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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), 6057(b), 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               |
|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                    | <b>2011</b>                                   |
|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                    | <b>This Form is Open to Public Inspection</b> |

|                                                                                                          |                                                                                                                                                                                                                                                      |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                      |
| For calendar plan year 2011 or fiscal plan year beginning <u>10/01/2011</u> and ending <u>09/30/2012</u> |                                                                                                                                                                                                                                                      |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or<br><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;<br><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 type="checkbox"/>                                                                                                                                                                                                                             |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                            |

|                                                                                                                                                                                                                          |                                                                                                                                                                                                   |
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| <b>Part II</b>                                                                                                                                                                                                           | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                    |
| <b>1a</b> Name of plan<br><u>EGS ELECTRICAL GROUP, LLC PENSION PLAN FOR HOURLY EMPLOYEES</u>                                                                                                                             | <b>1b</b> Three-digit plan number (PN) ► <u>002</u><br><b>1c</b> Effective date of plan <u>09/15/1997</u>                                                                                         |
| <b>2a</b> Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)<br><br><u>EGS ELECTRICAL GROUP, LLC</u><br><br><u>9377 W HIGGINS ROAD</u><br><u>ROSEMONT, IL 60018</u> | <b>2b</b> Employer Identification Number (EIN)<br><u>36-4178995</u><br><b>2c</b> Sponsor's telephone number<br><u>847-268-6000</u><br><b>2d</b> Business code (see instructions)<br><u>335310</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> | <u>Filed with authorized/valid electronic signature.</u> | <u>07/15/2013</u> | <u>KEITH FOCKING</u>                                         |
|                  | 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                      |

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2011)  
v.012611

|                                                                                                                                                                       |                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same")<br>EGS ELECTRICAL GROUP, LLC<br><br>9377 W HIGGINS ROAD<br>ROSEMONT, IL 60018 | <b>3b</b> Administrator's EIN<br>36-4178995<br><br><b>3c</b> Administrator's telephone number<br>847-268-6000 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                       |                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <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> | 770 |
|-------------------------------------------------------------------------|----------|-----|

|                                                                                                                                                        |           |     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|
| <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> | 252 |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                     | <b>6b</b> | 80  |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                      | <b>6c</b> | 454 |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                               | <b>6d</b> | 786 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                              | <b>6e</b> | 6   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                | <b>6f</b> | 792 |
| <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> |     |
| <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> | 12  |

|                                                                                                                                      |          |  |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|--|
| <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:

1B 1D 1G

**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 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 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)

**a Pension Schedules**

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

**b General Schedules**

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

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
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| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><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>Single-Employer Defined Benefit Plan</b><br><b>Actuarial 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 6059 of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2011</b><br><br><b>This Form is Open to Public Inspection</b> |
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For calendar plan year 2011 or fiscal plan year beginning 10/01/2011 and ending 09/30/2012

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>EGS ELECTRICAL GROUP, LLC PENSION PLAN FOR HOURLY EMPLOYEES</u>                                               | <b>B</b> Three-digit plan number (PN) ▶ <u>002</u>                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>EGS ELECTRICAL GROUP, LLC</u>                              | <b>D</b> Employer Identification Number (EIN)<br><u>36-4178995</u>                                                                                      |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|               |                                                                                                                                                                                                                  |
|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Basic Information</b>                                                                                                                                                                                         |
| <b>1</b>      | Enter the valuation date: Month <u>10</u> Day <u>01</u> Year <u>2011</u>                                                                                                                                         |
| <b>2</b>      | Assets:                                                                                                                                                                                                          |
| <b>a</b>      | Market value ..... <b>2a</b> <u>4551757</u>                                                                                                                                                                      |
| <b>b</b>      | Actuarial value ..... <b>2b</b> <u>4623905</u>                                                                                                                                                                   |
| <b>3</b>      | Funding target/participant count breakdown:                                                                                                                                                                      |
|               | (1) Number of participants (2) Funding Target                                                                                                                                                                    |
| <b>a</b>      | For retired participants and beneficiaries receiving payment ..... <b>3a</b> <u>77</u> <u>895896</u>                                                                                                             |
| <b>b</b>      | For terminated vested participants ..... <b>3b</b> <u>452</u> <u>2450426</u>                                                                                                                                     |
| <b>c</b>      | For active participants:                                                                                                                                                                                         |
| (1)           | Non-vested benefits ..... <b>3c(1)</b> <u>110513</u>                                                                                                                                                             |
| (2)           | Vested benefits ..... <b>3c(2)</b> <u>1403379</u>                                                                                                                                                                |
| (3)           | Total active ..... <b>3c(3)</b> <u>241</u> <u>1513892</u>                                                                                                                                                        |
| <b>d</b>      | Total ..... <b>3d</b> <u>770</u> <u>4860214</u>                                                                                                                                                                  |
| <b>4</b>      | If the plan is in at-risk status, check the box and complete lines (a) and (b) ..... <input type="checkbox"/>                                                                                                    |
| <b>a</b>      | Funding target disregarding prescribed at-risk assumptions ..... <b>4a</b>                                                                                                                                       |
| <b>b</b>      | Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... <b>4b</b> |
| <b>5</b>      | Effective interest rate ..... <b>5</b> <u>5.89 %</u>                                                                                                                                                             |
| <b>6</b>      | Target normal cost ..... <b>6</b> <u>154070</u>                                                                                                                                                                  |

**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

|                                                                       |                                        |
|-----------------------------------------------------------------------|----------------------------------------|
| <b>SIGN HERE</b>                                                      | <u>07/02/2013</u>                      |
| Signature of actuary                                                  | Date                                   |
| <u>RANDALL K. LYNN</u>                                                | <u>11-03145</u>                        |
| Type or print name of actuary                                         | Most recent enrollment number          |
| <u>TOWERS WATSON PENNSYLVANIA, INC.</u>                               | <u>314-719-5000</u>                    |
| Firm name                                                             | Telephone number (including area code) |
| <u>101 SOUTH HANLEY, SUITE 900</u><br><u>ST. LOUIS, MO 63105-3411</u> |                                        |
| Address of the firm                                                   |                                        |

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

**For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.**

**Schedule SB (Form 5500) 2011**  
**v.012611**

| <b>Part II Beginning of year carryover and prefunding balances</b>                                                                |                       |                        |
|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
|                                                                                                                                   | (a) Carryover balance | (b) Prefunding balance |
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                          | 501680                | 0                      |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                       | 69000                 | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                             | 432680                | 0                      |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>3.11</u> % .....                                              | 13456                 | 0                      |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                    |                       |                        |
| <b>a</b> Present value of excess contributions (line 38 from prior year) .....                                                    |                       | 401597                 |
| <b>b</b> Interest on (a) using prior year's effective rate of <u>6.56</u> % except as otherwise provided (see instructions) ..... |                       | 23964                  |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                     |                       | 425561                 |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                   |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                 | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                      | 446136                | 0                      |

| <b>Part III Funding percentages</b>                                                                                                                                        |           |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 85.95 %  |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 85.95 %  |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 100.96 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %        |

| <b>Part IV Contributions and liquidity shortfalls</b>                                    |                                   |                                 |                          |                                   |                                 |
|------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)                                                                 | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 01/15/2013                                                                               | 66000                             | 0                               |                          |                                   |                                 |
| 06/14/2013                                                                               | 180000                            | 0                               |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 | <b>Totals ►</b>          | <b>18(b)</b>                      | 246000                          |
|                                                                                          |                                   |                                 |                          | <b>18(c)</b>                      |                                 |

|                                                                                                                                                                                        |            |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------|
| <b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:                                                   |            |         |
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                                                                                   | <b>19a</b> | 0       |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                                                                                     | <b>19b</b> | 0       |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....                                                                | <b>19c</b> | 224601  |
| <b>20</b> Quarterly contributions and liquidity shortfalls:                                                                                                                            |            |         |
| <b>a</b> Did the plan have a "funding shortfall" for the prior year? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                         |            |         |
| <b>b</b> If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |            |         |
| <b>c</b> If 20a is "Yes," see instructions and complete the following table as applicable:                                                                                             |            |         |
| Liquidity shortfall as of end of quarter of this plan year                                                                                                                             |            |         |
| (1) 1st                                                                                                                                                                                | (2) 2nd    | (3) 3rd |
| 0                                                                                                                                                                                      | 0          | 0       |
|                                                                                                                                                                                        |            | (4) 4th |
|                                                                                                                                                                                        |            | 0       |

**Part V Assumptions used to determine funding target and target normal cost**

|                                                                                                                                                                                              |                       |                       |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                       |                       |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>2.27% | 2nd segment:<br>5.43% | 3rd segment:<br>6.34 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                                                                                                                                 |                       |                       |                        | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                       |                       |                        | <b>22</b> 61                                        |
| <b>23</b> Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                       |                       |                        |                                                     |

**Part VI Miscellaneous items**

|                                                                                                                                                                        |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....                             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>27</b> If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....                   | <b>27</b>                                                           |

**Part VII Reconciliation of unpaid minimum required contributions for prior years**

|                                                                                                                                     |           |   |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                           | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                   | <b>30</b> | 0 |

**Part VIII Minimum required contribution for current year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6) .....                                                                                                                                           | <b>31a</b>          | 154070             |               |
| <b>b</b> Excess assets, if applicable, but not greater than 31a .....                                                                                                                | <b>31b</b>          |                    |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 0                   | 0                  |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...                                                            | <b>34</b>           | 154070             |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                                |                     |                    |               |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>           | 154070             |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>           | 224601             |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          | 173839             |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 173839             |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years.....                                                                                                                   | <b>40</b>           |                    |               |

**Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)**

|                                                                                                                 |                                                                                                                         |  |  |
|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>41</b> If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule: |                                                                                                                         |  |  |
| <b>a</b> Schedule elected .....                                                                                 | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |  |  |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made .....                                | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |  |  |
| <b>42</b> Amount of acceleration adjustment .....                                                               | <b>42</b>                                                                                                               |  |  |
| <b>43</b> Excess installment acceleration amount to be carried over to future plan years .....                  | <b>43</b>                                                                                                               |  |  |

|                                                                                                                                                                                                           |                                                                                                                                                                                                                              |                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan 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> | OMB No. 1210-0110<br><br><b>2011</b><br><br><b>This Form is Open to Public Inspection.</b> |
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For calendar plan year 2011 or fiscal plan year beginning 10/01/2011 and ending 09/30/2012

|                                                                                                          |                                                                            |            |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><u>EGS ELECTRICAL GROUP, LLC PENSION PLAN FOR HOURLY EMPLOYEES</u>              | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span> | <u>002</u> |
|                                                                                                          |                                                                            |            |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>EGS ELECTRICAL GROUP, LLC</u> | <b>D</b> Employer Identification Number (EIN)<br><u>36-4178995</u>         |            |

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SHORT TERM INVESTMENT FUND

**b** Name of sponsor of entity listed in (a): THE NORTHERN TRUST COMPANY

|                                       |                               |                                                                                                                                                    |
|---------------------------------------|-------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <u>36-6036794-001</u> | <b>d</b> Entity code <u>M</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>9184</u></span> |
|---------------------------------------|-------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: GOVERNMENT SHORT TERM INVEST FUND

**b** Name of sponsor of entity listed in (a): THE NORTHERN TRUST COMPANY

|                                       |                               |                                                                                                                                                       |
|---------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <u>36-6036794-005</u> | <b>d</b> Entity code <u>M</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>2064119</u></span> |
|---------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: EQUITY INDEX FINANCIAL FUTURES FUND

