Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

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

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
ELM LOCATING AND UTILITY SERVICES 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2001

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
ONE CALL LOCATORS, LTD
ELM LOCATING AND UTILITY SERVICES

60 STATE STREET, SUITE 201
PEORIA, IL 61602

2b Employer Identification Number (EIN)
81-0529580

2c Sponsor's telephone number
309-671-4301

2d Business code (see instructions)
517000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2011	JAMES N. BOURAZAK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
ONE CALL LOCATORS, LTD

60 STATE STREET, SUITE 201
PEORIA, IL 61602

3b Administrator's EIN
81-0529580

3c Administrator's telephone number
309-671-4301

4 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:
a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	813
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	476
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	183
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	659
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	659
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	373
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	9
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

(1)	X		**H** (Financial Information)
(2)			**I** (Financial Information – Small Plan)
(3)	X	1	**A** (Insurance Information)
(4)			**C** (Service Provider Information)
(5)	X		**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
ELM LOCATING AND UTILITY SERVICES 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500.
ONE CALL LOCATORS, LTD

D Employer Identification Number (EIN)
81-0529580

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

1 Coverage Information:

(a) Name of insurance carrier
JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.

(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
01-0233346	65838	92408	373	01/01/2010	12/31/2010

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
4600	24423

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
HOWARD SIMON & ASSOCIATES
304 SAUNDERS ROAD
RIVERWOODS, IL 60015

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	23593	TPA FEES	5

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
MORGAN STANLEY INSURANCE SERVICES,
34 EXCHANGE PLACE
PLAZA 2, 7TH FLOOR
JERSEY CITY, NJ 07311

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4600	830	OTHER ALLOWANCES	3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

(3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

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

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. ▶

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
ELM LOCATING AND UTILITY SERVICES 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
ONE CALL LOCATORS, LTD

D Employer Identification Number (EIN)
81-0529580

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

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE COMPANY

b Name of sponsor of entity listed in (a): LIFECYCLE 2010

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
01-0233346-001	P	143829

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE COMPANY

b Name of sponsor of entity listed in (a): LIFECYCLE 2015

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
01-0233346-001	P	115758

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE COMPANY

b Name of sponsor of entity listed in (a): LIFECYCLE 2020

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
01-0233346-001	P	529827

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE COMPANY

b Name of sponsor of entity listed in (a): LIFECYCLE 2025

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
01-0233346-001	P	705637

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE COMPANY

b Name of sponsor of entity listed in (a): LIFECYCLE 2030

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
01-0233346-001	P	565331

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE COMPANY

b Name of sponsor of entity listed in (a): LIFECYCLE 2035

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
01-0233346-001	P	368844

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE COMPANY

b Name of sponsor of entity listed in (a): LIFECYCLE 2040

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
01-0233346-001	P	498796

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE COMPANY			
b Name of sponsor of entity listed in (a): LIFECYCLE 2045			
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	593484
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE COMPANY			
b Name of sponsor of entity listed in (a): LIFESTYLE CONSERVATIVE			
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1585
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE COMPANY			
b Name of sponsor of entity listed in (a): LIFESTYLE GROWTH			
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	34957
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE COMPANY			
b Name of sponsor of entity listed in (a): LIFESTYLE AGGRESSIVE			
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	12531
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE COMPANY			
b Name of sponsor of entity listed in (a): PIMCO TOTAL RETURN			
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	24394
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE COMPANY			
b Name of sponsor of entity listed in (a): SHORT-TERM FEDERAL			
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	22346
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE COMPANY			
b Name of sponsor of entity listed in (a): INVESTMENT COMPANY OF AMERICA			
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	5033
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE COMPANY			
b Name of sponsor of entity listed in (a): BLACKROCK GLOBAL ALLOCATION			
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	7903
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE COMPANY			
b Name of sponsor of entity listed in (a): IVY ASSET STRATEGY FUND			
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	751
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE COMPANY			
b Name of sponsor of entity listed in (a): OPPENHEIMER GLOBAL			
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	7858

