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 01/01/2009 and ending 12/31/2009

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
ATS EMPLOYEES' 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1987

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
AUSTIN TRAFFIC SIGNAL CONSTRUCTION CO., L.P.

PO BOX 130
ROUND ROCK, TX 78680

2b Employer Identification Number (EIN) 74-2974960

2c Sponsor's telephone number 512-255-9951

2d Business code (see instructions) 237310

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2010	YANN VESSELY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
AUSTIN TRAFFIC SIGNAL CONSTRUCTION CO., L.P.

PO BOX 130
ROUND ROCK, TX 78680

3b Administrator's EIN
74-2974960

3c Administrator's telephone number
512-255-9951

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	182
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**	167
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	20
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	187
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	187
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	186
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	9
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 2K 3D 3H 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)	X	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)	X	Trust
(4)		General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
ATS EMPLOYEES' 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AUSTIN TRAFFIC SIGNAL CONSTRUCTION CO., L.P.

D Employer Identification Number (EIN)
74-2974960

Part I Service Provider Information (see instructions)

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).. . . . . [X] 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

SECURITIES AMERICA
12325 PORT GRACE BLVD.
LAVISTA, NE 68128

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

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

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

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

31-4156830

(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 64 65	RECORDKEEPING	11727	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

EMPLOYEE INCENTIVE PLANS, INC.

12466 LOS INDIOS TRAIL
SUITE 200
AUSTIN, TX 78729

74-2569995

(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?
13 15 37 65 70	PLAN ADMIN	2007	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

CLARKE LANZEN SKALLA INVESTMENT

4020 SOUTH 147TH STREET
OMAHA, NE 68137

13-4109249

(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?
26 51	INV ADVISOR	15730	Yes [ ] No [X]	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
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

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
ATS EMPLOYEES' 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AUSTIN TRAFFIC SIGNAL CONSTRUCTION CO., L.P.

D Employer Identification Number (EIN)
74-2974960

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	150000	150000
(2) Participant contributions	1b(2)		
(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)		
(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)	1135862	1638548
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	1285862	1788548
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	1285862	1788548

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	150000	
	(B) Participants	2a(1)(B)	240069	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		390069
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(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)		347283
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		737352
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	201949	
(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)		201949
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)	16987	
(3) Investment advisory and management fees	2i(3)	15730	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		32717
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		234666
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		502686
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: BOUNDS CHATELAIN & PHARR, P.C. (2) EIN: 74-2617174

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		100000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

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
ATS EMPLOYEES' 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AUSTIN TRAFFIC SIGNAL CONSTRUCTION CO., L.P.

D Employer Identification Number (EIN)
74-2974960

Part I Distributions

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

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

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

EIN(s): 31-4156830

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

EIN 74-2974960
PLAN NUMBER 001

ATS EMPLOYEES 401(K) PROFIT SHARING PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE

DECEMBER 31, 2009 AND 2008

ATS EMPLOYEES 401(K) PROFIT SHARING PLAN

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B C P

Bounds Chatelain & Pharr
A Professional Corporation
Certified Public Accountants

AUSTIN ✪ TEXAS

EIN 74-2974960
PLAN NUMBER 001

INDEPENDENT AUDITORS' REPORT

To the Trustee
ATS Employees 401(K) Profit Sharing Plan

We were engaged to audit the accompanying statements of net assets available for benefits of ATS Employees 401(K) Profit Sharing Plan as of December 31, 2009 and 2008, and the related statements of changes in net assets available for benefits for the years ended December 31, 2009 and 2008 and the supplemental schedule as of and for the year ended December 31, 2009. These financial statements and schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note C, which was certified by Nationwide Life Insurance Company, the investment custodian of the Plan, except for comparing the information with the related information included in the 2009 financial statements and supplemental schedule. We have been informed by the plan administrator that the investment custodian held the Plan's investment assets and executed investment transactions. The plan administrator has obtained certification from the investment custodian as of and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by the investment 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 Nationwide Life Insurance Company, have been audited by us in accordance with generally accepted auditing standards of the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Bounds Chatelain & Pharr, P.C.