**b** Name of sponsor of entity listed in (a): THE NORTHERN TRUST COMPANY

|                                       |                               |                                                                                                                                                       |
|---------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <u>36-6036794-002</u> | <b>d</b> Entity code <u>M</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>3133089</u></span> |
|---------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|

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

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

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

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

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

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

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

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

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

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

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

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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

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

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

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

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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <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> | OMB No. 1210-0110<br><br><b>2011</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2011 or fiscal plan year beginning <u>10/01/2011</u> and ending <u>09/30/2012</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><u>EGS ELECTRICAL GROUP, LLC PENSION PLAN FOR HOURLY EMPLOYEES</u>                                                                                                                                                                              |                                                                                                                                                                                                                                                                              | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span> <u>002</u>     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>EGS ELECTRICAL GROUP, LLC</u>                                                                                                                                                                        |                                                                                                                                                                                                                                                                              | <b>D</b> Employer Identification Number (EIN)<br><br><u>36-4178995</u>                    |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement                                                               |                 | (a) Beginning of Year | (b) End of Year |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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. |                                                                                             |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Assets</b>                                                                               |                 |                       |                 |
| <b>a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Total noninterest-bearing cash .....                                                        | <b>1a</b>       |                       |                 |
| <b>b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Receivables (less allowance for doubtful accounts):                                         |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (1) Employer contributions .....                                                            | <b>1b(1)</b>    | 462215                | 246000          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (2) Participant contributions .....                                                         | <b>1b(2)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (3) Other .....                                                                             | <b>1b(3)</b>    | 1                     | 1               |
| <b>c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | General investments:                                                                        |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (1) Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (2) U.S. Government securities .....                                                        | <b>1c(2)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (3) Corporate debt instruments (other than employer securities):                            |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (A) Preferred .....                                                                         | <b>1c(3)(A)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (B) All other .....                                                                         | <b>1c(3)(B)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (4) Corporate stocks (other than employer securities):                                      |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (A) Preferred .....                                                                         | <b>1c(4)(A)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (B) Common .....                                                                            | <b>1c(4)(B)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (5) Partnership/joint venture interests .....                                               | <b>1c(5)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (6) Real estate (other than employer real property) .....                                   | <b>1c(6)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (7) Loans (other than to participants) .....                                                | <b>1c(7)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (8) Participant loans .....                                                                 | <b>1c(8)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (9) Value of interest in common/collective trusts .....                                     | <b>1c(9)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (10) Value of interest in pooled separate accounts .....                                    | <b>1c(10)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (11) Value of interest in master trust investment accounts .....                            | <b>1c(11)</b>   | 4104670               | 5206392         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (12) Value of interest in 103-12 investment entities .....                                  | <b>1c(12)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (13) Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (14) Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (15) 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>    | 4566886               | 5452393         |

**Liabilities**

|                                                                           |           |     |     |
|---------------------------------------------------------------------------|-----------|-----|-----|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |     |     |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |     |     |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |     |     |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> | 222 | 222 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 222 | 222 |

**Net Assets**

|                                                           |           |         |         |
|-----------------------------------------------------------|-----------|---------|---------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 4566664 | 5452171 |
|-----------------------------------------------------------|-----------|---------|---------|

**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> | 246000     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <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>    |            | 246000    |

**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> | 30161 |       |
| <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> |       |       |
| <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> |       | 30161 |

|                                                                                           |                 |       |       |
|-------------------------------------------------------------------------------------------|-----------------|-------|-------|
| (2) Dividends: <b>(A)</b> Preferred stock .....                                           | <b>2b(2)(A)</b> |       |       |
| <b>(B)</b> Common stock .....                                                             | <b>2b(2)(B)</b> | 55308 |       |
| <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> |       | 55308 |

|                 |              |  |  |
|-----------------|--------------|--|--|
| (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> |  |  |

|                                                                                                   |                 | (a) Amount | (b) Total |
|---------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>2b</b> (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....              | <b>2b(5)(A)</b> | 607474     |           |
| (B) Other .....                                                                                   | <b>2b(5)(B)</b> |            |           |
| (C) Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....    | <b>2b(5)(C)</b> |            | 607474    |
| (6) Net investment gain (loss) from common/collective trusts .....                                | <b>2b(6)</b>    |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                                | <b>2b(7)</b>    |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                        | <b>2b(8)</b>    |            | 39171     |
| (9) Net investment gain (loss) from 103-12 investment entities .....                              | <b>2b(9)</b>    |            |           |
| (10) Net investment gain (loss) from registered investment<br>companies (e.g., mutual funds)..... | <b>2b(10)</b>   |            |           |
| <b>c</b> Other income.....                                                                        | <b>2c</b>       |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....           | <b>2d</b>       |            | 978114    |

**Expenses**

|                                                                                            |              |       |       |
|--------------------------------------------------------------------------------------------|--------------|-------|-------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |              |       |       |
| (1) Directly to participants or beneficiaries, including direct rollovers .....            | <b>2e(1)</b> | 92473 |       |
| (2) To insurance carriers for the provision of benefits .....                              | <b>2e(2)</b> |       |       |
| (3) Other .....                                                                            | <b>2e(3)</b> |       |       |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                | <b>2e(4)</b> |       | 92473 |
| <b>f</b> Corrective distributions (see instructions) .....                                 | <b>2f</b>    |       |       |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | <b>2g</b>    |       |       |
| <b>h</b> Interest expense.....                                                             | <b>2h</b>    |       |       |
| <b>i</b> Administrative expenses: (1) Professional fees .....                              | <b>2i(1)</b> |       |       |
| (2) Contract administrator fees .....                                                      | <b>2i(2)</b> |       |       |
| (3) Investment advisory and management fees .....                                          | <b>2i(3)</b> |       |       |
| (4) Other .....                                                                            | <b>2i(4)</b> | 134   |       |
| (5) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....         | <b>2i(5)</b> |       | 134   |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>    |       | 92607 |

**Net Income and Reconciliation**

|                                                                               |              |  |        |
|-------------------------------------------------------------------------------|--------------|--|--------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 885507 |
| <b>l</b> Transfers of assets:                                                 |              |  |        |
| (1) To this plan.....                                                         | <b>2l(1)</b> |  |        |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  |        |

**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: **KPMG LLC** (2) EIN: **13-5565207**

**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   |    | 50000000 |
| <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.).....                                                                                                                                                                                     |     |    |          |
| <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. ....                                                                                                                        |     |    |          |
| <b>4n</b>                                                                                                                                                                                                                                                                                                       |     |    |          |

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

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><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>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2011</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2011 or fiscal plan year beginning 10/01/2011 and ending 09/30/2012

|                                                                                                   |                                                                    |
|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>EGS ELECTRICAL GROUP, LLC PENSION PLAN FOR HOURLY EMPLOYEES</u>       | <b>B</b> Three-digit plan number (PN) ▶<br><u>002</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>EGS ELECTRICAL GROUP, LLC</u> | <b>D</b> Employer Identification Number (EIN)<br><u>36-4178995</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                                                                                                   |                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                                                                             | <b>1</b>          |
| <b>2</b> 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):<br><br>EIN(s): <u>36-1561860</u><br><br><b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b> |                   |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                                                                                                   | <b>3</b> <u>0</u> |

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

|                                                                                                                                                                                                                                                                                                                                                                           |                              |                                        |                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|-----------------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....                                                                                                                                                                                                                                                       | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <b>If the plan is a defined benefit plan, go to line 8.</b>                                                                                                                                                                                                                                                                                                               |                              |                                        |                                         |
| <b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____<br><b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b> |                              |                                        |                                         |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                                            | <b>6a</b>                    |                                        |                                         |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                                | <b>6b</b>                    |                                        |                                         |
| <b>c</b> 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).....                                                                                                                                                                                                                           | <b>6c</b>                    |                                        |                                         |
| <b>If you completed line 6c, skip lines 8 and 9.</b>                                                                                                                                                                                                                                                                                                                      |                              |                                        |                                         |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A            |
| <b>8</b> If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....                                                                                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No            | <input checked="" type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|
| <b>9</b> If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input checked="" type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                             |                              |                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.)..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                              | <input type="checkbox"/> Yes | <input type="checkbox"/> 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): \_\_\_\_\_

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

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 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:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                               | <b>16a</b> |  |
| <b>b</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 ..... | <b>16b</b> |  |

- 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): \_\_\_\_\_



**EGS ELECTRICAL GROUP LLC PENSION PLAN  
FOR HOURLY EMPLOYEES**

Financial Statements and Supplemental Schedules

September 30, 2012 and 2011

(With Independent Auditors' Report Thereon)

**EGS ELECTRICAL GROUP LLC PENSION PLAN  
FOR HOURLY EMPLOYEES**

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KPMG LLP  
Aon Center  
Suite 5500  
200 East Randolph Drive  
Chicago, IL 60601-6436

## **Independent Auditors' Report**

The Benefits Committee  
EGS Electrical Group LLC Pension Plan  
for Hourly Employees:

### **Report on the Financial Statements**

We were engaged to audit the accompanying financial statements and supplemental schedule of the EGS Electrical Group LLC Pension Plan for Bargaining Unit Employees (the Plan), which comprise the statements of net assets available for benefits as of September 30, 2012 and 2011, and the related statements of changes in net assets available for benefits for the years ended September 30, 2012 and 2011, and the related notes to the financial statements.

### **Management's Responsibility for the Financial Statements**

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### **Auditors' Responsibility**

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

### **Basis for Disclaimer of Opinion**

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in note 8 to the financial statements, which was certified by Northern Trust, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of September 30, 2012 and 2011, and for the year ended September 30, 2012 and 2011, that the information provided to the plan administrator by the trustee is complete and accurate.

### **Disclaimer of Opinion**

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



#### **Other Matters**

The supplemental schedules as of or for the year ended September 30, 2012 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on these supplemental schedules.

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

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

**KPMG LLP**

July 12, 2013

**EGS ELECTRICAL GROUP LLC PENSION PLAN  
FOR HOURLY EMPLOYEES**

Statements of Net Assets Available for Benefits

September 30, 2012 and 2011

|                                   | <u>2012</u>         | <u>2011</u>      |
|-----------------------------------|---------------------|------------------|
| Assets:                           |                     |                  |
| Investments, at fair value        | \$ 5,206,392        | 4,104,670        |
| Contributions receivable          | 246,000             | 462,215          |
| Interest income receivable        | <u>1</u>            | <u>1</u>         |
| Total assets                      | 5,452,393           | 4,566,886        |
| Liabilities:                      |                     |                  |
| Due to affiliated plans           | <u>(222)</u>        | <u>(222)</u>     |
| Net assets available for benefits | <u>\$ 5,452,171</u> | <u>4,566,664</u> |

See accompanying notes to financial statements.

**EGS ELECTRICAL GROUP LLC PENSION PLAN  
FOR HOURLY EMPLOYEES**

Statements of Changes in Net Assets Available for Benefits

Years ended September 30, 2012 and 2011

|                                                      | <u>2012</u>         | <u>2011</u>      |
|------------------------------------------------------|---------------------|------------------|
| Changes in net assets available for benefits:        |                     |                  |
| Additions:                                           |                     |                  |
| Investment income:                                   |                     |                  |
| Realized gains                                       | \$ 39,171           | 27,142           |
| Unrealized gains                                     | 607,474             | 7,332            |
| Interest and dividend income                         | 85,469              | 80,279           |
| Total investment income                              | 732,114             | 114,753          |
| Employer contributions                               | 246,000             | 588,215          |
| Total additions                                      | 978,114             | 702,968          |
| Deductions:                                          |                     |                  |
| Northern Trust sweep fee                             | (134)               | (17)             |
| Benefits paid directly to participants               | (92,473)            | (72,878)         |
| Net increase                                         | 885,507             | 630,073          |
| Net assets available for benefits, beginning of year | 4,566,664           | 3,936,591        |
| Net assets available for benefits, end of year       | \$ <u>5,452,171</u> | <u>4,566,664</u> |

See accompanying notes to financial statements.

