

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089
		2009
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>ALLIED TECHNOLOGY PROFIT SHARING AND SAVINGS PLAN</u>	1b Three-digit plan number (PN) ▶ <u>001</u> 1c Effective date of plan <u>08/01/1997</u>
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>ALLIED PRODUCTION SERVICES INC.</u> <u>14800 ST MARYS LN STE 130</u> <u>HOUSTON, TX 77079</u>	2b Employer Identification Number (EIN) <u>71-1037026</u> 2c Sponsor's telephone number <u>281-759-0403</u> 2d Business code (see instructions) <u>332400</u>

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/11/2010</u>	<u>RYAN LILES</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/11/2010</u>	<u>RYAN LILES</u>
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") ALLIED PRODUCTION SERVICES INC. 14800 ST MARYS LN STE 130 HOUSTON, TX 77079	3b Administrator's EIN 71-1037026 3c Administrator's telephone number 281-759-0403
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name CERTIFIED TECHNICAL SERVICES L.P.	4b EIN 20-1392335 4c PN 001
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5 Total number of participants at the beginning of the plan year	5	397
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	361
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	26
d Subtotal. Add lines 6a , 6b , and 6c	6d	387
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	387
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	167
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	1

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2E 2F 2G 2J 2K 3H 3D 2T

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan ALLIED TECHNOLOGY PROFIT SHARING AND SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500. ALLIED PRODUCTION SERVICES INC.	D Employer Identification Number (EIN) 71-1037026	

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

(a) Name of insurance carrier

AMERICAN UNITED LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0145825	60895	G33765	167	01/01/2009	12/31/2009

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
6275	0

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

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

FREDERICK B LEATHERS
5605 GLENRIDGE DR STE 300
ATLANTA, GA 30342

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6275	0	N/A	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	1484777
5 Current value of plan's interest under this contract in separate accounts at year end	5	1414418

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

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

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

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

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

b Balance at the end of the previous year	7b	847614
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c Additions: (1) Contributions deposited during the year	7c(1)	252275	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	42318	
(4) Transferred from separate account	7c(4)	455401	
(5) Other (specify below)	7c(5)	22145	

▶ **LOAN REPAYMENT**

(6) Total additions	7c(6)	772139
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d Total of balance and additions (add b and c(6))	7d	1619753
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	63294	
(2) Administration charge made by carrier	7e(2)	4196	
(3) Transferred to separate account	7e(3)	429	
(4) Other (specify below)	7e(4)	67057	

▶ **LOAN ISSUED**

(5) Total deductions	7e(5)	134976
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f Balance at the end of the current year (subtract e(5) from d)	7f	1484777
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan ALLIED TECHNOLOGY PROFIT SHARING AND SAVINGS PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ALLIED PRODUCTION SERVICES INC.		D Employer Identification Number (EIN) 71-1037026

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
AIM VARIABLE INSURANCE FUNDS
74-1881364

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
AM CENT INVESTMENT SERVICES INC
20-2036524

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
CAPITAL RESEARCH & MGMT COMPANY
95-1411037

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
FIDELITY VARIABLE INS PRODUCTS FUND
04-2270522

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

FIFTH THIRD FUNDS FIFTH THIRD FAMIL

34-1172683

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

FRANKLIN TEMPLETON FUNDS

94-3382187

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

JANUS ADVISER SERIES

75-3019319

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

NEUBERGER BERMAN ADVISERS MGT TRUST

13-5521910

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

ONEAMERICA FUNDS INC.

35-0145825

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

PIMCO FUNDS & ALLIANZ FUNDS

06-1349805

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

FRANK RUSSELL INVESTMENT COMPANY

91-1175092

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

STATE STREET GLOBAL ADVISORS

04-1867445

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

T ROWE PRICE FUNDS

52-1184650

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

THORNBURG INVESTMENT TRUST

85-0301299

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

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

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

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

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

AMERICAN UNITED LIFE INSURANCE CO

35-0145825

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 50 52 59 60 63 64 66 67	SERVICE PROVIDER	6027	Yes ☒ No ☐	Yes ☐ No ☒	14260	Yes ☒ No ☐

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

SANDERSON KNOX & CO LLP

26-2656371

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	ACCOUNTANT	7700	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	66 67	14260

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN UNITED LIFE INSURANCE CO 35-0145825	ASSET CHARGE

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AIM VARIABLE INSURANCE FUNDS 74-1881364	REVENUE SHARING FORMULA SEE ATTACHED

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AM CENT INVESTMENT SERVICES INC 20-2036524	REVENUE SHARING FORMULA SEE ATTACHED

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CAPITAL RESEARCH & MGMT COMPANY 95-1411037	REVENUE SHARING FORMULA SEE ATTACHED	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FIDELITY VARIABLE INS PRODUCTS FUND 04-2270522	REVENUE SHARING FORMULA SEE ATTACHED	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FIFTH THIRD FUNDS FIFTH THIRD FAMIL 34-1172683	REVENUE SHARING FORMULA SEE ATTACHED	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FRANKLIN TEMPLETON FUNDS 94-3382187	REVENUE SHARING FORMULA SEE ATTACHED

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JANUS ADVISER SERIES 75-3019319	REVENUE SHARING FORMULA SEE ATTACHED

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
NEUBERGER BERMAN ADVISERS MGT TRUST 13-5521910	REVENUE SHARING FORMULA SEE ATTACHED