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE COMPANY			
b Name of sponsor of entity listed in (a): NEW PERSPECTIVE FUND			
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	897
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE COMPANY			
b Name of sponsor of entity listed in (a): CAPITAL WORLD GROWTH & INCOME			
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2262
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE COMPANY			
b Name of sponsor of entity listed in (a): NEW WORLD FUND			
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	5941
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE COMPANY			
b Name of sponsor of entity listed in (a): DFA U.S. SMALL CAP FUND			
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1104
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE COMPANY			
b Name of sponsor of entity listed in (a): THORNBURG INTERNATIONAL VALUE			
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1699
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE COMPANY			
b Name of sponsor of entity listed in (a): JENNISON 20/20 FOCUS FUND			
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	10560
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE COMPANY			
b Name of sponsor of entity listed in (a): MID VALUE FUND			
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2544
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE COMPANY			
b Name of sponsor of entity listed in (a): SMALL CAP VALUE FUND			
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1271
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE COMPANY			
b Name of sponsor of entity listed in (a): LIFESTYLE BALANCED			
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	6696
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE COMPANY			
b Name of sponsor of entity listed in (a): LIFESTYLE MODERATE			
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1460

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE COMPANY			
b Name of sponsor of entity listed in (a): AMERICAN CENTURY VISTA			
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	118
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE COMPANY			
b Name of sponsor of entity listed in (a): EXPLORER			
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1867
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE COMPANY			
b Name of sponsor of entity listed in (a): MID CAP INDEX FUND			
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2304
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE COMPANY			
b Name of sponsor of entity listed in (a): THE GROWTH FUND OF AMERICA			
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	117
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE COMPANY			
b Name of sponsor of entity listed in (a): FIDELITY CONTRAFUND			
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1066
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE COMPANY			
b Name of sponsor of entity listed in (a): EQUITY INCOME FUND			
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	7201
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE COMPANY			
b Name of sponsor of entity listed in (a): FT FUNDING ALLOCATION			
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	209
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE COMPANY			
b Name of sponsor of entity listed in (a): MONEY MARKET FUND			
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	10344
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE COMPANY			
b Name of sponsor of entity listed in (a): LEGG MASON CLEARBR AGG GROWTH			
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	61
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

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

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
ELM LOCATING AND UTILITY SERVICES 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ONE CALL LOCATORS, LTD

D Employer Identification Number (EIN)
81-0529580

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	103803	105224
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		623
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	259876	349344
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	3587707	3696585
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	3951386	4151776
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	3951386	4151776

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
	(B) Participants	2a(1)(B)	360487	
	(C) Others (including rollovers)	2a(1)(C)	117524	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		478011
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	13503	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		13503
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		488208
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		30072
d Total income. Add all **income** amounts in column (b) and enter total	2d		1009794
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	781525	
(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)		781525
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	6202	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	21677	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		27879
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		809404
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		200390
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unqualified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

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

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

(1) Name: HEINOLD-BANWART, LTD (2) EIN: 37-1196235

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
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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)

SCHEDULE R
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
ELM LOCATING AND UTILITY SERVICES 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ONE CALL LOCATORS, LTD

D Employer Identification Number (EIN)
81-0529580

Part I Distributions

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

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

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

EIN(s): 01-0233346

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

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

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

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

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

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

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

6 **a** Enter the minimum required contribution for this plan year **6a**

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ELM LOCATING & UTILITY SERVICES
401(k) PLAN

FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2010 AND 2009

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HEINOLD-BANWART, LTD.
Certified Public Accountants

Riverfront Office Center 2400 N. Main Street East Peoria, IL 61611-1795 Tel 309.694.4251 Fax 309.694.4202

INDEPENDENT AUDITORS' REPORT

To the Trustees
ELM Locating & Utility Services 401(k) Plan
Peoria, Illinois

We were engaged to audit the financial statements of **ELM Locating & Utility Services 401(k) Plan** as of December 31, 2010 and 2009, and for the years then ended and the supplemental schedule as of December 31, 2010, as listed in the accompanying table of contents. These financial statements and 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 3, which was certified by Fidelity Management Trust Company, the trustee of the Plan, and John Hancock Life Insurance Company (U.S.A.), the custodian of the Plan except for comparing the information with related information included in the financial statements and the supplemental schedule. We have been informed by the Plan administrator that Fidelity Management Trust Company held the Plan's investment assets and executed investment transactions for the period January 1, 2009, through July 14, 2009, and that John Hancock Retirement Plan Services held the Plan's investment assets and executed investment transactions as of December 31, 2009, and for the period July 15, 2009, through December 31, 2010. The Plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2010 and 2009, and from the trustee as of and for the period ended July 14, 2009, that the information provided to the Plan administrator by both the custodian and trustee is complete and accurate.

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 schedule, other than that derived from the information certified by the custodian and trustee, 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.

Heinold-Banwart, Ltd.