**EGS ELECTRICAL GROUP LLC PENSION PLAN  
FOR HOURLY EMPLOYEES**

Notes to Financial Statements

September 30, 2012 and 2011

**(1) Description of Plan**

The following brief description of the EGS Electrical Group LLC Pension Plan for Hourly Employees (the Plan) is provided for general information purposes only. Participants should refer to the plan document for a more complete description of the Plan's provisions.

**(a) General**

The Plan is a noncontributory defined benefit-plan covering all EGS Electrical Group LLC hourly employees. EGS Electrical Group LLC (the Company or Sponsor) contributes such amounts as are necessary on an actuarially determined basis to provide the Plan with assets sufficient to meet the benefits to be paid to plan participants. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan was amended to update for final regulations under, and to clarify the actuarial factors used in determining the Plan's compliance with, Section 415 of the Internal Revenue Code of 1986 (the Code). The Plan was also amended on October 1, 2007 to increase the benefit multiplier to \$14.00 for years of credited service on or after October 1, 2004 and to reflect the addition of the Houston, Texas location.

**(b) Vesting**

Participants' vested portion of benefits is based on their years of credited service up to their termination of employment. Participants become 100% vested after 5 years of continuous service or at age 65, whichever occurs first.

**(c) Pension Benefits**

Vested employees are entitled to monthly pension benefits beginning at normal retirement age (65), which is calculated as the number of years of credited service multiplied by the benefit rate applicable to the subsidiary/division of the Company that employs the participant. Benefit rates range from \$6 to \$17. Employees who participated in a prior plan sponsored by the Company will have benefits payable under this plan reduced by amounts payable under the prior plan. Due to changes in the law, effective March 28, 2005, the cash-out provisions of the Plan have been revised to require a lump-sum cash-out over \$1,000 of a participant's vested benefit be transferred to an individual retirement account or annuity (an IRA) if the participant has not reached the later of age 62 or his/her normal retirement age and the participant fails to timely consent to payment or select an IRA or another eligible retirement plan into which to roll the distribution. The normal retirement benefit for married participants is a reduced benefit payable to the participant during his or her lifetime, with 50% of such benefit payable to the surviving spouse. Married participants may also elect benefits to be payable in a reduced amount, with 67%, 75%, or 100% of such benefits being payable to a surviving spouse. The Plan permits early retirement after attaining age 55 and completing 10 years of service.

**EGS ELECTRICAL GROUP LLC PENSION PLAN  
FOR HOURLY EMPLOYEES**

Notes to Financial Statements

September 30, 2012 and 2011

**(d) Disability Benefits**

Employees who become totally disabled generally receive annual disability benefits that are equal to the normal retirement benefits the employee has accumulated as of the time they become disabled, reduced by any workers' compensation or other state disability benefits paid to the participant. Disability benefits are paid based on the disability provisions, if applicable for the following separate documents comprising the Pension Plan: Sola Electric, Heavy Duty Lake Geneva, O-Z/Gedney La Grange, Appleton Electric Division, Appleton Electric Division, Chicago, and Appleton Electric Division, Stephenville.

**(2) Summary of Significant Accounting Policies**

**(a) Basis of Presentation**

The accompanying financial statements have been prepared on the accrual basis of accounting.

**(b) Investments**

Investments are stated at fair value. Securities traded on a national securities exchange are valued at the last reported sale price on the last business day of the fiscal year. Purchases and sales of securities are reflected on the trade dates. Realized gains and losses on sales of securities are based on the average cost of the securities and are included in investment income. 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.

**(c) Payments of Benefits**

Benefit payments are recorded upon distribution.

**(d) Use of Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities at the date of the financial statements and the actuarial present value of accumulated plan benefits over the reporting period. Actual results could differ from those estimates.

**(e) 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 the amounts reported in the statements of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions

**EGS ELECTRICAL GROUP LLC PENSION PLAN  
FOR HOURLY EMPLOYEES**

Notes to Financial Statements

September 30, 2012 and 2011

process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

**(f) Subsequent Events**

The Plan has evaluated subsequent events through July 12, 2013 the date the financial statements were available to be issued. No adjustments or additional disclosure deemed necessary.

**(3) Plan Termination**

While the Company has not expressed any intent to terminate the Plan or to discontinue contributions, it is free to do so at any time, subject to the provisions set forth by ERISA. Should the Plan be terminated at some future time, all participants become 100% vested in benefits earned as of the termination date.

Pursuant to ERISA requirements, if a termination is the result of the bankruptcy or near bankruptcy of the Sponsor and the Plan's assets are not adequate to pay all benefits vested prior to the termination, the Pension Benefit Guaranty Corporation (PBGC) will take over the Plan and will pay those benefits that it guarantees. In this case, some participants may receive a smaller benefit than if the Plan had continued. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits (as described in the plan document) and the level of benefits guaranteed by the PBGC at that time.

If, however, the Plan is terminated for any reason other than the bankruptcy or near bankruptcy of the Sponsor and the Plan has insufficient assets, the Sponsor will be required to pay to the Plan an amount, which together with plan assets will satisfy all benefits accumulated to the date of the plan termination.

**(4) Fair Value Measurements**

Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*, 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 (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described below:

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

Level 2      Inputs to the valuation methodology include the following:

- Quoted prices for similar assets in active markets
- Quoted prices for identical or similar assets in inactive markets
- Inputs other than quoted prices that are observable for the assets
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

**EGS ELECTRICAL GROUP LLC PENSION PLAN  
FOR HOURLY EMPLOYEES**

Notes to Financial Statements

September 30, 2012 and 2011

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

The asset'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 September 30, 2012 and 2011.

*Northern Institutional Equity Index Portfolio:* Fund portfolio is accounted for at fair value. Net Asset Value (NAV) is recalculated daily. Redemptions occur at NAV by contract.

*Northern Institutional U.S. Treasury Index Portfolio:* Fund portfolio is accounted for at fair value. NAV is recalculated daily. Redemptions occur at NAV by contract.

*Northern Institutional Collective Short-Term Investment Fund:* Fund portfolio is accounted for at fair value. NAV is recalculated daily. Redemptions occur at NAV by contract.

The methods described above are considered to produce a fair value calculation that represents a good faith estimate as to what an unaffiliated buyer in the marketplace would pay to purchase the asset. Since fair value calculations involve significant professional judgment in the application of both observable and unobservable attributes, actual realizable values or future fair values may differ from amounts reported. 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, while reasonable, could result in different estimates of fair value at the reporting date.

**EGS ELECTRICAL GROUP LLC PENSION PLAN  
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Notes to Financial Statements

September 30, 2012 and 2011

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2012:

|                                                                                 | Investments<br>at fair value<br>as determined<br>by quoted<br>prices in<br>active<br>markets<br>(Level 1) | Valuation<br>techniques<br>based on<br>observable<br>market data<br>(Level 2) | Valuation<br>techniques<br>incorporating<br>information<br>other than<br>observable<br>market data<br>(Level 3) | Total     |
|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------|
| Northern Institutional Funds –<br>Institutional Funds Equity Index<br>Portfolio | \$ 3,133,089                                                                                              | —                                                                             | —                                                                                                               | 3,133,089 |
| Northern Institutional Funds –<br>U.S. Treasury Index Portfolio                 | 2,064,119                                                                                                 | —                                                                             | —                                                                                                               | 2,064,119 |
| Northern Institutional Funds –<br>Collective Short-Term Investment<br>Fund      | 9,184                                                                                                     | —                                                                             | —                                                                                                               | 9,184     |
| Investments, at fair<br>value                                                   | \$ 5,206,392                                                                                              | —                                                                             | —                                                                                                               | 5,206,392 |

**EGS ELECTRICAL GROUP LLC PENSION PLAN  
FOR HOURLY EMPLOYEES**

Notes to Financial Statements

September 30, 2012 and 2011

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2011:

|                                                                                 | Investments<br>at fair value<br>as determined<br>by quoted<br>prices in<br>active<br>markets<br>(Level 1) | Valuation<br>techniques<br>based on<br>observable<br>market data<br>(Level 2) | Valuation<br>techniques<br>incorporating<br>information<br>other than<br>observable<br>market data<br>(Level 3) | Total            |
|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|------------------|
| Northern Institutional Funds –<br>Institutional Funds Equity Index<br>Portfolio | \$ 2,204,049                                                                                              | —                                                                             | —                                                                                                               | 2,204,049        |
| Northern Institutional Funds –<br>U.S. Treasury Index Portfolio                 | 1,890,245                                                                                                 | —                                                                             | —                                                                                                               | 1,890,245        |
| Northern Institutional Funds –<br>Collective Short-Term Investment<br>Fund      | 10,376                                                                                                    | —                                                                             | —                                                                                                               | 10,376           |
| Investments, at fair<br>value                                                   | <u>\$ 4,104,670</u>                                                                                       | <u>—</u>                                                                      | <u>—</u>                                                                                                        | <u>4,104,670</u> |

**(5) Administrative Expenses**

Expenses relating to the administration of the Plan are specifically identified and paid directly by the Sponsor. In addition, the Sponsor, on behalf of the Plan, performs various administrative and accounting services. No charges are made to the Plan for these services.

**(6) Funding Policy**

All contributions to the Plan are made by the Company. The Company makes contributions to the Plan sufficient to provide the Plan with assets with which to pay pension benefits to plan participants as determined by the Plan's actuary. The Plan is in compliance with applicable minimum funding requirements of ERISA. It is the present intention of the Company to make such future contributions, which, in the aggregate over a period of time, may be necessary in order for plan assets to provide all benefits specified in the Plan.

**EGS ELECTRICAL GROUP LLC PENSION PLAN  
FOR HOURLY EMPLOYEES**

Notes to Financial Statements

September 30, 2012 and 2011

**(7) Investments**

The following investments represented more than 5% of the Plan's net assets as of September 30, 2012 and 2011:

|                                            | <u>2012</u>  | <u>2011</u> |
|--------------------------------------------|--------------|-------------|
| Northern Institutional Funds:              |              |             |
| Institutional Funds Equity Index Portfolio | \$ 3,133,089 | 2,204,049   |
| U.S. Treasury Index Portfolio              | 2,064,119    | 1,890,245   |

Net appreciation (depreciation) in fair value of investments for the years ended September 30, 2012 and 2011 was as follows:

|                                            | <u>2012</u>       | <u>2011</u>   |
|--------------------------------------------|-------------------|---------------|
| Northern Institutional Funds:              |                   |               |
| Institutional Funds Equity Index Portfolio | \$ 625,732        | (34,730)      |
| U.S. Treasury Index Portfolio              | 20,913            | 69,204        |
|                                            | <u>\$ 646,645</u> | <u>34,474</u> |

**(8) Trustee's Certification**

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. The Northern Trust Company has provided certification that the following information, which is contained in or used to develop the Plan's financial statements and supplemental schedules as of and for the years then ended September 30, 2012 and 2011, is complete and accurate:

- Investments and interest income receivable, as shown in the statements of net assets available for benefits as of September 30, 2012 and 2011, and the accompanying notes
- Investment income, as shown in the statements of changes in net assets available for benefits for the years ended September 30, 2012 and 2011, and the accompanying notes
- The information included in schedule H, line 4i – schedule of assets (held at end of year) as of September 30, 2012, as shown in supplemental schedule 1
- The information included in schedule H, line 4j – schedule of reportable transactions for the year ended September 30, 2012, as shown in supplemental schedule 2

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

**EGS ELECTRICAL GROUP LLC PENSION PLAN  
FOR HOURLY EMPLOYEES**

Notes to Financial Statements

September 30, 2012 and 2011

**(9) Related-Party Transactions**

Plan investments are units of mutual funds managed by The Northern Trust Company. The Northern Trust Company is the trustee as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions.