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ONEAMERICA FUNDS INC. 35-0145825	REVENUE SHARING FORMULA SEE ATTACHED	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PIMCO FUNDS & ALLIANZ FUNDS 06-1349805	REVENUE SHARING FORMULA SEE ATTACHED	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FRANK RUSSELL INVESTMENT COMPANY 91-1175092	REVENUE SHARING FORMULA SEE ATTACHED	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
STATE STREET GLOBAL ADVISORS 04-1867445	REVENUE SHARING FORMULA SEE ATTACHED	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T ROWE PRICE FUNDS 52-1184650	REVENUE SHARING FORMULA SEE ATTACHED	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
THORNBURG INVESTMENT TRUST 85-0301299	REVENUE SHARING FORMULA SEE ATTACHED	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan ALLIED TECHNOLOGY PROFIT SHARING AND SAVINGS PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 ALLIED PRODUCTION SERVICES INC.	D Employer Identification Number (EIN) 71-1037026	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	162634	10819
(2) Participant contributions	1b(2)	20996	1111
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	77261	185984
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	870399	1414418
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	847614	1484777
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	1978904	3097109

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	1978904	3097109
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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: (A) Employers	2a(1)(A)	302179	
(B) Participants	2a(1)(B)	467236	
(C) Others (including rollovers)	2a(1)(C)	52073	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		821488

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	42318	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	7521	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		49839

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

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		339818
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1211145

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	268278	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		268278
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	11361	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		11361
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		279639

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		931506
l Transfers of assets:			
(1) To this plan.....	2l(1)		186699
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: SANDERSON KNOX & CO LLP

(2) EIN: 26-2656371

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

- 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)

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan <u>ALLIED TECHNOLOGY PROFIT SHARING AND SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ALLIED PRODUCTION SERVICES INC.</u>	D Employer Identification Number (EIN) <u>71-1037026</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>35-0145825</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2009
v.092308.1

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:

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate item 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

**Allied Technology Profit
Sharing and Savings Plan**

FINANCIAL REPORT

December 31, 2009

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C O N T E N T S

	<u>Page</u>
Independent Auditors' Report	1
<u>Financial Statements</u>	
Statements of Net Assets Available for Plan Benefits as of December 31, 2009 and 2008	4
Statement of Changes in Net Assets Available for Plan Benefits for the Years Ended December 31, 2009 and 2008	5
Notes to Financial Statements	7-12
<u>Supplemental Schedule</u>	
Schedule I – Schedule of Assets Held for Investment Purposes as of December 31, 2009	14-15

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Independent Auditors' Report

Administrative Committee
Allied Technology Profit Sharing and Savings Plan
Houston, Texas

We were engaged to audit the accompanying financial statements and supplemental schedule of the Allied Technology Profit Sharing and Savings Plan ("the Plan") as of December 31, 2009 and 2008, and for the years then ended, as listed in the accompanying table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor 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 11 which was certified by American United Life Insurance Company, the asset custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the asset custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the asset custodian as of and for the years ended December 31, 2009 and 2008, that the information provided to the Plan administrator by the asset custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the asset custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Sugar Land, Texas
August 20, 2010

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FINANCIAL STATEMENTS

Allied Technology Profit Sharing and Savings Plan

STATEMENTS OF NET ASSETS AVAILABLE **FOR PLAN BENEFITS**

December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
<u>Assets</u>		
Investments, at fair value	\$ 3,085,179	\$ 1,795,274
Receivables:		
Employee	1,111	20,996
Employer	<u>10,819</u>	<u>162,634</u>
Total Assets	<u>3,097,109</u>	<u>1,978,904</u>
 Net Assets Available for Plan Benefits	 <u>\$ 3,097,109</u>	 <u>\$ 1,978,904</u>

Allied Technology Profit Sharing and Savings Plan

STATEMENT OF CHANGES IN NET ASSETS **AVAILABLE FOR PLAN BENEFITS**

For the Years Ended December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
<u>Additions</u>		
Investment income (loss)		
Net appreciation (depreciation) on investments	\$ 339,818	\$ (467,443)
Interest income	<u>49,839</u>	<u>32,029</u>
Total investment income (loss)	<u>389,657</u>	<u>(435,414)</u>
Contributions		
Employees	467,236	354,951
Employer	302,179	199,816
Rollover	<u>52,073</u>	<u></u>
Total contributions	<u>821,488</u>	<u>554,767</u>
Total Additions	<u>1,211,145</u>	<u>119,353</u>
<u>Deductions</u>		
Benefit payments	268,278	225,262
Excess deferral distributions		580
Administrative expenses	<u>11,361</u>	<u>8,762</u>
Total Deductions	<u>279,639</u>	<u>234,604</u>
Net Increase (Decrease)	<u>931,506</u>	<u>(115,251)</u>
Net Assets, Beginning	1,978,904	2,094,155
Transfer of assets from other plans	<u>186,699</u>	<u></u>
Net Assets, Ending	<u><u>\$ 3,097,109</u></u>	<u><u>\$ 1,978,904</u></u>

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Allied Technology Profit Sharing and Savings Plan

Notes to Financial Statements

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of the Allied Technology Profit Sharing and Savings Plan ("the Plan"), sponsored and administered by Allied Production Services, Inc. ("the Company", or "Plan Administrator"), provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General: The Plan is a single-employer, defined contribution plan covering all eligible employees of the Company and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility: Any employee is eligible to participate in the Plan after attaining the age of 21 years and completing six months of preliminary service.

Company's contributions: The Company matches 100% of the first 3% and 50% of the next 2% up to 5% of the participant's compensation, which is deferred as an elective deferral. Matching contributions, net of applied forfeitures, of \$302,179 and \$199,816 were made in 2009 and 2008, respectively.

Participant's contributions: A participant can contribute up to 70% of his or her base compensation with a minimum of 1%, up to the maximum IRS imposed dollar limit (\$16,500 and \$22,000 for persons under and over age 50, respectively, in 2009 and \$15,500 and \$20,500 for persons under and over age 50, respectively, in 2008). These contributions, deducted from the employee's compensation, are referred to as employee 401(k) contributions by the Plan.

