTE A - DESCRIPTION OF PLAN**

The following description of Thayer Power and Communication Line Construction Co., Inc. Collectively Bargained 401(k) Savings Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

**General and Eligibility:**

The Plan, established on June 1, 2000, is a collectively bargained defined contribution plan that covers union employees who are members of a local union affiliated with the International Brotherhood of Electrical Workers (or any other Union Local) who are employees of Thayer Power and Communication Line Construction Co., Inc. (the Plan Sponsor) and work at least 1,000 hours over twelve consecutive months. There is no minimum age requirement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

**Contributions:**

Each year, participants may contribute up to the legal limit of pre-tax annual compensation, as defined by the Plan, not to exceed the limits of Internal Revenue Code Section 401(k) of \$15,500 for 2008 and 2007. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions of a maximum of \$5,000 in 2008 and 2007. Participants may also contribute amounts representing distributions from other qualified retirement plans.

The Plan Sponsor contributes 100% of the first 4% of base compensation that a participant contributes to the Plan. However, the matching contribution will be reduced on a dollar for dollar basis for any contribution that the Plan Sponsor makes into the pension plan provided through the participant's union pursuant to the applicable collective bargaining agreement. Additional profit sharing amounts may be contributed at the option of the Plan Sponsor. There were no Plan Sponsor profit sharing contributions for the years ended December 31, 2008 and 2007.

**Investment Elections:**

Upon enrollment into the Plan, the participants direct the investment of their contributions into various investment options offered by the Plan and may change their investment elections daily. The Plan currently offers twenty-one pooled investment account options for participants, which are similar to mutual funds, but they are only available to Hartford group annuity contract holders. The investments are listed in the supplemental schedule to the financial statements.

**Participant Accounts:**

Each participant's account is credited with the participant's contributions, Plan Sponsor's contributions, an allocation of the change in market value of the underlying pooled investment, which is based on units owned of the investment, and charged with an allocation of administrative expenses. Each day the investment income and the net realized and unrealized appreciation and depreciation on investments of each separate investment are allocated to participant accounts based on each participant's pro-rata share of the total participation in that fund. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**THAYER POWER AND COMMUNICATION LINE CONSTRUCTION CO., INC.  
COLLECTIVELY BARGAINED 401(k) SAVINGS PLAN**

**NOTES TO FINANCIAL STATEMENTS (CONTINUED)**

**December 31, 2008 and 2007**

**NOTE A - DESCRIPTION OF PLAN (CONTINUED)**

**Vesting:**

Participants are immediately vested in their contributions and the Plan Sponsor's contributions plus earnings as defined thereon.

**Participant Loans:**

Participants may borrow a minimum of \$1,000 from their fund accounts up to a maximum of 50% of their total vested account balance. The loans are secured by the balance of the participant's account and bear interest at the prime rate (as published by the Wall Street Journal), plus 1%. The interest rate in effect when the participant loan is granted will remain in effect for the life of the loan. All loans must have a definite repayment period which provides for payments to be made not less frequently than quarterly and for the loan to be amortized on a level basis over a reasonable period of time, not to exceed five years. However, if the loan is for the purpose of acquiring a principal residence, the loan must be repaid over a reasonable period of time.

**Payment of Benefits:**

On termination of service due to discontinued employment, death, disability, or retirement at age 65, participants are entitled to a distribution. In-service distributions after age 59 1/2, limit 2 per year, may be permitted under the Plan. Financial hardship distributions are also allowed. Participants may elect to have their vested benefit distributed as soon as administratively feasible. However, if the value of the vested benefit does not exceed \$1,000, a lump-sum distribution will be made to the participant within a reasonable time. Benefits are paid in the form of joint and survivor annuities, other forms of annuities selected by the participant, or as a single lump-sum cash payment.

**Administrative Expenses:**

Administrative expenses, including recordkeeper, trustee, and audit fees, are paid by the Plan. During 2008 and 2007, administrative fees paid by the Plan were \$9,936 and \$5,403, respectively.

**Forfeited Accounts:**

At December 31, 2008 and 2007, forfeited non-vested accounts were \$-0-. Forfeitures are retained in the Plan and are used to reduce future employer contributions or expenses.

**Excess Contributions:**

The excess contribution payable represents amounts withheld by participants in excess of the Internal Revenue Code (IRC) limitations that were refunded to participants subsequent to year end. Excess contributions for the years ended December 31, 2008 and 2007 represent amounts deferred by participants classified as highly compensated employees in excess of IRC limits.