**(10) Tax Status**

The Plan has received a favorable determination letter from the Internal Revenue Service (IRS) dated October 4, 2000 indicating that the Plan is designed in accordance with the qualification requirements of Section 401(a) of the Code. Accordingly, the Plan qualifies for exemption from federal income taxation. The Plan has been amended subsequent to the receipt of the IRS letter. However, the plan administrator believes that the Plan continues to be designed and operated in compliance with the applicable requirements of the Code.

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 IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of September 30, 2012, 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.

In a letter dated January 28, 2011, the Plan through its attorneys made a request for determination from the IRS that the Plan, as amended over the years, continues to qualify under Section 401 of the Code and its related trust is exempt from tax under Section 501 of the Code. As of the date of this report, the determination is still pending with the IRS.

**(11) Actuarial Present Value of Accumulated Plan Benefits**

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included to the extent they are deemed attributable to employee service rendered to the valuation date.

**EGS ELECTRICAL GROUP LLC PENSION PLAN  
FOR HOURLY EMPLOYEES**

Notes to Financial Statements

September 30, 2012 and 2011

The actuarial present value of accumulated plan benefits is determined by the Plan's actuary as of the beginning of the plan year and is calculated using actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation as of September 30, 2011 (the latest valuation date) and September 30, 2010 were as follows:

|                                               | <u>2011</u>                                                 | <u>2010</u>                                                 |
|-----------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|
| Actuarial cost method                         | Unit Credit                                                 | Unit Credit                                                 |
| Mortality                                     | RP-2000 with no collar,<br>projected to 2010 by<br>Scale AA | RP-2000 with no collar,<br>projected to 2010 by<br>Scale AA |
| Interest discount rate                        | 4.75%                                                       | 5.25%                                                       |
| Weighted average retirement age<br>assumption | 61                                                          | 61                                                          |

The foregoing actuarial assumptions used in calculating the accumulated plan benefits are based on the presumption that the Plan will continue. Should the Plan terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The actuarial present value of accumulated plan benefits under the Plan as of September 30, 2011, as calculated by the Plan's actuary, is as follows:

Actuarial present value of accumulated plan benefits:

Vested benefits:

|                                           |                  |
|-------------------------------------------|------------------|
| Participants currently receiving benefits | \$ 911,238       |
| Other vested benefits                     | <u>4,655,295</u> |

|                       |           |
|-----------------------|-----------|
| Total vested benefits | 5,566,533 |
|-----------------------|-----------|

|                    |                |
|--------------------|----------------|
| Nonvested benefits | <u>119,707</u> |
|--------------------|----------------|

|                                                            |                            |
|------------------------------------------------------------|----------------------------|
| Total actuarial present value of accumulated plan benefits | <u><u>\$ 5,686,240</u></u> |
|------------------------------------------------------------|----------------------------|

**EGS ELECTRICAL GROUP LLC PENSION PLAN  
FOR HOURLY EMPLOYEES**

Notes to Financial Statements

September 30, 2012 and 2011

A reconciliation of the changes in the actuarially computed value of accumulated plan benefits for the year ended September 30, 2011 is as follows:

|                                                                               |                            |
|-------------------------------------------------------------------------------|----------------------------|
| Actuarial present value of accumulated plan benefits as of September 30, 2010 | \$ 4,659,126               |
| Increase (decrease) during the year attributable to:                          |                            |
| Interest earned on accumulated plan benefits                                  | 242,716                    |
| Benefits accumulated                                                          | 394,082                    |
| Benefits paid                                                                 | (72,878)                   |
| Change in actuarial assumptions*                                              | <u>463,194</u>             |
| Net increase                                                                  | <u>1,027,114</u>           |
| Actuarial present value of accumulated plan benefits as of September 30, 2011 | <u><u>\$ 5,686,240</u></u> |

\* Change in actuarial assumptions represents a change in the discount rate.

## Schedule 1

**EGS ELECTRICAL GROUP LLC PENSION PLAN  
FOR HOURLY EMPLOYEES**

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

September 30, 2012

| <u>Identity of issuer</u>        | <u>Description of investment</u>                               | <u>Cost</u>         | <u>Current<br/>value</u> |
|----------------------------------|----------------------------------------------------------------|---------------------|--------------------------|
| * Northern Institutional Funds   | Collective Short-term Investment<br>Fund, 9,184.30 units       | \$ 9,184            | 9,184                    |
| * Northern Institutional Funds   | U.S. Treasury Index Portfolio,<br>88,703.01 units              | 1,906,807           | 2,064,119                |
| * Northern Institutional Funds   | Institutional Funds Equity Index Portfolio<br>218,638.46 units | 2,902,721           | 3,133,089                |
|                                  |                                                                | <u>\$ 4,818,712</u> | <u>5,206,392</u>         |
| * Represents a party in interest |                                                                |                     |                          |

See accompanying independent auditors' report.

**EGS ELECTRICAL GROUP LLC PENSION PLAN  
FOR HOURLY EMPLOYEES**

Schedule H, Line 4j – Schedule of Reportable Transactions

Year ended September 30, 2012

| Identity of party involved                           | Description of asset                               | Purchase price | Sales price | Cost of asset | Current value of asset on transaction date | Net gain |
|------------------------------------------------------|----------------------------------------------------|----------------|-------------|---------------|--------------------------------------------|----------|
| * Northern Institutional Funds                       |                                                    |                |             |               |                                            |          |
| # Collective Short-term Investment Fund              | Collective Short-term Investment Fund              | \$ —           | 320,000     | 320,000       | 320,000                                    | —        |
| # Collective Short-term Investment Fund              | Collective Short-term Investment Fund              | 475,670        |             | 475,670       | 475,670                                    | —        |
| # Institutional Funds U.S. Treasury Index Portfolio  | Institutional Funds U.S. Treasury Index Portfolio  | —              | 476,861     | 476,861       | 476,861                                    | —        |
| # Institutional Funds U.S. Treasury Index Portfolio  | Institutional Funds U.S. Treasury Index Portfolio  | 210,316        |             | 210,316       | 210,316                                    | —        |
| # Institutional Funds Northern Stock Index Portfolio | Institutional Funds Northern Stock Index Portfolio | —              | 20,000      | 18,184        | 20,000                                     | 1,816    |
|                                                      |                                                    | 303,308        | —           | 303,308       | 303,308                                    | —        |

\* Represents a party in interest

# Represents series of transactions

See accompanying independent auditors' report.

Attachment to Schedule SB - Line 26  
Schedule of Active Participant Data  
EGS Electrical Group, LLC. Pension Plan for Hourly Employees  
EIN: 36-4178995  
Plan Number: 002

Average Age: 46.5  
Average Service: 10.5

| Schedule of Active Participant Data |       |                                 |        |        |          |          |          |          |          |          |         |
|-------------------------------------|-------|---------------------------------|--------|--------|----------|----------|----------|----------|----------|----------|---------|
|                                     |       | Total Years of Credited Service |        |        |          |          |          |          |          |          |         |
| Attained Age                        |       | 0 to 1                          | 1 to 4 | 5 to 9 | 10 to 14 | 15 to 19 | 20 to 24 | 25 to 29 | 30 to 34 | 35 to 39 | 40 & up |
| 0 to 24                             | Count | 0                               | 10     | 0      | 0        | 0        | 0        | 0        | 0        | 0        | 0       |
| 25 to 29                            | Count | 0                               | 9      | 8      | 0        | 0        | 0        | 0        | 0        | 0        | 0       |
| 30 to 34                            | Count | 0                               | 6      | 14     | 0        | 1        | 0        | 0        | 0        | 0        | 0       |
| 35 to 39                            | Count | 0                               | 13     | 8      | 2        | 2        | 1        | 0        | 0        | 0        | 0       |
| 40 to 44                            | Count | 0                               | 5      | 17     | 2        | 1        | 2        | 1        | 0        | 0        | 0       |
| 45 to 49                            | Count | 0                               | 10     | 9      | 5        | 1        | 2        | 1        | 1        | 0        | 0       |
| 50 to 54                            | Count | 0                               | 7      | 13     | 7        | 0        | 4        | 5        | 4        | 1        | 0       |
| 55 to 59                            | Count | 0                               | 6      | 17     | 5        | 2        | 3        | 6        | 4        | 1        | 1       |
| 60 to 64                            | Count | 0                               | 1      | 9      | 3        | 0        | 2        | 2        | 1        | 0        | 1       |
| 65 to 69                            | Count | 0                               | 1      | 0      | 0        | 0        | 0        | 0        | 0        | 0        | 1       |
| 70 & up                             | Count | 0                               | 0      | 1      | 1        | 0        | 0        | 1        | 0        | 0        | 0       |

## Appendix A: Statement of Actuarial Assumptions and Methods

### Assumptions and Methods for Contribution Purposes

#### Actuarial Assumptions and Methods — Contributions

#### Economic Assumptions

##### Interest rate basis:

|                     |               |
|---------------------|---------------|
| ▶ Applicable month  | June 2011     |
| ▶ Yield curve basis | Segment rates |

##### Interest rates:

|                       |       |
|-----------------------|-------|
| ▶ First segment rate  | 2.27% |
| ▶ Second segment rate | 5.43% |
| ▶ Third segment rate  | 6.34% |

##### Effective interest rate:

|                   |       |
|-------------------|-------|
| ▶ Salaried Plan   | 5.79% |
| ▶ Hourly Plan     | 5.89% |
| ▶ Bargaining Plan | 5.72% |

##### Annual rates of increase:

|                                     |       |
|-------------------------------------|-------|
| ▶ Salaries                          | 4.00% |
| ▶ Future Social Security wage bases | 3.50% |

## Demographic Assumptions

**Inclusion Date** The valuation date coincident with or next following the date on which the employee becomes a participant.

**New or rehired employees** It was assumed there will be no new or rehired employees.

### Mortality

► **Healthy** Separate rates for non-annuitants (based on RP-2000 "Employees" table without collar or amount adjustments, projected to 2026 using Scale AA) and annuitants (based on RP-2000 "Healthy Annuitants" table without collar or amount adjustments, projected to 2018 using Scale AA).

► **Disabled** Separate rates for non-annuitants (based on RP-2000 "Employees" table without collar or amount adjustments, projected to 2026 using Scale AA) and annuitants (based on RP-2000 "Healthy Annuitants" table without collar or amount adjustments, projected to 2018 using Scale AA).