Investment options: A participant in the Plan determines the allocation of his/her contributions and related employer match, if applicable, among various investment funds. Each participant may choose to deposit all contributions in one fund or split the investment in any whole percentage as he/she may designate among the investment options.

Participant Loans: Participants can borrow the lesser of \$50,000 or one half of their vested account balance from the Plan with a minimum loan requirement of \$1,000. Loan terms have a maximum term of five years, except for loans used for the purchase of a principal residence, which may be repaid over a reasonable amount of time but cannot extend past the participant's normal retirement date. Such loans are secured by the participant's vested account balance and bear interest at prime plus 2%. Loans can be refinanced once each Plan year. Principal and interest are paid ratably through payroll deductions.

Vesting: Participants are immediately vested in their voluntary contributions and earnings thereon. Effective January 1, 2005, the Plan converted to a safe-harbor 401k Plan, whereby Company contributions are 100% vested immediately. Vesting in Company non safe-harbor contributions is based on years of service. One year of service is defined by 1,000 hours of work in a calendar year. A participant is 100% vested after five years of service on non safe-harbor contributions.

Forfeitures: Participants terminating from the Plan forfeit the balances in their employer accounts to the extent they have not become vested (as described above) in such amounts. Forfeitures are used to reduce the employer's contribution as such obligations accrue in future years. There were

Allied Technology Profit Sharing and Savings Plan

Notes to Financial Statements

no forfeited balances at December 31, 2009 or 2008.

Right to benefits:

- | | |
|-----------------------|--|
| (1) Normal retirement | The first day of any month following the date on which a participant or former participant attains age 65 (Normal Retirement Date). At this time, the participant is entitled to the vested portion of the amount credited to the participant's account. |
| (2) Early retirement | No early retirement provision is provided. |
| (3) Disability | The participant is entitled to the vested portion of the amount credited to the participant's account. |
| (4) Death | The participant's spouse or designated beneficiary is entitled to the vested portion of the amount credited to the participant's account. |

Forms of benefit payments: At the election of the participant or a designated beneficiary, benefits are paid in the form of a cash lump-sum payment.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation: The accompanying financial statements of the Plan have been prepared on the accrual basis of accounting.

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

Date of Management's Review

Subsequent events have been evaluated through August 20, 2010, which is the date the financial statements were available to be issued.

Investments: Investments are stated at fair value. Fair values generally are determined using quoted market prices or rates. The realized or unrealized gain or loss on investments is based on the value of those assets at the beginning of the Plan year or at the date of purchase, if acquired during the year. Participant loans are stated at cost, which approximates market value.

Expenses: All administrative expenses of the Plan are paid by the Plan.

Reclassifications: Certain reclassifications to prior year balances have been made to conform to current year presentation. Such reclassifications have had no effect on the change in net assets.

Allied Technology Profit Sharing and Savings Plan

Notes to Financial Statements

NOTE 3 - FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

	Fair Value	Fair Value Measurements Using:	
		Other than Quoted Prices that are Observable (Level 2)	Significant Unobservable Inputs (Level 3)
December 31, 2009			
Mutual funds	\$ 1,414,418	\$ 1,414,418	\$
Investment contract - insurance co.	1,484,777	1,484,777	
Participant loans	185,984		185,984
Total	<u>\$ 3,085,179</u>	<u>\$ 2,899,195</u>	<u>\$ 185,984</u>
December 31, 2008			
Mutual funds	\$ 870,399	\$ 870,399	\$
Investment contract - insurance co.	847,614	847,614	
Participant loans	77,261		77,261
Total	<u>\$ 1,795,274</u>	<u>\$ 1,718,013</u>	<u>\$ 77,261</u>

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly and Level 3 inputs have the lowest priority and consist of unobservable inputs for the asset or liability. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 or Level 2 inputs because they generally provide more reliable evidence of fair value. Level 3 inputs are only used when Level 1 or 2 inputs were not available.

Level 2 Fair Value Measurements: The fair value of mutual funds are based on quoted net asset values of the shares held by the Plan at year-end, and the fair value of the investment contract is based on amounts contributed or transferred to the fixed option account less any withdrawals or transfer out, plus all accrued interest.

Level 3 Fair Value Measurements: The participant loans are not actively traded and significant other inputs are not available. The fair value of participant loans approximated the amortized cost of the

Allied Technology Profit Sharing and Savings Plan

Notes to Financial Statements

loans because the loans are secured by each respective participant's account balance. The following table provides further details of the Level 3 fair value measurements.

Fair Value Measurements Using Significant Unobservable Inputs (Level 3)

	Participant Loans
December 31, 2009	
Beginning balance	\$ 77,261
Issuances and settlements, net	108,723
Ending balance	<u>\$ 185,984</u>
December 31, 2008	
Beginning balance	\$ 81,269
Issuances and settlements, net	(4,008)
Ending balance	<u>\$ 77,261</u>

NOTE 4 - INVESTMENTS

The following presents investments that represent 5% or more of the Plan's assets as of December 31, 2009 and 2008, and are valued at fair value as determined by prevailing market rates as of year-end:

	2009	2008
UAL Fixed Account	\$ 1,484,777	\$ 847,614

The Plan's investments (including investments bought, sold and held during the year) appreciated (depreciated) in value as follows:

	2009
Registered Investment Companies	<u>\$ 354,951</u>

NOTE 5 - INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan has entered into a benefit-responsive investment contract with American United Life Insurance Company ("AUL"). AUL maintains the contributions in a fixed option, which is backed by AUL's general account. The general account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract is included in the financial statements at contract value as reported to the Plan by AUL, which approximates fair value. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

Allied Technology Profit Sharing and Savings Plan

Notes to Financial Statements

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the investment contract at December 31, 2009 and 2008 was \$1,484,777 and \$847,614, respectively. Interest is earned at the higher of the rate guaranteed under the contract (3% for 2009) or the current rates established and declared in advance by AUL. The crediting interest rate was approximately 4.25% for 2009. The interest rate is reviewed on a quarterly basis for resetting.