October 6, 2011

ELM LOCATING & UTILITY SERVICES 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2010 AND 2009

	2010	2009
ASSETS		
Cash	$ 105,224	$ 103,803
Participant directed Investments at fair value	3,696,585	3,587,707
Receivables		
Participants' contributions	623	-
Notes receivable from participants	349,344	259,876
	349,967	259,876
Total assets	4,151,776	3,951,386
LIABILITIES		
Accounts payable and other	-	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 4,151,776	$ 3,951,386

See accompanying notes.

ELM LOCATING & UTILITY SERVICES 401(k) PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2010 AND 2009

	2010	2009
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income		
Net appreciation in fair value of investments	$ 488,208	$ 755,450
Interest earnings on notes receivable from participants	13,503	15,153
Contributions		
Participants'	360,487	463,177
Rollovers from another plan	147,596	48,961
Total contributions	508,083	512,138
Total additions	1,009,794	1,282,741
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	781,525	474,344
Administrative expenses	27,879	26,999
Total deductions	809,404	501,343
NET INCREASE	200,390	781,398
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	3,951,386	3,169,988
End of year	$ 4,151,776	$ 3,951,386

See accompanying notes.

ELM LOCATING & UTILITY SERVICES 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 1. DESCRIPTION OF PLAN

The following description of the ELM Locating & Utility Services 401(k) Plan (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering substantially all employees of One Call Locators, Ltd. dba ELM Locating & Utility Services (Company) and Launchpoint Software Systems, Inc. who have attained age 18 and completed 90 days of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Participants may contribute up to 20% of their annual compensation, subject to certain Internal Revenue Code limitations. Participants may make modifications to their contributions monthly. The Company may make a discretionary match equal to a uniform percentage of the amount of an eligible employee's salary deferral. Also, the Company may make a discretionary profit sharing contribution allocated by a ratio of the employee's compensation to total compensation of all participants eligible. During 2010 and 2009, the Company elected not to contribute to the Plan.

Participant Accounts

Each participant's account is credited with the participant's contribution, the Company's contribution and an allocation of Plan earnings, and is charged with an allocation of administrative expenses. Allocations are based on the performance of the participants' individual investments. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are vested immediately in their voluntary contributions plus actual earnings thereon. Vesting in the remainder of their accounts is based on covered years of service under the elapsed time method. Under this method, a covered year of service is generally any twelve month period ending on the anniversary date of hire during which the participant was continuously employed. Participants become fully vested in employer matching and profit sharing contributions after three years of service. In addition, participants become 100% vested upon normal retirement age, death or disability.

Payment of Benefits

On termination of service, death, retirement, or disability, a participant's vested account balance may be distributed in a lump sum payment. In-service distributions are allowed for individuals attaining the age of 59 1/2.

Notes Receivable from Participants

Participants may borrow from their account a minimum of $1,000 up to a maximum amount equal to the lesser of 50% of their vested account balance or $50,000, reduced by their highest outstanding loan balance during the prior twelve month period. The loans are secured by the participant's vested account balance and bear a fixed and reasonable rate of interest, as determined by the Plan Administrator. Repayment terms are for no longer than 5 years; however, the period of repayment may be extended if the loan is used to purchase a principal residence. Payments are through payroll deductions, and the loan is due on demand or when a participant terminates.

Forfeited Accounts

Forfeited non-vested accounts may be used to pay Plan expenses, reallocated to restore participant accounts, or used to reduce future employer contributions based on provisions of the Plan. For the years ended December 31, 2010 and 2009, forfeited non-vested accounts amounted to $105,224 and $103,803 respectively. During 2010, $1,231 of forfeitures was used to pay Plan expenses. During 2009, $1,875 of forfeitures was used to pay Plan expenses.

Plan Termination

Although it has not expressed any intent to do so, the Company has the right to terminate the Plan, subject to the provisions of ERISA. In the event of Plan termination, participants are 100 percent vested in their accounts.

Partial Plan Termination

The Plan experienced a partial plan termination during 2010. All participants terminated during 2010 became 100 percent vested in their accounts.

Administrative Expenses

The Plan incurs and pays most administrative costs including trustee and record keeping fees.

Rollovers

The Plan permits rollover contributions. Included in rollover contributions for the year ended December 31, 2010 were $30,072 of notes receivable from participants rolled into the Plan.

Tax Status

During 2009, the Plan changed trustees. Due to this change, a new Plan document was adopted October 1, 2009. The Plan obtained its latest determination letter on March 31, 2008, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2007.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared on the accrual method of accounting.

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the use of estimates based on management's knowledge and experience. Due to their prospective nature, actual results could differ from those estimates.