**Termination** Rates varying by age and service, per 1,000 participants as follows:

### Representative Termination Rates

#### Percentage leaving during the year

| Attained Age | Years of Service |     |     |
|--------------|------------------|-----|-----|
|              | 0-3              | 3-5 | 5+  |
| 20           | 200              | 150 | 150 |
| 25           | 200              | 150 | 150 |
| 30           | 200              | 150 | 120 |
| 35           | 200              | 150 | 100 |
| 40           | 200              | 150 | 90  |
| 45           | 200              | 150 | 80  |
| 50           | 200              | 150 | 70  |
| 55           | 200              | 150 | 60  |
| 60           | 200              | 150 | 50  |
| 65           | —                | —   | —   |

**Disability**

Rates varying by age, per 1,000 participants as follows:

| Percentage becoming disabled during the year |       |         |
|----------------------------------------------|-------|---------|
| Age                                          | Males | Females |
| 39 or less                                   | .68   | .82     |
| 40 – 44                                      | 1.41  | 2.38    |
| 45 – 49                                      | 2.70  | 3.29    |
| 50 – 54                                      | 5.11  | 4.72    |
| 55 – 59                                      | 9.28  | 7.18    |
| 60 – 64                                      | 12.42 | 8.14    |

**Retirement**

Rates varying by age, per 1,000 participants as follows:

| Percentage retiring during the year |       |
|-------------------------------------|-------|
| Age                                 | Rate  |
| 55 – 59                             | 100   |
| 60 – 61                             | 150   |
| 62 – 64                             | 250   |
| 65                                  | 350   |
| 66 – 69                             | 200   |
| 70                                  | 1,000 |

**Form of payment**

Participants are assumed to receive payment in the Normal Form as described in the Plan Provisions (Appendix B).

**Administrative expense**

None. The plan sponsor pays administrative expenses directly.

**Percent married**

80%

**Spouse age**

Wife three years younger than husband

**Valuation pay**

In general, reported 2010 plan year compensation. This pay is adjusted to reflect expected variable compensation and projected by the Salary Increase Rate assumption to approximate pay for the October 1, 2011 plan year.

## Methods

|                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|---------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Valuation date                                          | First day of plan year.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Funding target                                          | Present value of accrued benefits.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Target normal cost                                      | Present value of benefits expected to accrue during plan year.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Actuarial value of assets                               | Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including contributions receivable.                                                                                                                                                                                        |
| Benefits not valued                                     | All benefits described in the Plan Provisions section of this report were valued.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Change in assumptions and methods since prior valuation | The required mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvements.                                                                                                                                                                                                                                                                                                                                                                                                 |
| Data sources                                            | Towers Watson used asset data supplied by the trustee. EGS Electrical Group, LLC furnished participant data. EGS Electrical Group, LLC furnished the dates and amounts of the 2010 plan year contributions that were paid during the 2011 plan year. Data were reviewed for reasonableness and consistency, but no audit was performed. Assumptions or estimates were made by the Towers Watson actuaries when data were not available. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations. |

## **Schedule SB - Statement by Enrolled Actuary**

|                          |                                                                 |
|--------------------------|-----------------------------------------------------------------|
| <b>Plan Sponsor</b>      | EGS Electrical Group, LLC.                                      |
| <b>EIN/PN</b>            | 36-4178995/002                                                  |
| <b>Plan Name</b>         | EGS Electrical Group, LLC. Pension Plan<br>for Hourly Employees |
| <b>Valuation Date</b>    | 10/1/2011                                                       |
| <b>Enrolled Actuary</b>  | Randall K. Lynn                                                 |
| <b>Enrollment Number</b> | 11-03145                                                        |

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amount of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

**SCHEDULE SB  
(Form 5500)**Department of the Treasury  
Internal Revenue ServiceDepartment of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan  
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

**2011****This Form is Open to Public  
Inspection**For calendar plan year 2011 or fiscal plan year beginning 10/01/2011 and ending 09/30/2012▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

|                                                                                                                                |                                                                                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br><br>EGS ELECTRICAL GRP, LLC. PEN PLAN FOR HOURLY EES                                                  | <b>B</b> Three-digit plan number (PN) ▶<br><br>002                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><br>EGS ELECTRICAL GROUP, LLC.                     | <b>D</b> Employer Identification Number (EIN)<br><br>36-4178995                                                                                         |
| <b>E</b> Type of plan: <input type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

**Part I Basic Information**

|                                                                                                                                                                                                                |                            |                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------|
| <b>1</b> Enter the valuation date: Month <u>10</u> Day <u>1</u> Year <u>2011</u>                                                                                                                               |                            |                    |
| <b>2</b> Assets:                                                                                                                                                                                               |                            |                    |
| <b>a</b> Market value .....                                                                                                                                                                                    | <b>2a</b>                  | 4,551,757          |
| <b>b</b> Actuarial value .....                                                                                                                                                                                 | <b>2b</b>                  | 4,623,905          |
| <b>3</b> Funding target/participant count breakdown:                                                                                                                                                           | (1) Number of participants | (2) Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment.....                                                                                                                                     | <b>3a</b>                  | 77 895,896         |
| <b>b</b> For terminated vested participants .....                                                                                                                                                              | <b>3b</b>                  | 452 2,450,426      |
| <b>c</b> For active participants:                                                                                                                                                                              |                            |                    |
| (1) Non-vested benefits.....                                                                                                                                                                                   | <b>3c(1)</b>               | 110,513            |
| (2) Vested benefits .....                                                                                                                                                                                      | <b>3c(2)</b>               | 1,403,379          |
| (3) Total active.....                                                                                                                                                                                          | <b>3c(3)</b>               | 241 1,513,892      |
| <b>d</b> Total.....                                                                                                                                                                                            | <b>3d</b>                  | 770 4,860,214      |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>                                                                                               |                            |                    |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                      | <b>4a</b>                  |                    |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor..... | <b>4b</b>                  |                    |
| <b>5</b> Effective interest rate .....                                                                                                                                                                         | <b>5</b>                   | 5.89 %             |
| <b>6</b> Target normal cost .....                                                                                                                                                                              | <b>6</b>                   | 154,070            |

**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

**SIGN  
HERE**

RANDALL K. LYNN

Signature of actuary

RANDALL K. LYNN

Type or print name of actuary

TOWERS WATSON PENNSYLVANIA, INC.

101 SOUTH HANLEY, SUITE 900

Firm name

ST. LOUIS

MO 63105-3411

Address of the firm

07/03/2013

Date

11-03145

Most recent enrollment number

(314) 719-5900

Telephone number (including area code)

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2011  
v.012611

**Part II Beginning of year carryover and prefunding balances**

|                                                                                                                                  | (a) Carryover balance | (b) Prefunding balance |
|----------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....                          | 501,680               | 0                      |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                      | 69,000                | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8).....                                                                             | 432,680               | 0                      |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>3.11</u> %.....                                              | 13,456                |                        |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                   |                       |                        |
| <b>a</b> Present value of excess contributions (line 38 from prior year) .....                                                   |                       | 401,597                |
| <b>b</b> Interest on (a) using prior year's effective rate of <u>6.56</u> % except as otherwise provided (see instructions)..... |                       | 23,964                 |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance.....                                     |                       | 425,561                |
| <b>d</b> Portion of (c) to be added to prefunding balance.....                                                                   |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections.....                                                 | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....                                      | 446,136               | 0                      |

**Part III Funding percentages**

|                                                                                                                                                                           |           |          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Funding target attainment percentage.....                                                                                                                       | <b>14</b> | 85.95 %  |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                             | <b>15</b> | 85.95 %  |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement..... | <b>16</b> | 100.96 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....                                        | <b>17</b> | %        |

**Part IV Contributions and liquidity shortfalls****18** Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 01/15/2013               | 66,000                            |                                 |                          |                                   |                                 |
| 06/14/2013               | 180,000                           |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals •</b>          |                                   |                                 | <b>18(b)</b>             | 246,000                           | <b>18(c)</b> 0                  |

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

|                                                                                                                        |            |         |
|------------------------------------------------------------------------------------------------------------------------|------------|---------|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years.....                    | <b>19a</b> | 0       |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date.....                                      | <b>19b</b> | 0       |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date..... | <b>19c</b> | 224,601 |

**20** Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

| (1) 1st | (2) 2nd | (3) 3rd | (4) 4th |
|---------|---------|---------|---------|
| 0       | 0       | 0       | 0       |

**Part V Assumptions used to determine funding target and target normal cost**

|                                                 |                                                |                                                           |                                                     |
|-------------------------------------------------|------------------------------------------------|-----------------------------------------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                        |                                                |                                                           |                                                     |
| <b>a</b> Segment rates:                         | 1st segment:<br>2.27 %                         | 2nd segment:<br>5.43 %                                    | 3rd segment:<br>6.34 %                              |
|                                                 |                                                |                                                           | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code)          |                                                |                                                           | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age       |                                                |                                                           | <b>22</b> 61                                        |
| <b>23</b> Mortality table(s) (see instructions) | <input type="checkbox"/> Prescribed - combined | <input checked="" type="checkbox"/> Prescribed - separate | <input type="checkbox"/> Substitute                 |

**Part VI Miscellaneous items**

|                                                                                                                                                                   |                                         |                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.                                      | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| <b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.                            | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| <b>27</b> If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment                   | <b>27</b>                               |                                        |

**Part VII Reconciliation of unpaid minimum required contributions for prior years**

|                                                                                                                                |           |   |
|--------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years                                                            | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29)                                    | <b>30</b> | 0 |

**Part VIII Minimum required contribution for current year**

|                                                                                                                                                                                |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                             |                     |                    |               |
| <b>a</b> Target normal cost (line 6)                                                                                                                                           | <b>31a</b>          | 154,070            |               |
| <b>b</b> Excess assets, if applicable, but not greater than 31a                                                                                                                | <b>31b</b>          | 0                  |               |
| <b>32</b> Amortization installments:                                                                                                                                           | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment                                                                                                                                | 682,445             | 108,692            |               |
| <b>b</b> Waiver amortization installment                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)                                                         | <b>34</b>           | 262,762            |               |
|                                                                                                                                                                                | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement                                                                                                               | 212,000             | 0                  | 212,000       |
| <b>36</b> Additional cash requirement (line 34 minus line 35)                                                                                                                  | <b>36</b>           | 50,762             |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)                                                  | <b>37</b>           | 224,601            |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                            |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36)                                                                                                                       | <b>38a</b>          | 173,839            |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances                                                                | <b>38b</b>          | 173,839            |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years                                                                                                                  | <b>40</b>           | 0                  |               |

**Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)**

|                                                                                                                 |                                                                           |                               |                               |                               |
|-----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <b>41</b> If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule: |                                                                           |                               |                               |                               |
| <b>a</b> Schedule elected                                                                                       | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years |                               |                               |                               |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made                                      | <input type="checkbox"/> 2008                                             | <input type="checkbox"/> 2009 | <input type="checkbox"/> 2010 | <input type="checkbox"/> 2011 |
| <b>42</b> Amount of acceleration adjustment                                                                     | <b>42</b>                                                                 | 0                             |                               |                               |
| <b>43</b> Excess installment acceleration amount to be carried over to future plan years                        | <b>43</b>                                                                 | 0                             |                               |                               |

Attachment to Schedule SB – Part V

Summary of Plan Provisions  
EGS Electrical Group, LLC: Pension Plan for Hourly Employees  
EIN: 36-4178995 PL: 002