NOTE 6 - TRUSTEE AND ASSET CUSTODIAN

The Company is the administrator/trustee of the Plan. The trustee signed a contract with American United Life Insurance Company to be the Plan's asset custodian (asset custodian). The asset custodian is to receive contributions, manage the investments of the Plan, perform the record-keeping function and make payments to participants in accordance with the Plan's terms.

NOTE 7 - FEDERAL INCOME TAX STATUS

The Plan obtained its latest advisory letter on May 31, 2008, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code.

NOTE 8 - AMOUNTS ALLOCATED TO WITHDRAWING PARTICIPANTS

Amounts allocated to accounts of persons who have withdrawn from the Plan, but have not yet been paid, were approximately \$362,409 and \$179,090 as of December 31, 2009 and 2008, respectively. These amounts are included in net assets available for benefits in the accompanying financial statements.

NOTE 9 - RELATED PARTY TRANSACTIONS

As of December 31, 2009 and 2008, the Plan held certain investments which were issued by American United Life Insurance Company, the asset custodian of the Plan. These investments and transactions therein qualify as party-in-interest transactions. The Plan also paid certain administrative fees to the custodian or a party related to the custodian.

NOTE 10 - PRIORITIES UPON PLAN TERMINATION

In the event of termination of the Plan, the account of each participant shall be fully (100%) vested and non-forfeitable as of the effective date of termination of the Plan. Should the Plan partially terminate, the account of each participant who is deemed to be affected by the partial termination

Allied Technology Profit Sharing and Savings Plan

Notes to Financial Statements

shall be fully (100%) vested and non-forfeitable as of the effective date of the partial termination. The participant's account shall continue to participate in the earnings credited, expenses charged, and any appreciation or depreciation of the investment funds until the vested account is distributed. The vested accounts may be distributed subsequent to the effective date of Plan termination.

NOTE 11 - INFORMATION CERTIFIED BY THE PLAN'S ASSET CUSTODIAN

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Accordingly, the Plan's asset custodian has certified that the following data included in the accompanying financial statements and schedules is complete and accurate:

- a. Investments, as shown in the statements of net assets available for plan benefits as of December 31, 2009 and 2008.
- b. Investment gain (loss), as shown in the statements of changes in net assets available for plan benefits for the year ended December 31, 2009.
- c. The schedule of assets held for investment purposes as of December 31, 2009, as shown in Schedule I.

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

NOTE 12 - RISKS AND UNCERTAINTIES

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

SUPPLEMENTAL SCHEDULE

Allied Technology Profit Sharing and Savings Plan

Schedule I (Page 1 of 2)

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

December 31, 2009

Identity of Issue	Description	Current Value	Cost **
* - American United Life Ins. Co.	AUL Fixed Account	\$ 1,484,777	\$
* - American United Life Ins. Co.	Lord Abbett Small-Cap Blend Fund	4,308	
* - American United Life Ins. Co.	Thornburg International Value Fund	63,210	
* - American United Life Ins. Co.	Fifth Third Mid Cap Growth Fund	1,978	
* - American United Life Ins. Co.	Fifth Third Strategic Income Fund	6,312	
* - American United Life Ins. Co.	OneAmerica Asset Director Fund	2,890	
* - American United Life Ins. Co.	OneAmerica Investment Grade Bond Fund	35,380	
* - American United Life Ins. Co.	OneAmerica Value Fund	21,139	
* - American United Life Ins. Co.	Fidelity Advisor Dividend Growth Fund	842	
* - American United Life Ins. Co.	Fidelity Advisor Equity Income Fund	12,654	
* - American United Life Ins. Co.	Fidelity Advisor Growth & Income Fund	10,043	
* - American United Life Ins. Co.	Fidelity Advisor Mid Cap Fund	23,403	
* - American United Life Ins. Co.	Fidelity Advisor Small Cap Fund	31,765	
* - American United Life Ins. Co.	Fidelity Advisor Diversified International Fund	491	
* - American United Life Ins. Co.	Fidelity Advisor Dynamic Cap Fund	591	
* - American United Life Ins. Co.	Fidelity Advisor Equity Growth Fund	1,439	
* - American United Life Ins. Co.	Fidelity Advisor Growth Opportunity Fund	36,829	
* - American United Life Ins. Co.	Fidelity Advisor Overseas Fund	94	
* - American United Life Ins. Co.	Fidelity Advisor Freedom 2015 Fund	6,837	
* - American United Life Ins. Co.	Fidelity Advisor Freedom 2020 Fund	11,972	
* - American United Life Ins. Co.	Fidelity Advisor Freedom 2025 Fund	118,023	
* - American United Life Ins. Co.	Fidelity Advisor Freedom 2030 Fund	16,871	
* - American United Life Ins. Co.	Fidelity Advisor Freedom 2035 Fund	21,408	
* - American United Life Ins. Co.	Fidelity Advisor Freedom 2040 Fund	35,764	
* - American United Life Ins. Co.	Invesco Basic Value Fund	15,763	
* - American United Life Ins. Co.	Invesco Global Equity Fund	23,374	
* - American United Life Ins. Co.	Invesco Mid Cap Core Equity Fund	21,549	
* - American United Life Ins. Co.	Invesco Small Cap Growth Fund	1,360	
* - American United Life Ins. Co.	Janus Intech Risk Managed Growth Fund	26,112	
* - American United Life Ins. Co.	Janus Perkins Small Cap Value Fund	19,353	
* - American United Life Ins. Co.	Fidelity Advisor Freedom 2045 Fund	20,001	
* - American United Life Ins. Co.	Fidelity Advisor Freedom 2050 Fund	27,750	
* - American United Life Ins. Co.	AmericanCentury Equity Income Fund	49,455	
* - American United Life Ins. Co.	AmericanCentury Heritage Fund	11,411	
* - American United Life Ins. Co.	AmericanCentury International Growth Fund	9,560	
* - American United Life Ins. Co.	AmericanCentury Large Company Value Fund	4,475	
* - American United Life Ins. Co.	AmericanCentury Real Estate Fund	1,939	
* - American United Life Ins. Co.	AmericanCentury Small Cap Value Fund	6,535	
* - American United Life Ins. Co.	AmericanCentury Strategic Alloc Agg Fund	116,389	
* - American United Life Ins. Co.	AmericanCentury Strategic Alloc Cons Fund	20,751	
* - American United Life Ins. Co.	AmericanCentury Strategic Alloc Mod Fund	18,050	