Austin, Texas
October 8, 2010

✪

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http://www.bcpcpa.com

ATS EMPLOYEES 401(K) PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2009 AND 2008

ASSETS	2009	2008
Investments, at fair value (Notes B and C)		
Investments in registered companies	$ 1,638,548	$ 1,135,862
Total investments	1,638,548	1,135,862
Receivables		
Employer contributions	150,000	150,000
Participant contributions	-	-
Total receivables	150,000	150,000
Total assets	1,788,548	1,285,862
LIABILITIES	-	-
Net assets available for benefits	$ 1,788,548	$ 1,285,862

See auditors' report and notes to financial statements.

ATS EMPLOYEES 401(K) PROFIT SHARING PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

	2009	2008
Investment Income		
Net investment gain (loss) from registered investment companies	$ 347,283	$ (446,193)
Total investment income (loss)	347,283	(446,193)
Contributions		
Employee deferrals	240,069	307,900
Employer contribution, (net of forfeitures of $4,723 and $2,670, respectively)	150,000	150,000
Participant rollover contributions	-	3,513
Total contributions	390,069	461,413
Deductions		
Benefits paid to participants	201,949	78,744
Administrative fees withdrawn from investment funds (Note A)	16,987	-
Investment management fees withdrawn from investment funds (Note A)	15,730	-
Total deductions	234,666	78,744
Increase (Decrease) in Net Assets	502,686	(63,524)
Net Assets Available for Benefits, Beginning of Year	1,285,862	1,349,386
Net Assets Available for Benefits, End of Year	$ 1,788,548	$ 1,285,862

See auditors' report and notes to financial statements.

ATS EMPLOYEES 401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2009 AND 2008

A. Description of Plan

The following description of ATS Employees 401(K) Profit Sharing Plan (the Plan) is provided for general information only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

1. General. The Plan is a defined contribution plan, formed on July 1, 1987, covering employees of Austin Traffic Signal Construction Company, L.P. (Company) and its affiliate ATS Drilling, L.P., meeting participation requirements described below. The Plan is subject to the Employee Retirement Income Security Act of 1974 (ERISA) and all requirements of Sections 401(a) of the Internal Revenue Code.

   The Plan's original Adoption Agreement elected a fiscal year ended June 30. Effective July 1, 1997, the Plan amended the Adoption Agreement to change the year end to December 31.

2. Participation. Company employees eligible to participate in the Plan must be at least twenty-one years of age; must have served the Company a minimum of six months; and are actively employed by the Company on the last day of the Plan Year.

3. Contributions. Each year the Company determines the discretionary amount, if any, to contribute to the Plan.

   Each employee's share of the Company's discretionary contribution is determined by the ratio of their compensation divided by total eligible compensation times the Company's discretionary contribution.

   The Company elected to make discretionary contributions of $150,000 for each of the plan years ended December 31, 2009 and 2008.

   Beginning on July 1, 2002, employees may elect to contribute up to a portion of their pre-tax compensation pursuant to their salary deferral agreements on file with the Company. For 2009 and 2008, a participant's compensation taken into account under the Plan was limited to $245,000 and $230,000 respectively, as required by IRC Section 401(a)(17) as amended by OBRA '93. Each participant may elect to have compensation deferred up to 20% for the plan year or a maximum of $16,500 for 2009 and $15,500 for 2008. Compensation includes the employees elective contributions. The Company did not make any matching contributions for the years ended December 31, 2009 and 2008.

   Participants age 50 or older, may elect to defer additional amounts, called "catch-up" contributions, to the Plan. The additional amounts may be deferred regardless of any other limitations. The additional contribution amount for 2009 and 2008 is $5,500 and $5,000 respectively.