**THAYER POWER AND COMMUNICATION LINE CONSTRUCTION CO., INC.  
COLLECTIVELY BARGAINED 401(k) SAVINGS PLAN**

**NOTES TO FINANCIAL STATEMENTS (CONTINUED)**

**December 31, 2008 and 2007**

**NOTE A - DESCRIPTION OF PLAN (CONTINUED)**

**Plan Termination:**

The Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to ERISA. The Plan was terminated effective March 5, 2010. As Plan participants are 100% vested in the Plan, Plan termination has no effect on the vesting of participant accounts.

**NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Basis of Accounting:**

The financial statements of the Plan are prepared using the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America.

**Recently Adopted Accounting Pronouncements:**

In September 2006, the Financial Accounting Standards Board ("FASB") issued FASB ASC 820, "Fair Value Measurements" which defines fair value, establishes guidelines for measuring fair value and expands disclosures regarding fair value measurements. FASB ASC 820 does not require any new fair value measurements, but rather eliminates inconsistencies in guidance found in various prior accounting pronouncements and is effective for fiscal years beginning after November 15, 2007. Effective January 1, 2008, the Plan adopted FASB ASC 820 which did not have a material impact on the Statements of Net Assets Available for Benefits or the Statements of Changes in Net Assets Available for Benefits. See Note E.

**Use of Estimates:**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

**Investment Valuation and Income Recognition:**

The trustee maintains the Plan assets in pooled separate accounts. The accounts are credited with earnings on the underlying investments and charged for Plan withdrawals and administrative expenses charged by the trustee. The contract is included in the financial statements at contract value (which represents contributions made under the contract, plus earnings, less withdrawals and administrative expenses). The contract value approximates fair value. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

**Payment of Benefits:**

Benefits are recorded when paid.

**Contributions:**

All contributions are recorded in the period during which the Plan Sponsor makes payroll deductions from the Plan participants' earnings.

**THAYER POWER AND COMMUNICATION LINE CONSTRUCTION CO., INC.  
COLLECTIVELY BARGAINED 401(k) SAVINGS PLAN**

**NOTES TO FINANCIAL STATEMENTS (CONTINUED)**

**December 31, 2008 and 2007**

**NOTE C - TAX STATUS**

The Internal Revenue Service has determined and informed the Plan Sponsor by a letter dated August 7, 2001, that the Plan is designed in accordance with applicable sections of the IRC. The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

**NOTE D - INFORMATION PREPARED AND CERTIFIED BY TRUSTEES**

Principal Life Insurance Company (Principal) served as trustee for the Plan for the period from January 1, 2007 through July 31, 2007. Effective August 1, 2007, the Plan Sponsor appointed Hartford Life Insurance Company (Hartford) as the successor trustee. In addition, the Plan changed its recordkeeper from Principal Financial Group, Inc. to Walker Benefits, Inc.

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the plan administrator has obtained certifications from Principal Life Insurance Company and Hartford Life Insurance Company that all information relating to the Plan's investments as of and for the years ended December 31, 2008 and 2007, is complete and accurate. Information as to the value of the investments in the Plan, investment income (loss), and all information in the supplemental schedule is presented in reliance solely upon those certifications.

The following table represents the fair value of investments, as certified by Hartford Life Insurance Company:

|                            | <u>2008</u> | <u>2007</u> |
|----------------------------|-------------|-------------|
| INVESTMENTS AT FAIR VALUE: |             |             |
| Pooled separate accounts   | \$ 660,369  | \$ 926,580  |

The following table represents the portion of total net appreciation (depreciation) in the fair value of investments and other interest certified by Hartford Life Insurance Company for 2008 and for the period of August 1, 2007 through December 31, 2007:

|                                               | <u>2008</u>  | <u>2007</u> |
|-----------------------------------------------|--------------|-------------|
| INVESTMENT INCOME:                            |              |             |
| Net appreciation in fair value of investments | \$ (316,247) | \$ 38,413   |
| Other interest                                | -            | 148         |

**THAYER POWER AND COMMUNICATION LINE CONSTRUCTION CO., INC.  
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**NOTES TO FINANCIAL STATEMENTS (CONTINUED)**

**December 31, 2008 and 2007**

**NOTE D - INFORMATION PREPARED AND CERTIFIED BY TRUSTEES (CONTINUED)**

The following table represents the portion of total net appreciation in the fair value of investments and other interest certified by Principal Life Insurance Company for the period of January 1, 2007 through July 31, 2007:

|                                               | <u>2008</u> | <u>2007</u> |
|-----------------------------------------------|-------------|-------------|
| INVESTMENT INCOME:                            |             |             |
| Net appreciation in fair value of investments | \$ -        | \$ 59,234   |
| Other interest                                | -           | 596         |