* - Party-in-Interest

** - Cost column is left blank as all investments are participant directed.

Allied Technology Profit Sharing and Savings Plan

Schedule I (Page 2 of 2)

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

December 31, 2009

Identity of Issue	Description	Current Value	Cost **
* - American United Life Ins. Co.	AmericanCentury Ultra Fund	172	
* - American United Life Ins. Co.	AmericanCentury Ginnie Mae Fund	6,579	
* - American United Life Ins. Co.	AmericanCentury Growth Fund	9,491	
* - American United Life Ins. Co.	AmericanCentury Equity Growth Fund	842	
* - American United Life Ins. Co.	AmericanCentury Inflation-Adjusted Bd Fund	32,468	
* - American United Life Ins. Co.	AmericanCentury Small Cap Growth Fund	8,329	
* - American United Life Ins. Co.	AmericanCentury Vista Fund	10,154	
* - American United Life Ins. Co.	Invesco Energy Fund	33,815	
* - American United Life Ins. Co.	Invesco Global Health Care Fund	2,624	
* - American United Life Ins. Co.	Invesco Leisure Fund	108	
* - American United Life Ins. Co.	Invesco Technology Fund	724	
* - American United Life Ins. Co.	Neuberger Berman Focus Fund	6,257	
* - American United Life Ins. Co.	PIMCO Total Return Fund	23,096	
* - American United Life Ins. Co.	PIMCO High Yield Return Fund	12,092	
* - American United Life Ins. Co.	Allianz CCM Capital Appreciation Fund	1,774	
* - American United Life Ins. Co.	Allianz NFJ Small Cap Value Fund	11,838	
* - American United Life Ins. Co.	Allianz OpCap Renaissance Fund	4,931	
* - American United Life Ins. Co.	T Rowe Price Equity Income Fund	7,916	
* - American United Life Ins. Co.	T Rowe Price Growth Stock Fund	6,624	
* - American United Life Ins. Co.	T Rowe Price Mid Cap Value Fund	17,786	
* - American United Life Ins. Co.	T Rowe Price Intl Growth & Income Fund	10,919	
* - American United Life Ins. Co.	T Rowe Price Blue Chip Growth Fund	6,087	
* - American United Life Ins. Co.	T Rowe Price International St Fund	845	
* - American United Life Ins. Co.	Franklin Strategic Income Fund	32,184	
* - American United Life Ins. Co.	Franklin Flex Cap Growth Fund	17,971	
* - American United Life Ins. Co.	Templeton Foreign Fund	31,139	
* - American United Life Ins. Co.	Templeton Growth Fund	10,962	
* - American United Life Ins. Co.	Franklin Small-Mid Cap Growth Fund	4,938	
* - American United Life Ins. Co.	SSGA S&P 500 Index Strategy Fund	25,177	
* - American United Life Ins. Co.	SSGA S&P Midcap 400 Index Fund	6,298	
* - American United Life Ins. Co.	SSGA Small Cap Index Fund	8,250	
* - American United Life Ins. Co.	SSGA International Index Fund	10,211	
* - American United Life Ins. Co.	Russell Lifepoints Conservative Strategy Fund	41,053	
* - American United Life Ins. Co.	Russell Lifepoints Moderate Strategy Fund	9,490	
* - American United Life Ins. Co.	Russell Lifepoints Balanced Strat Fund	98,140	
* - American United Life Ins. Co.	Russell Lifepoints Growth Strat Fund	13,843	
* - American United Life Ins. Co.	Russell Lifepoints Equity Growth Strat Fund	31,221	
* - Allied Technology Services, Inc. Profit Sharing and Savings Plan	Participant loans (interest rates of 5.00% to 9.25%)	185,984	
		<u>\$ 3,085,179</u>	<u>\$</u>

Schedule C Attachment for Line Item 3(e)

ALLIED TECHNOLOGY PROFIT SHARING AND SAVINGS PLAN

001

71-1037026

December 31, 2009

The investment options of the Plan include various portfolios within an AUL separate account. The separate account in turn invests in investment portfolios of certain open-end management investment companies. AUL receives indirect compensation from these investment companies for the services provided by AUL.

The compensation received by AUL is computed by each investment company by multiplying the daily account balance of the AUL separate account's interest in a particular portfolio by a predetermined percentage rate negotiated with the investment company. This indirect compensation is not charged to the plan or participants accounts but is paid directly by the investment company.

The investment company, the underlying investment portfolio, and the annual compensation percentages are shown below.