4. Participant Accounts. Accounting records for individual participants are maintained by a third-party administrator. Each participant's account is credited with the participant's income deferral, any employer contributions, net plan earnings, and forfeitures. Participants are allowed to direct their investments under the plan.

5. Vesting. Participants are vested in employer contributions at the rate of ten percent (10%) per year for the first two years and twenty percent (20%) for each year thereafter. A participant is one-hundred percent (100%) vested after six years of service. Upon death, disability retirement, or normal retirement age, the participant becomes 100% vested in his account, irrespective of the vesting schedule. Participants are immediately and fully vested in their elective salary deferral contributions to the Plan.

ATS EMPLOYEES 401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
(Continued)

DECEMBER 31, 2009 AND 2008

A. Description of Plan (continued)

6. Payments of Benefits. In the event of termination of service with the Company, hardship or death, a participant will receive a distribution in the form of a single lump sum payment equal to the participant's vested interest in their accounts.

7. Expenses of the Plan. The Company's management is responsible for approving all distributions, benefit payments and administrative expenses. Personnel of the Company perform various administrative services for the Plan. All payroll and related overhead costs associated with these services are paid by the Company. Effective for plan year 2009, the Plan is required to report the service provider administrative fees and investment fees that are withdrawn directly from plan investments. These fees are reported on the Statement of Changes in Net Assets Available for Benefits. For the plan year ended December 31, 2008, the administrative and investment fees were reported as an offset to investment income.

8. Forfeitures. Participant forfeitures of non-vested matching contributions are added to the Company's next matching contribution and are allocated to the remaining plan participants. Participant forfeitures of non-vested discretionary contributions are added to the Company's next discretionary contribution and are allocated to the remaining plan participants based on the Company's discretionary percentage allocation. Forfeitures are not used to pay administrative expenses.

9. Loans to Participants. Loans are not permitted by the Plan.

B. Summary of Significant Accounting Policies

1. Basis of Accounting. The financial statements of the Plan are prepared using the accrual method of accounting.

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

3. Investment Valuation and Income Recognition. Assets are stated at fair value in the statement of net assets available for benefits. Shares of registered investment companies are valued at quoted market prices which represent the net asset value of shares held by the Plan at year end. Any net unrealized appreciation or depreciation of investment assets for the year are reflected in the statement of changes in net assets available for benefits in accordance with the U.S. Department of Labor rules for preparation of employee benefit plan financial statements.

C. Investments Certified By Investment Custodian

The following information regarding the plan investments was obtained from a report prepared and certified as complete and accurate by Nationwide Life Insurance Company.

Investments at December 31, 2009:	Fair Market Value
Capital World Bond Fund	$ 27,518
Oppenheimer International Bond Fund	53,183
Capital World Growth & Income	73,555

(Continued)

ATS EMPLOYEES 401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
(Continued)

DECEMBER 31, 2009 AND 2008

C. Investments Certified By Investment Custodian (continued)

Investments at December 31, 2009 (continued):		Fair Market Value	
Europacific Growth Fund	$	41,420	
New Perspective Fund		71,027	
New World Fund		59,452	
Oppenheimer Global Opportunity Fund		36	
Pioneer Emerging Markets Fund		34,735	
Oppenheimer Main St Small Cap Fund		1,903	
Fidelity Adv Leveraged Co Stock		144	
DWS High Income A		83,611	
Fundamental Investors		243	
Growth Fund of America		123,118	*
Investment Co of America		53,540	
AmCent Value A		124,610	*
T Rowe Price Gr Stock Fund		79,786	
Van Kampen Growth & Income Fund A		109,873	*
Van Kampen Equity & Income A		6,801	
American Hi Income		84,895	
Bond Fund of America		29,847	
Intermediate Bond Fund of America R3		39,354	
Federated Kaufmann Small Cap A		53,315	
Goldman Sachs Govt Income Fund A		6,253	
Pioneer Strategic Income A		51,674	
NW Money Market Prime		87,158	
Fidelity Advisor Investment Gr Bd A		48,291	
Fidelity Adv Midcap A		35,917	
JP Morgan Small Cap Growth A		513	
Janus Enterprise S		1,932	
Nationwide Mid Cap Market Index A		85	
Nationwide S & P 500 Index Fund S		7,839	
Nationwide Small Cap Index Fund		280	
Neuberger Berman Mid Cap Growth		43,348	
Oppenheimer Capital Appreciation A		55,948	
Oppenheimer Developing Markets A		54,077	
Pimco Total Return A		19,158	
T Rowe Price Blue Chip Gr R		73,798	
Van Kampen Midcap Growth A		276	
Wells Fargo Advantage Small		35	
Account value at Nationwide Life Insurance Company	$	1,638,548	