The following presents the fair value of the individual investments that represent five percent or more of the Plan's net assets at December 31:

|                               | <u>2008</u> | <u>2007</u> |
|-------------------------------|-------------|-------------|
| Federated Kaufmann            | \$ 115,526  | \$ 230,509  |
| The Hartford Money Market     | 105,772     | 75,596      |
| American Funds Growth Fund    | 82,103      | 157,778     |
| Goldman Sachs Small Cap Value | 69,924      | 109,264     |
| American Funds Income Fund    | 58,143      | 142,813     |

**NOTE E - FAIR VALUE MEASUREMENTS AND INVESTMENTS**

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

- Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access
- Level 2 – Inputs to the valuation methodology include:
  - Quoted prices for similar assets or liabilities in active markets
  - Quoted prices for identical or similar assets or liabilities in inactive markets
  - Inputs other than quoted prices that are observable for the asset or liability
  - Inputs that are derived principally from or corroborated by observable market data by correlation or other means
- Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement

**THAYER POWER AND COMMUNICATION LINE CONSTRUCTION CO., INC.  
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**NOTES TO FINANCIAL STATEMENTS (CONTINUED)**

**December 31, 2008 and 2007**

**NOTE E - FAIR VALUE MEASUREMENTS AND INVESTMENTS (CONTINUED)**

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2008 and 2007.

- *Pooled Separate Accounts:* Valued daily by the fund administrator based on the quoted prices used to value similar instruments in active markets, generally based on the underlying mutual funds. (Level 2)
- *Participant Loans:* Valued at amortized cost, which approximates fair value. (Level 3)

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at estimated fair value as of December 31, 2008:

|                          | Investments at estimated fair value |                   |                  |                   |
|--------------------------|-------------------------------------|-------------------|------------------|-------------------|
|                          | Level 1                             | Level 2           | Level 3          | Total             |
| Pooled separate accounts | \$ -                                | \$ 660,369        | \$ -             | \$ 660,369        |
| Participant loans        | -                                   | -                 | 93,607           | 93,607            |
| Total Investments        | <u>\$ -</u>                         | <u>\$ 660,369</u> | <u>\$ 93,607</u> | <u>\$ 753,976</u> |

**THAYER POWER AND COMMUNICATION LINE CONSTRUCTION CO., INC.  
COLLECTIVELY BARGAINED 401(k) SAVINGS PLAN**

**NOTES TO FINANCIAL STATEMENTS (CONTINUED)**

**December 31, 2008 and 2007**

**NOTE E - FAIR VALUE MEASUREMENTS AND INVESTMENTS (CONTINUED)**

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2008:

|                                                   | <u>Participant Loans</u> |
|---------------------------------------------------|--------------------------|
| Balance, beginning of year                        | \$ 138,216               |
| Purchases, sales, issuances and settlements (net) | <u>(44,609)</u>          |
| Balance, end of year                              | <u><u>\$ 93,607</u></u>  |

**NOTE F - PARTY-IN-INTEREST TRANSACTIONS**

During 2008 and 2007, the Plan invested in pooled separate accounts managed by Principal Life Insurance Company and by Hartford Life Insurance Company. Transactions in such investments qualify as party-in-interest transactions.

**NOTE G - 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 value 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 statements of net assets available for benefits.

**NOTE H - SUBSEQUENT EVENTS**

The financial statements and supplemental schedule have been prepared assuming that Thayer Power and Communication Line Construction Company, Inc. (the Plan Sponsor) will continue as a going concern for at least one year. The assets of the Plan Sponsor were sold on March 5, 2010 and the Plan was terminated on that date. The terms discussed in Note A are applicable under the termination.

Subsequent to December 31, 2008, certain Plan participants defaulted on repayment of their loans. The outstanding loan balance at the time of default will be accounted for as a distribution in the year the default occurred.

**THAYER POWER AND COMMUNICATION LINE CONSTRUCTION CO., INC.  
COLLECTIVELY BARGAINED 401(k) SAVINGS PLAN**

**NOTES TO FINANCIAL STATEMENTS (CONTINUED)**

**December 31, 2008 and 2007**

**NOTE I - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500**

The following is a reconciliation of participant loans per the financial statements at December 31, 2008 to Form 5500:

|                                                |                          |
|------------------------------------------------|--------------------------|
| Participant loans per the financial statements | \$ 93,607                |
| Add deemed distributions                       | <u>9,909</u>             |
| Participant loans per the Form 5500            | <u><u>\$ 103,516</u></u> |