Investment Valuation

The Plan changed custodians for their investments during 2009. As of July 15, 2009, the Plan entered into deposit contracts with John Hancock Retirement Plan Services. The Plan had a deposit contract with Fidelity Management Trust Company through July 14, 2009. As directed by the participants, the funds are invested in money market, mutual funds, and pooled separate accounts. Money market, mutual funds, and pooled separate account deposits are stated at fair value as determined by the trustee and custodian based on quoted market prices. See Note 9 for discussion of fair value measurements.

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. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

Benefit Payments

Benefits are recorded when paid.

Change in Method of Accounting for Loans to Participants

In September 2010, the FASB issued ASU No. 2010-25, *Plan Accounting—Defined Contribution Pension Plans (Topic 962): Reporting Loans to Participants by Defined Contribution Pension Plans.* ASU 2010-25 requires participant loans to be classified as notes receivable from participants and measured at their unpaid principal balances plus any accrued but unpaid interest. ASU No. 2010-25 is effective for years ending after December 15, 2010, with early adoption permitted. The Plan adopted ASU No. 2010-25 for the year ended December 31, 2010, and comparative financial statements of prior years have been adjusted to apply the new method retrospectively. The effect of adopting this change in accounting principle resulted in a reclassification in the Statement of Net Assets Available for Benefits to report loans to participants as a receivable rather than as investments. There was no change in the valuation of the loans to participants for either year presented and no effect on the Statement of Changes in Net Assets Available for Benefits with the exception of presenting participant loan interest income separately from investment income. Additionally, loans to participants are still considered an investment for ERISA purposes and thus are included in the supplementary schedule accompanying these financial statements.

Subsequent Events

The Plan has evaluated subsequent events through October 6, 2011, the date which the financial statements were available to be issued.

NOTE 3. INFORMATION PREPARED AND CERTIFIED BY THE CUSTODIAN

The following information included in the financial statements was obtained from data that has been prepared and certified as complete and accurate by the custodian:

	2010	2009
Cash	$ 105,224	$ 103,803
Investments at fair value	3,696,585	3,587,707
Notes receivable from participants	349,344	259,876
Net appreciation in fair value of investments	488,208	755,450
Interest earnings on notes receivable from participants	13,503	15,153

NOTE 4. NET ASSETS AVAILABLE FOR BENEFITS

Net assets available for benefits consist of the following as of December 31, 2010 and 2009:

	2010	2009
Current participants	$2,790,655	$3,114,137
Forfeited accounts	105,224	103,803
Former participants – vested	1,255,897	733,446
	$4,151,776	$3,951,386

NOTE 5. INVESTMENTS

The following presents investments certified by John Hancock Retirement Plan Services that represent 5% or more of the Plan's net assets:

	2010	2009
John Hancock Lifecycle 2020	$ 529,827	$ 465,316
John Hancock Lifecycle 2025	705,637	764,586
John Hancock Lifecycle 2030	565,331	577,195
John Hancock Lifecycle 2035	368,844	418,677
John Hancock Lifecycle 2040	498,796	492,858
John Hancock Lifecycle 2045	593,484	596,517

NOTE 6. TRANSACTIONS WITH PARTIES-IN-INTEREST

The Plan's transactions with parties-in-interest during the years ended December 31, 2010 and 2009, were as follows:

Party-in-interest	Description of Transactions	Amount
Fidelity Management Trust Company	Former Plan trustee and investment manager	Investment management fees for 2009 of $15,727.
Howard Simon & Associates	Third party administrator	Plan administration fees of $21,677 and $10,204 during 2010 and 2009, respectively.
John Hancock Retirement Plan Services	Plan custodian and investment manager	Investment management fees of $6,202 and $1,068 during 2010 and 2009, respectively.
One Call Locators, Ltd. dba ELM Locating & Utility Services	Plan sponsor	Employer elected not to contribute during 2010 and 2009.

NOTE 7. RISKS AND UNCERTAINTIES

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

NOTE 8. DELINQUENT PARTCIPANT CONTRIBUTIONS

Participant contributions are required to be deposited with the Plan on the earliest date on which they can reasonably be segregated from the employer's general assets, but no later than the 15th day of the month following the month in which the amounts are received or withheld by the employer. Failure to remit or untimely remittance of participant contributions constitutes a prohibited use of Plan assets in violation of section 406(a)(1)(D) of ERISA, regardless of materiality. During 2009, the Plan sponsor failed to remit $279,572 of contributions in a timely manner. While the Plan sponsor deposited all participant contributions, these contributions were deposited after the 15th day of the month following the month they were withheld from the participant. The sponsor will correct this matter by making an additional contribution to the Plan in accordance with ERISA regulations. The amount of the additional contribution has not been determined but management expects the amount will not be material to the financial statements.