## Appendix B: Summary of Plan Provisions

### Plan Provisions

|                     |                                                                                  |                       |            |
|---------------------|----------------------------------------------------------------------------------|-----------------------|------------|
| Plan Name           | Hevi-Duty Electric, Lake Geneva                                                  | Plan Effective        | 09/15/1997 |
| Appendix Number     | 511                                                                              | Last Change Effective | 09/15/1997 |
| Type of Plan        | Flat Dollar                                                                      |                       |            |
| Normal Form         | Life Annuity                                                                     |                       |            |
| Plan Eligibility    | One year of service                                                              |                       |            |
| Credited Service    | Years and completed months from Date of Employment                               |                       |            |
| Pension Earnings    | N/A                                                                              |                       |            |
| EE Contributions    | None                                                                             |                       |            |
| Class               | Hourly employees at Hevi-Duty Electric, Lake Geneva                              |                       |            |
| Accumulated Benefit | (A) minus (B):                                                                   |                       |            |
|                     | (A) (i) \$117 times Credited Service up to 10 years                              |                       |            |
|                     | (ii) \$126 times Credited Service up to next 10 years (between years 10 and 20)  |                       |            |
|                     | (iii) \$132 times Credited Service up to next 10 years (between years 20 and 30) |                       |            |
|                     | (iv) \$138 times Credited Service in excess of 30 years                          |                       |            |
|                     | (B) Accrued Benefit as of September 14, 1997                                     |                       |            |

| Benefit           | Age | Cont Svc | Age + Memb Svc | Description                                                                                                                     |
|-------------------|-----|----------|----------------|---------------------------------------------------------------------------------------------------------------------------------|
| Normal Retirement | 65  | --       |                | AB, payable immediately                                                                                                         |
| Early             | 60  | 10       |                | AB, reduced by 6% per year                                                                                                      |
|                   | 62  | 5        |                | AB, reduced by 6% per year                                                                                                      |
| Postponed         | >65 | --       |                | AB, including service to actual retirement                                                                                      |
| Vesting           | --  | 5        |                | AB, payable at NRD                                                                                                              |
| Disability        |     |          |                |                                                                                                                                 |
| Immediate         | --  | --       |                | Not provided                                                                                                                    |
| Deferred          | --  | --       |                | Not provided                                                                                                                    |
| Pre Ret Death     | 60  | 10       |                | 50% of ERB, payable for life of spouse (employee paid)                                                                          |
|                   | --  | 5        |                | 50% of the earliest ERB, reduced for J&S, deferred to date first eligible to retire, payable for life of spouse (employee paid) |

Currently no active participants.

### Changes in Plan Provision Since Prior Year

Plan provisions have not changed since the prior year, except to reflect the current year changes in the Internal Revenue Code maximums on benefits and pay.

## Plan Provisions

| Plan Name           | Sola Electric, Fort Payne                                                  | Plan Effective        | 09/15/1997 |
|---------------------|----------------------------------------------------------------------------|-----------------------|------------|
| Appendix Number     | 512                                                                        | Last Change Effective | 03/26/2009 |
| Type of Plan        | Flat Dollar                                                                |                       |            |
| Normal Form         | Life Annuity                                                               |                       |            |
| Plan Eligibility    | One Year of Service                                                        |                       |            |
| Credited Service    | From Date of Employment                                                    |                       |            |
| Pension Earnings    | N/A                                                                        |                       |            |
| EE Contributions    | None                                                                       |                       |            |
| Class               | Hourly Employees at Sola Electric, Fort Payne                              |                       |            |
| Accumulated Benefit | (A) plus (B) plus (C) minus (D)                                            |                       |            |
|                     | (A) \$108 times Credited Service before 1/1/1989                           |                       |            |
|                     | (B) \$132 times Credited Service on or after 1/1/1989 and before 10/1/2004 |                       |            |
|                     | (C) \$168 times Credited Service on or after October 1, 2004               |                       |            |
|                     | (D) Accrued Benefit as of September 14, 1997                               |                       |            |

| Benefit           | Age | Cont Svc | Age + Memb Svc | Description                                                                                                                    |
|-------------------|-----|----------|----------------|--------------------------------------------------------------------------------------------------------------------------------|
| Normal Retirement | 65  | --       | --             | AB, payable immediately                                                                                                        |
| Early             | 55  | 10       | --             | AB, reduced by 3.0% per year                                                                                                   |
| Postponed         | >65 | --       | --             | AB, including service to actual retirement                                                                                     |
| Vesting           | --  | 5        | --             | AB, payable at NRD                                                                                                             |
| Disability        |     |          |                |                                                                                                                                |
| Immediate         | --  | --       | --             | Not provided                                                                                                                   |
| Deferred          | --  | --       | --             | Not provided                                                                                                                   |
| Pre Ret Death     | 55  | 10       | --             | 50% of NRB, payable for life of spouse (employee paid)                                                                         |
|                   | --  | 5        | --             | 50% of the earliest ERB, reduced by J&S, deferred to date first eligible to retire, payable for life of spouse (employee paid) |

## Changes in Plan Provision Since Prior Year

Plan provisions have not changed since the prior year, except to reflect the current year changes in the Internal Revenue Code maximums on benefits and pay.

## Plan Provisions

|                     |                                                                           |                       |            |
|---------------------|---------------------------------------------------------------------------|-----------------------|------------|
| Plan Name           | O-Z/Gedney, Lagrange                                                      | Plan Effective        | 09/15/1997 |
| Appendix Number     | 513                                                                       | Last Change Effective | 09/15/1997 |
| Type of Plan        | Flat Dollar                                                               |                       |            |
| Normal Form         | Life Annuity                                                              |                       |            |
| Plan Eligibility    | From Date of Employment                                                   |                       |            |
| Credited Service    | Years and completed months from later of Date of Employment or 03/22/1994 |                       |            |
| Pension Earnings    | N/A                                                                       |                       |            |
| EE Contributions    | None                                                                      |                       |            |
| Class               | Hourly Employees at O-Z/Gedney, Lagrange                                  |                       |            |
| Accumulated Benefit | (A) minus (B):                                                            |                       |            |
|                     | (A) \$204 times Credited Service                                          |                       |            |
|                     | (B) Accrued Benefit as of September 14, 1997                              |                       |            |

| Benefit           | Age | Cont Svc | Age + Memb Svc | Description                                                                                                     |
|-------------------|-----|----------|----------------|-----------------------------------------------------------------------------------------------------------------|
| Normal Retirement | 65  | --       |                | AB, payable immediately                                                                                         |
| Early             | 55  | 10       |                | AB, reduced by 6% per year                                                                                      |
| Postponed         | >65 | --       |                | AB, including service to actual retirement                                                                      |
| Vesting           | --  | 5        |                | AB, payable at NRD                                                                                              |
| Disability        |     |          |                |                                                                                                                 |
| Immediate         | --  | 10       |                | AB at disablement, payable until NRD                                                                            |
| Deferred          | --  | 10       |                | AB at disablement, payable at NRD                                                                               |
| Pre Ret Death     | 55  | 10       |                | 50% of NRB, reduced for J&S, payable for life of spouse                                                         |
|                   | --  | 5        |                | 50% of the earliest ERB, reduced for J&S, deferred to date first eligible to retire, payable for life of spouse |

Currently no active participants.

## Changes in Plan Provision Since Prior Year

Plan provisions have not changed since the prior year, except to reflect the current year changes in the Internal Revenue Code maximums on benefits and pay.

## Plan Provisions

|                     |                                                                                                                                              |                       |            |
|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------|
| Plan Name           | Appleton Stephenville                                                                                                                        | Plan Effective        | 09/15/1997 |
| Appendix Number     | 514                                                                                                                                          | Last Change Effective | 03/26/2009 |
| Type of Plan        | Flat Dollar                                                                                                                                  |                       |            |
| Normal Form         | Life Annuity                                                                                                                                 |                       |            |
| Plan Eligibility    | First of Month coinciding with or next following 1,000 hours of employment in a 12-month period                                              |                       |            |
| Credited Service    | From Date of Employment after 10/1/86                                                                                                        |                       |            |
| Pension Earnings    | Hourly Rate of Pay                                                                                                                           |                       |            |
| EE Contributions    | None                                                                                                                                         |                       |            |
| Class               | Hourly Non-Union Employees                                                                                                                   |                       |            |
| Accumulated Benefit | (A) plus (B) minus (C):                                                                                                                      |                       |            |
|                     | (A) For Service after 10/1/86 and prior to 10/1/2004, an accrual varying between \$72 and \$96 based on the hourly rate of pay for each year |                       |            |
|                     | (B) 168 times Credited Service after October 1, 2004                                                                                         |                       |            |
|                     | (C) Accrued Benefit as of September 14, 1997                                                                                                 |                       |            |

| Benefit           | Age | Cont Svc | Age + Memb Svc | Description                                                                                                                     |
|-------------------|-----|----------|----------------|---------------------------------------------------------------------------------------------------------------------------------|
| Normal Retirement | 65  | 5        |                | AB, payable immediately                                                                                                         |
| Early             | 55  | 10       |                | AB, reduced 6.67% per year for first five years, then 3.33% per year                                                            |
| Postponed         | >65 | --       |                | AB, including service to actual retirement                                                                                      |
| Vesting           | --  | 5        |                | AB, payable at NRD                                                                                                              |
| Disability        |     |          |                |                                                                                                                                 |
| Immediate         | --  | --       |                | AB at disablement, payable until NRD                                                                                            |
| Deferred          | --  | 5        |                | AB at disablement, payable at NRD                                                                                               |
| Pre Ret Death     | 55  | 10       |                | 50% of ERB, reduced for J&S, payable for life of spouse (employee paid)                                                         |
|                   | --  | 5        |                | 50% of the earliest ERB, reduced for J&S, deferred to date first eligible to retire, payable for life of spouse (employee paid) |

## Changes in Plan Provision Since Prior Year

Plan provisions have not changed since the prior year, except to reflect the current year changes in the Internal Revenue Code maximums on benefits and pay.

## Plan Provisions

|                     |                                                                                                                                        |                       |            |
|---------------------|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------|
| Plan Name           | Appleton Columbus                                                                                                                      | Plan Effective        | 09/15/1997 |
| Appendix Number     | 515                                                                                                                                    | Last Change Effective | 03/26/2009 |
| Type of Plan        | Career Pay                                                                                                                             |                       |            |
| Normal Form         | 5 Year Certain and Continuous                                                                                                          |                       |            |
| Plan Eligibility    | First of Month coinciding with or next following 1,000 hours of employment in a 12-month period                                        |                       |            |
| Credited Service    | From Date of Employment after 6/16/86                                                                                                  |                       |            |
| Pension Earnings    | Hourly rate of pay                                                                                                                     |                       |            |
| EE Contributions    | None                                                                                                                                   |                       |            |
| Class               | Hourly Non-Union Employees                                                                                                             |                       |            |
| Accumulated Benefit | (A) plus (B) minus (C):                                                                                                                |                       |            |
|                     | (A) For Service After 6/16/86 and prior to 10/1/2004, an accrual varying between \$84 and \$108 based on the hourly rate for each year |                       |            |
|                     | (B) \$168 times Credited Service after October 1, 2004                                                                                 |                       |            |
|                     | (C) Accrued Benefit as of September 14, 1997                                                                                           |                       |            |

| Benefit           | Age | Cont Svc | Age + Memb Svc | Description                                                                                                                     |
|-------------------|-----|----------|----------------|---------------------------------------------------------------------------------------------------------------------------------|
| Normal Retirement | 65  | 5        |                | AB, payable immediately                                                                                                         |
| Early             | 55  | 10       |                | AB, reduced 6.67% per year for first five years, then 3.33% per year                                                            |
| Postponed         | >65 | --       |                | AB, including service to actual retirement                                                                                      |
| Vesting           | --  | 5        |                | AB, payable at NRD                                                                                                              |
| Disability        |     |          |                |                                                                                                                                 |
| Immediate         | --  | --       |                | AB at disablement, payable until NRD                                                                                            |
| Deferred          | --  | 5        |                | AB at disablement, payable at NRD                                                                                               |
| Pre Ret Death     | 55  | 10       |                | 50% of ERB, reduced for J&S, payable for life of spouse (employee paid)                                                         |
|                   | --  | 5        |                | 50% of the earliest ERB, reduced for J&S, deferred to date first eligible to retire, payable for life of spouse (employee paid) |
|                   | 60  | 5        |                | ERB, payable for 1 year                                                                                                         |

Currently no active participants.