* Investment represents 5% or more of net assets available for benefits.

ATS EMPLOYEES 401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
(Continued)

DECEMBER 31, 2009 AND 2008

C. Investments Certified By Investment Custodian (continued)

Investments at December 31, 2008:		Fair Market Value	
Capital World Bond Fund	$	58,939	
Oppenheimer International Bond Fund		54,962	
Capital World Growth & Income		51,001	
Europacific Growth Fund		47,958	
New Perspective Fund		51,264	
New World Fund		41,669	
Oppenheimer Global Opportunity Fund		205	
Pioneer Emerging Markets Fund		17,979	
Oppenheimer Main St Small Cap Fund		38,176	
Fidelity Adv Leveraged Co Stock		225	
Janus Adv Midcap Growth		40,713	
Fundamental Investors		140	
Growth Fund of America		74,222	*
Investment Co of America		72,930	*
Amcent Value A		90,999	*
T Rowe Price Gr Stock Fund		72,603	*
Van Kampen Growth & Income Fund A		75,918	*
Van Kampen Equity & Income A		24,609	
American Hi Income		44,285	
Bond Fund of America		49,424	
Intermediate Bond Fund of America R3		58,631	
Fidelity Adv Invgradebndfndclsa		53,938	
Goldman Sachs Govt Income Fund A		173	
Pioneer Strategic Income A		47,518	
NW Money Market Prime		67,381	*
Account value at Nationwide Life Insurance Company	$	1,135,862	

* Investment represents 5% or more of net assets available for benefits.

D. Plan Termination

The Company has not expressed any intent to terminate the Plan. However, it has the right to terminate the Plan at any time, subject to the provisions of ERISA. If the Plan is terminated, all participants would receive written notification of the termination and would become one-hundred percent (100%) vested in their accounts.

E. Tax Status

The Plan is a prototype plan approved by the Internal Revenue Service. The Company has determined that the Plan is operating within all IRS guidelines.

F. Subsequent Events

The Plan did not have any subsequent events through October 8, 2010, the date that the financial statements were available to be issued, for events requiring disclosure or recording in the financial statements, for the plan year ended December 31, 2009.

SUPPLEMENTAL SCHEDULE

ATS EMPLOYEES 401(K) PROFIT SHARING PLAN

YEAR ENDED DECEMBER 31, 2009

FORM 5500 - SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS HELD AT END OF YEAR