Investment Company	Investment Portfolio	Annual Percentage
AIM	AIM BASIC VALUE	0.70
AIM	AIM ENERGY FUND	0.60
AIM	AIM FINANCIAL SERVICES FUND	0.60
AIM	AIM GLOBAL EQUITY	0.45
AIM	AIM GLOBAL HEALTH CARE FUND	0.45
AIM	AIM LEISURE FUND	0.60
AIM	AIM MID CAP CORE EQUITY	0.70
AIM	AIM SMALL CAP GROWTH	0.70
AIM	AIM TECHNOLOGY FUND	0.60
AMERICAN CENTURY	AMCENT EQUITY GROWTH	0.50
AMERICAN CENTURY	AMCENT EQUITY INCOME	0.60
AMERICAN CENTURY	AMCENT GINNIE MAE	0.50
AMERICAN CENTURY	AMCENT GROWTH	0.60
AMERICAN CENTURY	AMCENT HERITAGE	0.60
AMERICAN CENTURY	AMCENT INFLATION-ADJUSTED BOND	0.30
AMERICAN CENTURY	AMCENT INTL GROWTH	0.60
AMERICAN CENTURY	AMCENT LARGE COMPANY VALUE	0.60
AMERICAN CENTURY	AMCENT REAL ESTATE	0.60
AMERICAN CENTURY	AMCENT SELECT	0.60
AMERICAN CENTURY	AMCENT SMALL CAP GROWTH	0.60
AMERICAN CENTURY	AMCENT SMALL CAP VALUE	0.60
AMERICAN CENTURY	AMCENT STRATEGIC ALLOC AGGRES	0.60
AMERICAN CENTURY	AMCENT STRATEGIC ALLOC CONSER	0.60
AMERICAN CENTURY	AMCENT STRATEGIC ALLOC MOD	0.60
AMERICAN CENTURY	AMCENT ULTRA	0.60
AMERICAN CENTURY	AMCENT VISTA	0.60
AMERICAN FUNDS	AMER FDS INT BND FUND OF AMERI	0.60
FIDELITY	FIDELITY ADV DIVERSF INTL	0.60
FIDELITY	FIDELITY ADV DIVIDEND GRTH	0.60
FIDELITY	FIDELITY ADV DYNAMIC CAP	0.60
FIDELITY	FIDELITY ADV EQUITY GROWTH	0.60

FIDELITY	FIDELITY ADV EQUITY INCOME	0.60
FIDELITY	FIDELITY ADV FREEDOM 2010	0.60
FIDELITY	FIDELITY ADV FREEDOM 2015	0.60
FIDELITY	FIDELITY ADV FREEDOM 2020	0.60
FIDELITY	FIDELITY ADV FREEDOM 2025	0.60
FIDELITY	FIDELITY ADV FREEDOM 2030	0.60
FIDELITY	FIDELITY ADV FREEDOM 2035	0.60
FIDELITY	FIDELITY ADV FREEDOM 2040	0.60
FIDELITY	FIDELITY ADV FREEDOM 2045	0.60
FIDELITY	FIDELITY ADV FREEDOM 2050	0.60
FIDELITY	FIDELITY ADV GRTH & INCOME	0.60
FIDELITY	FIDELITY ADV GRWTH OPPORT	0.60
FIDELITY	FIDELITY ADV INTL CAP APP	0.60
FIDELITY	FIDELITY ADV MID CAP	0.60
FIDELITY	FIDELITY ADV OVERSEAS	0.60
FIDELITY	FIDELITY ADV SMALL CAP	0.60
FIFTH THIRD	FIFTH THIRD ALL CAP VALUE	0.35
FIFTH THIRD	FIFTH THIRD MID CAP GROWTH	0.35
FIFTH THIRD	FIFTH THIRD QUALITY GROWTH	0.35
FIFTH THIRD	FIFTH THIRD STRATEGIC INCOME	0.25
FRANKLIN/TEMPLETON	FRANKLIN FLEX CAP GROWTH	0.65
FRANKLIN/TEMPLETON	FRANKLIN SMALL-MID CAP GWTH	0.65
FRANKLIN/TEMPLETON	FRANKLIN STRATEGIC INCOME	0.65
FRANKLIN/TEMPLETON	TEMPLETON FOREIGN	0.65
FRANKLIN/TEMPLETON	TEMPLETON GROWTH	0.65
JANUS	JANUS INTECH RISK-MGD GROWTH	0.50
JANUS	JANUS PERKINS SM CAP VAL	0.50
NEUBERGER/BERMAN	NEUBERGER/BERMAN FASCIANO	0.60
NEUBERGER/BERMAN	NEUBERGER/BERMAN FOCUS	0.60
ONEAMERICA FUNDS	ONEAMERICA ASSET DIRECTOR	0.30
ONEAMERICA FUNDS	ONEAMERICA INVESTMENT GRD BOND	0.30
ONEAMERICA FUNDS	ONEAMERICA VALUE	0.30
PIMCO	ALLIANZ CCM CAPITAL APPREC	0.65
PIMCO	ALLIANZ NFJ RENAISSANCE	0.65
PIMCO	ALLIANZ NFJ SMALL CAP VALUE	0.65
PIMCO	ALLIANZ RCM LARGE CAP GWTH	0.65
PIMCO	PIMCO HIGH YIELD	0.60
PIMCO	PIMCO TOTAL RETURN	0.60
RUSSELL	RUSSELL LIFEPOINTS BAL STRAT	0.70
RUSSELL	RUSSELL LIFEPOINTS CONS STRAT	0.70
RUSSELL	RUSSELL LIFEPOINTS GROW STRAT	0.70
RUSSELL	RUSSELL LIFEPOINTS MOD STRAT	0.70
RUSSELL	RUSSELL LIFEPOINTS®EQGRO STRAT	0.70
STATE STREET	SSGA MSCI EAFE INDEX STRATEGY	0.60
STATE STREET	SSGA RUSSELL 2000 INDEX STRAT	0.62
STATE STREET	SSGA S&P 500 INDEX STRATEGY	0.60
STATE STREET	SSGA S&P MIDCAP 400 INDEX STRA	0.62
T. ROWE PRICE	T ROWE PRICE BLUE CHIP GROWTH	0.65
T. ROWE PRICE	T ROWE PRICE EQUITY-INCOME	0.65
T. ROWE PRICE	T ROWE PRICE GROWTH STOCK	0.65
T. ROWE PRICE	T ROWE PRICE INTERNATIONAL ST	0.60
T. ROWE PRICE	T ROWE PRICE INTL GRTH & INCOM	0.60
T. ROWE PRICE	T ROWE PRICE MID CAP VALUE	0.65