NOTE 9. FAIR VALUE MEASUREMENTS

The Fair Value Measurements and Disclosures Topic of the FASB Accounting Standards Codification (FASB ASC Topic 820) establish a framework for measuring fair value. That framework 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 measurement) and the lowest priority to unobservable inputs (Level 3 measurement). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- 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.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2010, from prior year.

Money market and mutual funds: Valued daily based on the number of shares of the respective underlying fund multiplied by the closing net asset value per share quoted by the fund.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010:

Investments at Fair Value	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Pooled separate accounts				
Conservative funds	$ 10,344	$ 10,344	$ -	$ -
Lifestyle funds	57,229	57,229	-	-
Growth funds	18,319	18,319	-	-
Growth & income funds	21,097	21,097	-	-
Income funds	46,740	46,740	-	-
Aggressive growth funds	21,350	21,350	-	-
Target retirement funds	3,521,506	3,521,506	-	-
Total investments at fair value	$ 3,696,585	$ 3,696,585	$ -	$ -

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009:

Investments at Fair Value	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Pooled separate accounts				
Lifestyle funds	$ 2,940	$ 2,940	$ -	$ -
Growth funds	6,390	6,390	-	-
Growth & income funds	19,029	19,029	-	-
Income funds	23,213	23,213	-	-
Aggressive growth funds	14,491	14,491	-	-
Target retirement funds	3,521,644	3,521,644	-	-
Total investments at fair value	$ 3,587,707	$ 3,587,707	$ -	$ -

SUPPLEMENTARY INFORMATION

ELM LOCATING & UTILITY SERVICES 401(k) PLAN
SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2010
F.E.I.N. 84-1086511 Plan No. 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value		(d) Cost	(e) Current Value
*	John Hancock Retirement Plan Services				
		Pooled Separate Accounts	Units		
		PIMCO Total Return	1,135.290792	$ 22,382	$ 24,394
		Short-Term Federal	1,111.619421	22,098	22,346
		Retirement Living 2010	12,845.206968	115,597	143,829
		Retirement Living 2015	10,514.965321	88,790	115,758
		Retirement Living 2020	48,653.734506	400,059	529,827
		Retirement Living 2025	66,078.173661	535,588	705,637
		Retirement Living 2030	53,453.077668	419,149	565,331
		Retirement Living 2035	34,585.882671	276,162	368,844
		Retirement Living 2040	46,823.932123	380,921	498,796
		Retirement Living 2045	55,717.797512	444,660	593,484
		Investment Company of America	135.841412	4,269	5,033
		Ivy Asset Strategy Fund	30.743436	657	751
		BlackRock Global Allocation	379.779646	6,838	7,903
		Lifestyle Conservative	40.957776	1,346	1,585
		Oppenheimer Global	188.388858	7,058	7,858
		Lifestyle Growth	1,052.928643	32,291	34,957
		New Perspective Fund	27.758789	801	897
		Capital World Growth & Income	59.411352	2,021	2,262
		Lifestyle Aggressive	412.867330	10,806	12,531
		New World Fund	104.970773	5,107	5,941
		Thronburg International Value	60.161021	1,488	1,699
		Jennison 20/20 Focus Fund	651.084275	8,877	10,560
		Mid Value Fund	154.428540	2,119	2,544
		Small Cap Value Fund	44.295367	983	1,271
		DFA U.S. Small Cap Fund	45.770491	812	1,104
		Lifestyle Moderate	39.761143	1,313	1,460
		Lifestlye Balanced	191.227171	5,980	6,696
		Money Market	830.592318	10,403	10,344
		FT Funding Allocation	17.732088	191	209
		Equity Income Fund	228.304457	6,640	7,201
		Fidelity ContraFund	7.177362	937	1,066
		Growth Fund of America	3.462710	103	117
		Mid Cap Index Fund	94.948714	2,087	2,304
		Legg Mason AGG Growth	1.248720	55	61
		Explorer	20.170942	1,660	1,867
		American Century Vista	3.150952	101	118
*	Participant Loans	3.25% - 6.25%		-	349,344
					$ 4,045,929

* Indicates party-in-interest.

ELM LOCATING & UTILITY SERVICES 401(k) PLAN
SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2010
F.E.I.N. 84-1086511 Plan No. 001

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