## Changes in Plan Provision Since Prior Year

Plan provisions have not changed since the prior year, except to reflect the current year changes in the Internal Revenue Code maximums on benefits and pay.

## Plan Provisions

|                     |                                                             |                       |                                                                                                                                       |
|---------------------|-------------------------------------------------------------|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| Plan Name           | Appleton Chicago                                            | Plan Effective        | 09/15/1997                                                                                                                            |
| Appendix Number     | 516                                                         | Last Change Effective | 09/15/1997                                                                                                                            |
| Type of Plan        | Flat Dollar                                                 |                       |                                                                                                                                       |
| Normal Form         | Life Annuity                                                |                       |                                                                                                                                       |
| Plan Eligibility    | One Year of Service                                         |                       |                                                                                                                                       |
| Credited Service    | From Date of Employment                                     |                       |                                                                                                                                       |
| Pension Earnings    | N/A                                                         |                       |                                                                                                                                       |
| EE Contributions    | None                                                        |                       |                                                                                                                                       |
| Class               | Chicago Hourly Factory Employees not Covered by IAM No. 113 |                       |                                                                                                                                       |
| Accumulated Benefit | (A) minus (B):                                              |                       |                                                                                                                                       |
|                     | (A) \$144 times Credited Service                            |                       |                                                                                                                                       |
|                     | (B) Accrued Benefit as of September 14, 1997                |                       |                                                                                                                                       |
| <b>Benefit</b>      | <b>Age</b>                                                  | <b>Cont Svc</b>       | <b>Age + Memb Svc</b>                                                                                                                 |
| Normal Retirement   | 65                                                          | --                    | <b>Description</b>                                                                                                                    |
|                     |                                                             |                       | AB, payable immediately                                                                                                               |
| Early               | 55                                                          | 10                    | AB, reduced by 6.67% per year for five years, then 3.33% per year                                                                     |
| Postponed           | >65                                                         | --                    | AB, including service to actual retirement                                                                                            |
| Vesting             | --                                                          | 5                     | AB, payable at NRD                                                                                                                    |
| Disability          |                                                             |                       |                                                                                                                                       |
| Immediate           | --                                                          | --                    | AB at disablement, payable until NRD                                                                                                  |
| Deferred            | --                                                          | 5                     | AB at disablement, payable at NRD                                                                                                     |
| Pre Ret Death       | 55                                                          | 10                    | 50% of ERB, reduced by J&S factor, payable for life of spouse (employee paid)                                                         |
|                     | --                                                          | 5                     | 50% of the earliest ERB, reduced by J&S factor, deferred to date first eligible to retire, payable for life of spouse (employee paid) |

Currently no active participants.

## Changes in Plan Provision Since Prior Year

Plan provisions have not changed since the prior year, except to reflect the current year changes in the Internal Revenue Code maximums on benefits and pay.

## Plan Provisions

|                     |                                                                                                 |                       |            |
|---------------------|-------------------------------------------------------------------------------------------------|-----------------------|------------|
| Plan Name           | Houston                                                                                         | Plan Effective        | 03/26/2009 |
| Appendix Number     | 517                                                                                             | Last Change Effective | 03/26/2009 |
| Type of Plan        | Flat Dollar                                                                                     |                       |            |
| Normal Form         | 5 Year Certain and Continuous                                                                   |                       |            |
| Plan Eligibility    | First of Month coinciding with or next following 1,000 hours of employment in a 12-month period |                       |            |
| Credited Service    | From Date of Employment after 10/01/2004                                                        |                       |            |
| Pension Earnings    | Hourly rate of pay                                                                              |                       |            |
| EE Contributions    | None                                                                                            |                       |            |
| Class               | Hourly Non-Union Employees                                                                      |                       |            |
| Accumulated Benefit | \$168 times Credited Service after October 1, 2004                                              |                       |            |

| Benefit           | Age | Cont Svc | Age + Memb Svc | Description                                                                                                                     |
|-------------------|-----|----------|----------------|---------------------------------------------------------------------------------------------------------------------------------|
| Normal Retirement | 65  | 5        |                | AB, payable immediately                                                                                                         |
| Early             | 55  | 10       |                | AB, reduced 6.67% per year for first five years, then 3.33% per year                                                            |
| Postponed         | >65 | --       |                | AB, including service to actual retirement                                                                                      |
| Vesting           | --  | 5        |                | AB, payable at NRD                                                                                                              |
| Disability        |     |          |                |                                                                                                                                 |
| Immediate         | --  | --       |                | AB at disablement, payable until NRD                                                                                            |
| Deferred          | --  | 5        |                | AB at disablement, payable at NRD                                                                                               |
| Pre Ret Death     | 55  | 10       |                | 50% of ERB, reduced for J&S, payable for life of spouse (employee paid)                                                         |
|                   | --  | 5        |                | 50% of the earliest ERB, reduced for J&S, deferred to date first eligible to retire, payable for life of spouse (employee paid) |
|                   | 60  | 5        |                | ERB, payable for 1 year                                                                                                         |

## Changes in Plan Provision Since Prior Year

Plan provisions have not changed since the prior year, except to reflect the current year changes in the Internal Revenue Code maximums on benefits and pay.

### Optional Forms of Payment

In addition to the normal form of payment, participants are eligible for the following option forms:

- Life Annuity payable for participant's lifetime
- Certain and Life (5 or 10 Years) payable for participant's lifetime with payments upon participant's death to beneficiary for the remaining certain period.
- Joint and Survivor Annuity (50%, 60%, 66 2/3%, 75% or 100%) payable for participant's lifetime and upon participant's death, an annuity payable to the beneficiary based on the percentage elected.

**Attachment to Schedule SB - Line 32**  
**Schedule of Amortization Bases**  
**EGS Electrical Group, LLC. Pension Plan for Hourly Employees**  
**EIN: 36-4178995**  
**Plan Number: 002**

Plan Year period: 10/1/2011 through 9/30/2012

|                                                                                            | <b>Date of Base<br/>Creation</b> | <b>Initial Amount</b> | <b>Amortization<br/>Installment</b> | <b>Remaining<br/>Period</b> | <b>PV of Future<br/>Installments</b> |
|--------------------------------------------------------------------------------------------|----------------------------------|-----------------------|-------------------------------------|-----------------------------|--------------------------------------|
| <b>Shortfall Amortization Bases</b>                                                        |                                  |                       |                                     |                             |                                      |
| 2011 Shortfall                                                                             | 10/1/2011                        | 682,445               | 108,692                             | 7                           | 682,445                              |
| Total Shortfall Amortization Installments                                                  |                                  |                       | 108,692                             |                             | 682,445                              |
| <b>Waiver Amortization Bases</b>                                                           |                                  |                       |                                     |                             |                                      |
| Total Waiver Amortization Installments                                                     |                                  |                       | 0                                   |                             | 0                                    |
| Total Amortization Installments                                                            |                                  |                       | 108,692                             |                             | 682,445                              |
| Total Amortization Installments reflecting minimum of 0<br>on Total Shortfall Installments |                                  |                       | 108,692                             |                             |                                      |

**Attachment to Schedule SB - Line 22**  
**Description of Weighted Average Retirement Age**  
**EGS Electrical Group, LLC. Pension Plan for Hourly Employees**  
**EIN: 36-4178995**  
**Plan Number: 002**

The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

For illustration purposes only, below is a hypothetical determination of the average retirement age based on retirement as the only decrement.

| Age | Retirement Rate | Assumed Number<br>Eligible | Assumed Number<br>Retiring      | Age * Number<br>Retiring |
|-----|-----------------|----------------------------|---------------------------------|--------------------------|
| 55  | 10%             | 1,000                      | 100                             | 5,500                    |
| 56  | 10%             | 900                        | 90                              | 5,040                    |
| 57  | 10%             | 810                        | 81                              | 4,617                    |
| 58  | 10%             | 729                        | 73                              | 4,234                    |
| 59  | 10%             | 656                        | 66                              | 3,894                    |
| 60  | 15%             | 590                        | 89                              | 5,340                    |
| 61  | 15%             | 501                        | 75                              | 4,575                    |
| 62  | 25%             | 426                        | 107                             | 6,634                    |
| 63  | 25%             | 319                        | 80                              | 5,040                    |
| 64  | 25%             | 239                        | 60                              | 3,840                    |
| 65  | 35%             | 179                        | 63                              | 4,095                    |
| 66  | 20%             | 116                        | 23                              | 1,518                    |
| 67  | 20%             | 93                         | 19                              | 1,273                    |
| 68  | 20%             | 74                         | 15                              | 1,020                    |
| 69  | 20%             | 59                         | 12                              | 828                      |
| 70  | 100%            | 47                         | 47                              | 3,290                    |
|     |                 |                            | 1,000                           | 60,738                   |
|     |                 |                            |                                 | / 1,000                  |
|     |                 |                            | Weighted Average Retirement Age | 61                       |

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><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>Single-Employer Defined Benefit Plan</b><br><b>Actuarial 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 6059 of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2011</b><br><br><b>This Form is Open to Public Inspection</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

|                                                                                                                                |                                                                                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| For calendar plan year 2011 or fiscal plan year beginning <u>10/01/2011</u> and ending <u>09/30/2012</u>                       |                                                                                                                                                         |
| ▶ <b>Round off amounts to nearest dollar.</b>                                                                                  |                                                                                                                                                         |
| ▶ <b>Caution:</b> A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established. |                                                                                                                                                         |
| <b>A</b> Name of plan<br><br>EGS ELECTRICAL GRP, LLC. PEN PLAN FOR HOURLY EES                                                  | <b>B</b> Three-digit plan number (PN) ▶ <u>002</u>                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><br>EGS ELECTRICAL GROUP, LLC.                     | <b>D</b> Employer Identification Number (EIN)<br><br>36-4178995                                                                                         |
| <b>E</b> Type of plan: <input type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|                                                                                                                                                                                                                 |                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                                                                                                                                   | <b>Basic Information</b>                                                                       |
| <b>1</b> Enter the valuation date: Month <u>10</u> Day <u>1</u> Year <u>2011</u>                                                                                                                                |                                                                                                |
| <b>2</b> Assets:                                                                                                                                                                                                |                                                                                                |
| <b>a</b> Market value .....                                                                                                                                                                                     | <b>2a</b> <u>4,551,757</u>                                                                     |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b> <u>4,623,905</u>                                                                     |
| <b>3</b> Funding target/participant count breakdown:                                                                                                                                                            |                                                                                                |
| <b>a</b> For retired participants and beneficiaries receiving payment.....                                                                                                                                      | <b>3a</b> <u>77</u> <b>(1) Number of participants</b> <u>895,896</u> <b>(2) Funding Target</b> |
| <b>b</b> For terminated vested participants .....                                                                                                                                                               | <b>3b</b> <u>452</u> <u>2,450,426</u>                                                          |
| <b>c</b> For active participants:                                                                                                                                                                               |                                                                                                |
| <b>(1)</b> Non-vested benefits.....                                                                                                                                                                             | <b>3c(1)</b> <u>110,513</u>                                                                    |
| <b>(2)</b> Vested benefits .....                                                                                                                                                                                | <b>3c(2)</b> <u>1,403,379</u>                                                                  |
| <b>(3)</b> Total active.....                                                                                                                                                                                    | <b>3c(3)</b> <u>241</u> <u>1,513,892</u>                                                       |
| <b>d</b> Total.....                                                                                                                                                                                             | <b>3d</b> <u>770</u> <u>4,860,214</u>                                                          |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                           |                                                                                                |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | <b>4a</b> <u>5.89 %</u>                                                                        |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... | <b>4b</b> <u>154,070</u>                                                                       |
| <b>5</b> Effective interest rate .....                                                                                                                                                                          | <b>5</b> <u>5.89 %</u>                                                                         |
| <b>6</b> Target normal cost .....                                                                                                                                                                               | <b>6</b> <u>154,070</u>                                                                        |