THORNBURG	THORNBURG INTERNATIONAL VALUE	0.70
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Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name ALLIED TECHNOLOGY PROFIT SHARING AND SAVINGS PLAN

EIN: 71-1037026

Plan Sponsor's Name ALLIED PRODUCTION SERVICES INC.

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	AMERICAN UNITED LIFE INS CO	AUL FIXED ACCOUNT		1,484,777
	AMERICAN UNITED LIFE INS CO	PARTICIPANT LOANS		185,984
	AMERICAN UNITED LIFE INS CO	LORD ABBETT SMALL-CAP BLEND		4,308
	AMERICAN UNITED LIFE INS CO	THORNBURG INTERNATIONAL VALUE		63,210
	AMERICAN UNITED LIFE INS CO	FIFTH THIRD MID CAP GROWTH		1,978
	AMERICAN UNITED LIFE INS CO	FIFTH THIRD STRATEGIC INCOME		6,312
	AMERICAN UNITED LIFE INS CO	ONEAMERICA ASSET DIRECTOR		2,890

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name ALLIED TECHNOLOGY PROFIT SHARING AND SAVINGS PLAN

EIN: 71-1037026

Plan Sponsor's Name ALLIED PRODUCTION SERVICES INC.

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	AMERICAN UNITED LIFE INS CO	ONEAMERICA INVESTMENT GRD BOND		35,380
	AMERICAN UNITED LIFE INS CO	ONEAMERICA VALUE		21,139
	AMERICAN UNITED LIFE INS CO	FIDELITY ADV DIVIDEND GRTH		842
	AMERICAN UNITED LIFE INS CO	FIDELITY ADV EQUITY INCOME		12,654
	AMERICAN UNITED LIFE INS CO	FIDELITY ADV GRTH & INCOME		10,043
	AMERICAN UNITED LIFE INS CO	FIDELITY ADV MID CAP		23,403
	AMERICAN UNITED LIFE INS CO	FIDELITY ADV SMALL CAP		31,765

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name ALLIED TECHNOLOGY PROFIT SHARING AND SAVINGS PLAN

EIN: 71-1037026

Plan Sponsor's Name ALLIED PRODUCTION SERVICES INC.

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	AMERICAN UNITED LIFE INS CO	FIDELITY ADV DIVERSEF INTL		491
	AMERICAN UNITED LIFE INS CO	FIDELITY ADV DYNAMIC CAP		591
	AMERICAN UNITED LIFE INS CO	FIDELITY ADV EQUITY GROWTH		1,439
	AMERICAN UNITED LIFE INS CO	FIDELITY ADV GRWTH OPPORT		36,829
	AMERICAN UNITED LIFE INS CO	FIDELITY ADV OVERSEAS		94
	AMERICAN UNITED LIFE INS CO	FIDELITY ADV FREEDOM 2015		6,837
	AMERICAN UNITED LIFE INS CO	FIDELITY ADV FREEDOM 2020		11,972

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name ALLIED TECHNOLOGY PROFIT SHARING AND SAVINGS PLAN

EIN: 71-1037026

Plan Sponsor's Name ALLIED PRODUCTION SERVICES INC.

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	AMERICAN UNITED LIFE INS CO	FIDELITY ADV FREEDOM 2025		118,023
	AMERICAN UNITED LIFE INS CO	FIDELITY ADV FREEDOM 2030		16,871
	AMERICAN UNITED LIFE INS CO	FIDELITY ADV FREEDOM 2035		21,408
	AMERICAN UNITED LIFE INS CO	FIDELITY ADV FREEDOM 2040		35,764
	AMERICAN UNITED LIFE INS CO	INVESCO BASIC VALUE		15,763
	AMERICAN UNITED LIFE INS CO	INVESCO GLOBAL EQUITY		23,374
	AMERICAN UNITED LIFE INS CO	INVESCO MID CAP CORE EQUITY		21,549

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name ALLIED TECHNOLOGY PROFIT SHARING AND SAVINGS PLAN

EIN: 71-1037026

Plan Sponsor's Name ALLIED PRODUCTION SERVICES INC.

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	AMERICAN UNITED LIFE INS CO	INVESCO SMALL CAP GROWTH		1,360
	AMERICAN UNITED LIFE INS CO	JANUS INTECH RISK-MGD GROWTH		26,112
	AMERICAN UNITED LIFE INS CO	JANUS PERKINS SM CAP VA		19,353
	AMERICAN UNITED LIFE INS CO	FIDELITY ADV FREEDOM 2045		20,001
	AMERICAN UNITED LIFE INS CO	FIDELITY ADV FREEDOM 2050		27,750
	AMERICAN UNITED LIFE INS CO	AMCENT EQUITY INCOME		49,455
	AMERICAN UNITED LIFE INS CO	AMCENT HERITAGE		11,411

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name ALLIED TECHNOLOGY PROFIT SHARING AND SAVINGS PLAN

EIN: 71-1037026

Plan Sponsor's Name ALLIED PRODUCTION SERVICES INC.