(a) Party at Interest	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity date.	(d) Cost **	(e) Current value
None	Nationwide Life Insurance Company	Capital World Bond Fund		$ 27,518
None	Nationwide Life Insurance Company	Oppenheimer International Bond Fund		53,183
None	Nationwide Life Insurance Company	Capital World Growth & Income		73,555
None	Nationwide Life Insurance Company	Europacific Growth Fund		41,420
None	Nationwide Life Insurance Company	New Perspective Fund		71,027
None	Nationwide Life Insurance Company	New World Fund		59,452
None	Nationwide Life Insurance Company	Oppenheimer Global Opportunity Fund		36
None	Nationwide Life Insurance Company	Pioneer Emerging Markets Fund		34,735
None	Nationwide Life Insurance Company	Oppenheimer Main St Small Cap Fund		1,903
None	Nationwide Life Insurance Company	Fidelity Adv Leveraged Co Stock		144
None	Nationwide Life Insurance Company	DWS High Income A		83,611
None	Nationwide Life Insurance Company	Fundamental Investors		243
None	Nationwide Life Insurance Company	Growth Fund of America		123,118
None	Nationwide Life Insurance Company	Investment Co of America		53,540
None	Nationwide Life Insurance Company	Amcent Value A		124,610
None	Nationwide Life Insurance Company	T Rowe Price Gr Stock Fund		79,786
None	Nationwide Life Insurance Company	Van Kampen Growth & Income Fund A		109,873
None	Nationwide Life Insurance Company	Van Kampen Equity & Income A		6,801
None	Nationwide Life Insurance Company	American Hi Income		84,895
None	Nationwide Life Insurance Company	Bond Fund of America		29,847

(Continued)

See auditors' report and notes to financial statements.

ATS EMPLOYEES 401(K) PROFIT SHARING PLAN

YEAR ENDED DECEMBER 31, 2009
(Continued)

FORM 5500 - SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS HELD AT END OF YEAR

(a) Party at Interest	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity date.	(d) Cost **	(e) Current value
None	Nationwide Life Insurance Company	Intermediate Bond Fund of America R3		$ 39,354
None	Nationwide Life Insurance Company	Federated Kaufmann Small Cap A		53,315
None	Nationwide Life Insurance Company	Goldman Sachs Govt Income Fund A		6,253
None	Nationwide Life Insurance Company	Pioneer Strategic Income A		51,674
None	Nationwide Life Insurance Company	NW Money Market Prime		87,158
None	Nationwide Life Insurance Company	Fidelity Advisor Investment Gr Bd A		48,291
None	Nationwide Life Insurance Company	Fidelity Advisor Midcap A		35,917
None	Nationwide Life Insurance Company	JP Morgan Small Cap Growth A		513
None	Nationwide Life Insurance Company	Janus Enterprise S		1,932
None	Nationwide Life Insurance Company	Nationwide Mid Cap Market Index A		85
None	Nationwide Life Insurance Company	Nationwide S & P 500 Index Fund S		7,839
None	Nationwide Life Insurance Company	Nationwide Small Cap Index Fund		280
None	Nationwide Life Insurance Company	Neuberger Berman Mid Cap Growth		43,348
None	Nationwide Life Insurance Company	Oppenheimer Capital Appreciation A		55,948
None	Nationwide Life Insurance Company	Oppenheimer Developing Markets A		54,077
None	Nationwide Life Insurance Company	Pimco Total Return A		19,158
None	Nationwide Life Insurance Company	T Rowe Price Blue Chip Gr R		73,798

(Continued)

See auditors' report and notes to financial statements.

ATS EMPLOYEES 401(K) PROFIT SHARING PLAN

YEAR ENDED DECEMBER 31, 2009
(Continued)

FORM 5500 - SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS HELD AT END OF YEAR

(a) Party at Interest	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity date.	(d) Cost **	(e) Current value
None	Nationwide Life Insurance Company	Van Kampen Midcap Growth A		$ 276
None	Nationwide Life Insurance Company	Wells Fargo Advantage Small		35
		Total investments		$ 1,638,548

**Cost omitted due to participant directed transactions under individual account plan.

ATS EMPLOYEES 401(K) PROFIT SHARING PLAN

YEAR ENDED DECEMBER 31, 2009

FORM 5500 - SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS HELD AT END OF YEAR