**THAYER POWER AND COMMUNICATION LINE CONSTRUCTION CO., INC.**  
**COLLECTIVELY BARGAINED 401(k) SAVINGS PLAN**

**SCHEDULE H, PART IV, LINE 4i -**  
**SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**

**December 31, 2008**

**EIN: 25-1374363**

**PLAN NUMBER: 002**

| (a)                               | (b)<br>IDENTITY OF<br>PARTY INVOLVED | (c)<br>DESCRIPTION OF ASSET        | (d)<br>COST | (e)<br>CURRENT<br>VALUE |
|-----------------------------------|--------------------------------------|------------------------------------|-------------|-------------------------|
|                                   |                                      |                                    |             |                         |
| * Hartford Life Insurance Company |                                      | Fidelity Advisor Leveraged CS      | -           | \$ 6,243                |
| * Hartford Life Insurance Company |                                      | The Hartford Money Market          | -           | 105,772                 |
| * Hartford Life Insurance Company |                                      | The Hartford Capital Apprn         | -           | 27,561                  |
| * Hartford Life Insurance Company |                                      | Goldman Sachs Mid Cap Value        | -           | 37,308                  |
| * Hartford Life Insurance Company |                                      | Lord Abbett Small Cap Blend        | -           | 13,723                  |
| * Hartford Life Insurance Company |                                      | American Funds Growth Fund         | -           | 82,103                  |
| * Hartford Life Insurance Company |                                      | Federated Kaufmann                 | -           | 115,526                 |
| * Hartford Life Insurance Company |                                      | American Funds Income Fund         | -           | 58,143                  |
| * Hartford Life Insurance Company |                                      | Mutual Shares                      | -           | 36,288                  |
| * Hartford Life Insurance Company |                                      | American Funds Cap Inc Bldr        | -           | 14,331                  |
| * Hartford Life Insurance Company |                                      | American Funds Capwld G&I          | -           | 18,041                  |
| * Hartford Life Insurance Company |                                      | The Hartford Tr Bond               | -           | 10,403                  |
| * Hartford Life Insurance Company |                                      | Franklin Income                    | -           | 2,918                   |
| * Hartford Life Insurance Company |                                      | Goldman Sachs Struc Intl Eqty      | -           | 15,538                  |
| * Hartford Life Insurance Company |                                      | Goldman Sachs Small Cap Value      | -           | 69,924                  |
| * Hartford Life Insurance Company |                                      | Putnam International Cap Opp       | -           | 9,980                   |
| * Hartford Life Insurance Company |                                      | Oppenheimer International Bond     | -           | 16,197                  |
| * Hartford Life Insurance Company |                                      | Franklin Strategic Income          | -           | 10,869                  |
| * Hartford Life Insurance Company |                                      | Lifepath 2040                      | -           | 571                     |
| * Hartford Life Insurance Company |                                      | Goldman Sachs High Yield           | -           | 8,930                   |
| Participant Loans                 |                                      | Interest rates from 5.75% to 9.25% | -           | 93,607                  |
|                                   |                                      |                                    |             | <u>\$ 753,976</u>       |

\* Denotes Party-in-Interest

**THAYER POWER AND COMMUNICATION LINE CONSTRUCTION CO., INC.**  
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**SCHEDULE H, PART IV, LINE 4i -**  
**SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**

**December 31, 2008**

**EIN: 25-1374363**

**PLAN NUMBER: 002**

| (a) | (b)                               | (c)                                | (d)  | (e)               |
|-----|-----------------------------------|------------------------------------|------|-------------------|
|     | IDENTITY OF<br>PARTY INVOLVED     | DESCRIPTION OF ASSET               | COST | CURRENT<br>VALUE  |
|     | * Hartford Life Insurance Company | Fidelity Advisor Leveraged CS      | -    | \$ 6,243          |
|     | * Hartford Life Insurance Company | The Hartford Money Market          | -    | 105,772           |
|     | * Hartford Life Insurance Company | The Hartford Capital Apprn         | -    | 27,561            |
|     | * Hartford Life Insurance Company | Goldman Sachs Mid Cap Value        | -    | 37,308            |
|     | * Hartford Life Insurance Company | Lord Abbett Small Cap Blend        | -    | 13,723            |
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|     | * Hartford Life Insurance Company | Franklin Strategic Income          | -    | 10,869            |
|     | * Hartford Life Insurance Company | Lifepath 2040                      | -    | 571               |
|     | * Hartford Life Insurance Company | Goldman Sachs High Yield           | -    | 8,930             |
|     | Participant Loans                 | Interest rates from 5.75% to 9.25% | -    | 93,607            |
|     |                                   |                                    |      | <u>\$ 753,976</u> |

\* Denotes Party-in-Interest