**Statement by Enrolled Actuary**  
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

|                                         |  |                                        |
|-----------------------------------------|--|----------------------------------------|
| <b>SIGN HERE</b>                        |  | <u>07/03/2013</u>                      |
| Signature of actuary                    |  | Date                                   |
| <u>RANDALL K. LYNN</u>                  |  | <u>11-03145</u>                        |
| Type or print name of actuary           |  | Most recent enrollment number          |
| <u>TOWERS WATSON PENNSYLVANIA, INC.</u> |  | <u>(314) 719-5900</u>                  |
| Firm name                               |  | Telephone number (including area code) |
| <u>101 SOUTH HANLEY, SUITE 900</u>      |  |                                        |
| <u>ST. LOUIS MO 63105-3411</u>          |  |                                        |
| Address of the firm                     |  |                                        |

| <b>Part II</b> |                                                                                                                         | <b>Beginning of year carryover and prefunding balances</b> |                        |
|----------------|-------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|------------------------|
|                |                                                                                                                         | (a) Carryover balance                                      | (b) Prefunding balance |
| <b>7</b>       | Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....                          | 501,680                                                    | 0                      |
| <b>8</b>       | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                      | 69,000                                                     | 0                      |
| <b>9</b>       | Amount remaining (line 7 minus line 8).....                                                                             | 432,680                                                    | 0                      |
| <b>10</b>      | Interest on line 9 using prior year's actual return of <u>3.11</u> % .....                                              | 13,456                                                     |                        |
| <b>11</b>      | Prior year's excess contributions to be added to prefunding balance:                                                    |                                                            |                        |
| <b>a</b>       | Present value of excess contributions (line 38 from prior year) .....                                                   |                                                            | 401,597                |
| <b>b</b>       | Interest on (a) using prior year's effective rate of <u>6.56</u> % except as otherwise provided (see instructions)..... |                                                            | 23,964                 |
| <b>c</b>       | Total available at beginning of current plan year to add to prefunding balance.....                                     |                                                            | 425,561                |
| <b>d</b>       | Portion of (c) to be added to prefunding balance.....                                                                   |                                                            | 0                      |
| <b>12</b>      | Other reductions in balances due to elections or deemed elections.....                                                  | 0                                                          | 0                      |
| <b>13</b>      | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                      | 446,136                                                    | 0                      |

| <b>Part III</b> |                                                                                                                                                                 | <b>Funding percentages</b> |          |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------|
| <b>14</b>       | Funding target attainment percentage .....                                                                                                                      | <b>14</b>                  | 85.95 %  |
| <b>15</b>       | Adjusted funding target attainment percentage .....                                                                                                             | <b>15</b>                  | 85.95 %  |
| <b>16</b>       | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement..... | <b>16</b>                  | 100.96 % |
| <b>17</b>       | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. ....                                       | <b>17</b>                  | %        |

| <b>Part IV</b>                                                                           |                                   | <b>Contributions and liquidity shortfalls</b> |                          |                                   |                                 |
|------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------|--------------------------|-----------------------------------|---------------------------------|
| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                               |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)                                                                 | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees               | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 01/15/2013                                                                               | 66,000                            |                                               |                          |                                   |                                 |
| 06/14/2013                                                                               | 180,000                           |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
| <b>Totals •</b>                                                                          |                                   |                                               | <b>18(b)</b>             | 246,000                           | <b>18(c)</b>                    |
|                                                                                          |                                   |                                               |                          |                                   | 0                               |

|                                                                                                                                      |                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: |                                                                     |
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years. ....                                 | <b>19a</b> 0                                                        |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date.....                                                    | <b>19b</b> 0                                                        |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....               | <b>19c</b> 224,601                                                  |
| <b>20</b> Quarterly contributions and liquidity shortfalls:                                                                          |                                                                     |
| <b>a</b> Did the plan have a "funding shortfall" for the prior year? .....                                                           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>b</b> If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....                   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>c</b> If 20a is "Yes," see instructions and complete the following table as applicable:                                           |                                                                     |

| Liquidity shortfall as of end of quarter of this plan year |         |         |         |
|------------------------------------------------------------|---------|---------|---------|
| (1) 1st                                                    | (2) 2nd | (3) 3rd | (4) 4th |
| 0                                                          | 0       | 0       | 0       |

**Part V Assumptions used to determine funding target and target normal cost**

|                                                                                                                                                                                              |                        |                        |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>2.27 % | 2nd segment:<br>5.43 % | 3rd segment:<br>6.34 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....                                                                                                                                                  |                        |                        |                        | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                        |                        |                        | <b>22</b> 61                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                        |                                                     |

**Part VI Miscellaneous items**

|                                                                                                                                                                        |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....                            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>27</b> If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment .....                  | <b>27</b>                                                           |

**Part VII Reconciliation of unpaid minimum required contributions for prior years**

|                                                                                                                                     |           |   |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                           | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....                                    | <b>30</b> | 0 |

**Part VIII Minimum required contribution for current year**

| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                                                                                                                                                                                                                                                                                                                                         |                   |                    |  |                     |             |                                                      |         |         |                                               |   |   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------|--|---------------------|-------------|------------------------------------------------------|---------|---------|-----------------------------------------------|---|---|
| <b>a</b> Target normal cost (line 6) .....                                                                                                                                           | <b>31a</b>                                                                                                                                                                                                                                                                                                                              | 154,070           |                    |  |                     |             |                                                      |         |         |                                               |   |   |
| <b>b</b> Excess assets, if applicable, but not greater than 31a .....                                                                                                                | <b>31b</b>                                                                                                                                                                                                                                                                                                                              | 0                 |                    |  |                     |             |                                                      |         |         |                                               |   |   |
| <b>32</b> Amortization installments:                                                                                                                                                 | <table border="1"> <thead> <tr> <th></th> <th>Outstanding Balance</th> <th>Installment</th> </tr> </thead> <tbody> <tr> <td><b>a</b> Net shortfall amortization installment.....</td> <td>682,445</td> <td>108,692</td> </tr> <tr> <td><b>b</b> Waiver amortization installment.....</td> <td>0</td> <td>0</td> </tr> </tbody> </table> |                   |                    |  | Outstanding Balance | Installment | <b>a</b> Net shortfall amortization installment..... | 682,445 | 108,692 | <b>b</b> Waiver amortization installment..... | 0 | 0 |
|                                                                                                                                                                                      | Outstanding Balance                                                                                                                                                                                                                                                                                                                     | Installment       |                    |  |                     |             |                                                      |         |         |                                               |   |   |
| <b>a</b> Net shortfall amortization installment.....                                                                                                                                 | 682,445                                                                                                                                                                                                                                                                                                                                 | 108,692           |                    |  |                     |             |                                                      |         |         |                                               |   |   |
| <b>b</b> Waiver amortization installment.....                                                                                                                                        | 0                                                                                                                                                                                                                                                                                                                                       | 0                 |                    |  |                     |             |                                                      |         |         |                                               |   |   |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... | <b>33</b>                                                                                                                                                                                                                                                                                                                               |                   |                    |  |                     |             |                                                      |         |         |                                               |   |   |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...                                                            | <b>34</b>                                                                                                                                                                                                                                                                                                                               | 262,762           |                    |  |                     |             |                                                      |         |         |                                               |   |   |
|                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                         | Carryover balance | Prefunding balance |  |                     |             |                                                      |         |         |                                               |   |   |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               |                                                                                                                                                                                                                                                                                                                                         | 212,000           | 0                  |  |                     |             |                                                      |         |         |                                               |   |   |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>                                                                                                                                                                                                                                                                                                                               | 50,762            |                    |  |                     |             |                                                      |         |         |                                               |   |   |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....                                                   | <b>37</b>                                                                                                                                                                                                                                                                                                                               | 224,601           |                    |  |                     |             |                                                      |         |         |                                               |   |   |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                                                                                                                                                                                                                                                                                                                                         |                   |                    |  |                     |             |                                                      |         |         |                                               |   |   |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>                                                                                                                                                                                                                                                                                                                              | 173,839           |                    |  |                     |             |                                                      |         |         |                                               |   |   |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>                                                                                                                                                                                                                                                                                                                              | 173,839           |                    |  |                     |             |                                                      |         |         |                                               |   |   |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>                                                                                                                                                                                                                                                                                                                               | 0                 |                    |  |                     |             |                                                      |         |         |                                               |   |   |
| <b>40</b> Unpaid minimum required contributions for all years.....                                                                                                                   | <b>40</b>                                                                                                                                                                                                                                                                                                                               | 0                 |                    |  |                     |             |                                                      |         |         |                                               |   |   |

**Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)**

|                                                                                                                 |                                                                                                                         |   |  |
|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---|--|
| <b>41</b> If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule: |                                                                                                                         |   |  |
| <b>a</b> Schedule elected .....                                                                                 | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |   |  |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made .....                                | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |   |  |
| <b>42</b> Amount of acceleration adjustment .....                                                               | <b>42</b>                                                                                                               | 0 |  |
| <b>43</b> Excess installment acceleration amount to be carried over to future plan years .....                  | <b>43</b>                                                                                                               | 0 |  |

## Schedule 1

**EGS ELECTRICAL GROUP LLC PENSION PLAN  
FOR HOURLY EMPLOYEES**

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

September 30, 2012

| <u>Identity of issuer</u>      | <u>Description of investment</u>                            | <u>Cost</u>         | <u>Current value</u> |
|--------------------------------|-------------------------------------------------------------|---------------------|----------------------|
| * Northern Institutional Funds | Collective Short-term Investment Fund, 9,184.30 units       | \$ 9,184            | 9,184                |
| * Northern Institutional Funds | U.S. Treasury Index Portfolio, 88,703.01 units              | 1,906,807           | 2,064,119            |
| * Northern Institutional Funds | Institutional Funds Equity Index Portfolio 218,638.46 units | 2,902,721           | 3,133,089            |
|                                |                                                             | <u>\$ 4,818,712</u> | <u>5,206,392</u>     |

\* Represents a party in interest

See accompanying independent auditors' report.

**Schedule H, line 4j**  
**Schedule of Reportable Transactions.**

[illegible]