(a) Party at Interest	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity date.	(d) Cost **	(e) Current value
None	Nationwide Life Insurance Company	Capital World Bond Fund		$ 27,518
None	Nationwide Life Insurance Company	Oppenheimer International Bond Fund		53,183
None	Nationwide Life Insurance Company	Capital World Growth & Income		73,555
None	Nationwide Life Insurance Company	Europacific Growth Fund		41,420
None	Nationwide Life Insurance Company	New Perspective Fund		71,027
None	Nationwide Life Insurance Company	New World Fund		59,452
None	Nationwide Life Insurance Company	Oppenheimer Global Opportunity Fund		36
None	Nationwide Life Insurance Company	Pioneer Emerging Markets Fund		34,735
None	Nationwide Life Insurance Company	Oppenheimer Main St Small Cap Fund		1,903
None	Nationwide Life Insurance Company	Fidelity Adv Leveraged Co Stock		144
None	Nationwide Life Insurance Company	DWS High Income A		83,611
None	Nationwide Life Insurance Company	Fundamental Investors		243
None	Nationwide Life Insurance Company	Growth Fund of America		123,118
None	Nationwide Life Insurance Company	Investment Co of America		53,540
None	Nationwide Life Insurance Company	Amcent Value A		124,610
None	Nationwide Life Insurance Company	T Rowe Price Gr Stock Fund		79,786
None	Nationwide Life Insurance Company	Van Kampen Growth & Income Fund A		109,873
None	Nationwide Life Insurance Company	Van Kampen Equity & Income A		6,801
None	Nationwide Life Insurance Company	American Hi Income		84,895
None	Nationwide Life Insurance Company	Bond Fund of America		29,847

(Continued)

See auditors' report and notes to financial statements.

ATS EMPLOYEES 401(K) PROFIT SHARING PLAN

YEAR ENDED DECEMBER 31, 2009
(Continued)

FORM 5500 - SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS HELD AT END OF YEAR

(a) Party at Interest	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity date.	(d) Cost **	(e) Current value
None	Nationwide Life Insurance Company	Intermediate Bond Fund of America R3		$ 39,354
None	Nationwide Life Insurance Company	Federated Kaufmann Small Cap A		53,315
None	Nationwide Life Insurance Company	Goldman Sachs Govt Income Fund A		6,253
None	Nationwide Life Insurance Company	Pioneer Strategic Income A		51,674
None	Nationwide Life Insurance Company	NW Money Market Prime		87,158
None	Nationwide Life Insurance Company	Fidelity Advisor Investment Gr Bd A		48,291
None	Nationwide Life Insurance Company	Fidelity Advisor Midcap A		35,917
None	Nationwide Life Insurance Company	JP Morgan Small Cap Growth A		513
None	Nationwide Life Insurance Company	Janus Enterprise S		1,932
None	Nationwide Life Insurance Company	Nationwide Mid Cap Market Index A		85
None	Nationwide Life Insurance Company	Nationwide S & P 500 Index Fund S		7,839
None	Nationwide Life Insurance Company	Nationwide Small Cap Index Fund		280
None	Nationwide Life Insurance Company	Neuberger Berman Mid Cap Growth		43,348
None	Nationwide Life Insurance Company	Oppenheimer Capital Appreciation A		55,948
None	Nationwide Life Insurance Company	Oppenheimer Developing Markets A		54,077
None	Nationwide Life Insurance Company	Pimco Total Return A		19,158
None	Nationwide Life Insurance Company	T Rowe Price Blue Chip Gr R		73,798

(Continued)

See auditors' report and notes to financial statements.

ATS EMPLOYEES 401(K) PROFIT SHARING PLAN

YEAR ENDED DECEMBER 31, 2009
(Continued)

FORM 5500 - SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS HELD AT END OF YEAR

(a) Party at Interest	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity date.	(d) Cost **	(e) Current value
None	Nationwide Life Insurance Company	Van Kampen Midcap Growth A		$ 276
None	Nationwide Life Insurance Company	Wells Fargo Advantage Small		35
		Total investments		$ 1,638,548

**Cost omitted due to participant directed transactions under individual account plan.