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	AMERICAN UNITED LIFE INS CO	AMCENT INTL GROWTH		9,560
	AMERICAN UNITED LIFE INS CO	AMCENT LARGE COMPANY VALUE		4,475
	AMERICAN UNITED LIFE INS CO	AMCENT REAL ESTATE		1,939
	AMERICAN UNITED LIFE INS CO	AMCENT SMALL CAP VALUE		6,535
	AMERICAN UNITED LIFE INS CO	AMCENT STRATEGIC ALLOC AGGRES		116,389
	AMERICAN UNITED LIFE INS CO	AMCENT STRATEGIC ALLOC CONSER		20,751
	AMERICAN UNITED LIFE INS CO	AMCENT STRATEGIC ALLOC MOD		18,050

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name ALLIED TECHNOLOGY PROFIT SHARING AND SAVINGS PLAN

EIN: 71-1037026

Plan Sponsor's Name ALLIED PRODUCTION SERVICES INC.

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	AMERICAN UNITED LIFE INS CO	AMCENT ULTRA		172
	AMERICAN UNITED LIFE INS CO	AMCENT GINNIE MAE		6,579
	AMERICAN UNITED LIFE INS CO	AMCENT GROWTH		9,491
	AMERICAN UNITED LIFE INS CO	AMCENT EQUITY GROWTH		842
	AMERICAN UNITED LIFE INS CO	AMCENT INFLATION-ADJUSTED BOND		32,468
	AMERICAN UNITED LIFE INS CO	AMCENT SMALL CAP GROWTH		8,329
	AMERICAN UNITED LIFE INS CO	AMCENT VISTA		10,154

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name ALLIED TECHNOLOGY PROFIT SHARING AND SAVINGS PLAN

EIN: 71-1037026

Plan Sponsor's Name ALLIED PRODUCTION SERVICES INC.

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	AMERICAN UNITED LIFE INS CO	INVESCO ENERGY FUND		33,815
	AMERICAN UNITED LIFE INS CO	INVESCO GLOBAL HEALTH CARE FUN		2,624
	AMERICAN UNITED LIFE INS CO	INVESCO LEISURE FUND		108
	AMERICAN UNITED LIFE INS CO	INVESCO TECHNOLOGY FUND		724
	AMERICAN UNITED LIFE INS CO	NEUBERGER/BERMAN FOCUS		6,257
	AMERICAN UNITED LIFE INS CO	PIMCO TOTAL RETURN		23,096
	AMERICAN UNITED LIFE INS CO	PIMCO HIGH YIELD		12,092

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name ALLIED TECHNOLOGY PROFIT SHARING AND SAVINGS PLAN

EIN: 71-1037026

Plan Sponsor's Name ALLIED PRODUCTION SERVICES INC.

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	AMERICAN UNITED LIFE INS CO	ALLIANZ CCM CAPITAL APPREC		1,774
	AMERICAN UNITED LIFE INS CO	ALLIANCE NFJ SMALL CAP VALUE		11,838
	AMERICAN UNITED LIFE INS CO	ALLIANZ OPCAP RENAISSANCE		4,931
	AMERICAN UNITED LIFE INS CO	T ROWE PRICE EQUITY-INCOME		7,916
	AMERICAN UNITED LIFE INS CO	T ROWE PRICE GROWTH STOCK		6,624
	AMERICAN UNITED LIFE INS CO	T ROWE PRICE MID CAP VALUE		17,786
	AMERICAN UNITED LIFE INS CO	T ROWE PRICE INTL GRTH & INCOM		10,919

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name ALLIED TECHNOLOGY PROFIT SHARING AND SAVINGS PLAN

EIN: 71-1037026

Plan Sponsor's Name ALLIED PRODUCTION SERVICES INC.

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	AMERICAN UNITED LIFE INS CO	T ROWE PRICE BLUE CHIP GROWTH		6,087
	AMERICAN UNITED LIFE INS CO	T ROWE PRICE INTERNATIONAL ST		845
	AMERICAN UNITED LIFE INS CO	FRANKLIN STRATEGIC INCOME		32,184
	AMERICAN UNITED LIFE INS CO	FRANKLIN FLEX CAP GROWTH		17,971
	AMERICAN UNITED LIFE INS CO	TEMPLETON FOREIGN		31,139
	AMERICAN UNITED LIFE INS CO	TEMPLETON GROWTH		10,962
	AMERICAN UNITED LIFE INS CO	FRANKLIN SMALL-MID CAP GWTH		4,938

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name ALLIED TECHNOLOGY PROFIT SHARING AND SAVINGS PLAN

EIN: 71-1037026

Plan Sponsor's Name ALLIED PRODUCTION SERVICES INC.

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	AMERICAN UNITED LIFE INS CO	SSGA S&P 500 INDEX		25,177
	AMERICAN UNITED LIFE INS CO	SSGA S&P MIDCAP 400 INDEX STRA		6,298
	AMERICAN UNITED LIFE INS CO	SSGA RUSSELL SMALL CAP INDEX		8,250
	AMERICAN UNITED LIFE INS CO	SSGA INTERNATIONAL INDEX		10,211
	AMERICAN UNITED LIFE INS CO	RUSSELL LIFEPOINTS CONS STRAT		41,053
	AMERICAN UNITED LIFE INS CO	RUSSELL LIFEPOINTS MOD STRAT		9,490
	AMERICAN UNITED LIFE INS CO	RUSSELL LIFEPOINTS BAL STRAT		98,140

Plan Name	ALLIED TECHNOLOGY PROFIT SHARING AND SAVINGS PLAN
Plan Sponsor's Name	ALLIED PRODUCTION SERVICES INC.

PN: 001

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