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), 6057(b), 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

2012

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

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:
- [ ] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
4FRONT ENGINEERED SOLUTIONS 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 12/01/2006

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)

4FRONT ENGINEERED SOLUTIONS, INC.

1612 HUTTON DR., STE 140
SUITE 140
CARROLLTON, TX 75006

2b Employer Identification Number (EIN)
39-0866333

2c Sponsor's telephone number
972-236-2450

2d Business code (see instructions)
333200

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.	07/26/2013	SEVE CARNERA
	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

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

Preparer's telephone number (optional)

3a Plan administrator's name and address [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address

3b Administrator's EIN

3c Administrator's telephone number

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**	350
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**	332
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	27
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	359
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	359
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	327
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
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 Characteristics Codes in the instructions:
2E 2F 2G 2J 2K 2S 2T

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics 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.**	**2012** **This Form is Open to Public Inspection.**

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan	**B** Three-digit plan number (PN) ▶	
4FRONT ENGINEERED SOLUTIONS 401(K) PLAN		001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
4FRONT ENGINEERED SOLUTIONS, INC.	39-0866333	

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).. . . . . ☐ 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

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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

(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 19 64	RECORDKEEPER	67146	Yes [X] No [ ]	Yes [X] No [ ]	1951	Yes [ ] No [X]

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

CECILCO

14881 QUORUM DRIVE, SUITE 340
DALLAS, TX 75254

(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 17	ADMINISTRATOR	8235	Yes [X] No [ ]	Yes [ ] No [X]	10004	Yes [ ] No [X]

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

PROSPERA FINANCIAL

5429 LBJ FREEWAY
SUITE 400
DALLAS, TX 75240

(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?
27 52	BROKER DEALER	7851	Yes [X] No [ ]	Yes [ ] No [X]	14960	Yes [ ] No [X]

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)

(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
NATIONWIDE	15	1951

(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.
CECILCO 14881 QUORUM DRIVE SUITE 340 DALLAS, TX 75254	RECORDKEEPING

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CECILCO	13	10004

(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.
NATIONWIDE ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	THIRD PARTY ADMINISTRATOR

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PROSPERA	52 27	14960

(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.
NATIONWIDE ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	INVESTMENT ADVISORY FEE

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

2012

This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
4FRONT ENGINEERED SOLUTIONS 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
4FRONT ENGINEERED SOLUTIONS, INC.

D Employer Identification Number (EIN)
39-0866333

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)		
(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)	195938	252471
(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)	5993930	7591117
(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	6189868	7843588
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	35066	41341
k	Total liabilities (add all amounts in lines 1g through1j)	1k	35066	41341
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	6154802	7802247

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)	0	
	(B) Participants	2a(1)(B)	1097668	
	(C) Others (including rollovers)	2a(1)(C)	22053	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1119721
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)	9352	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		9352
	(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
	(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

		(a) Amount	(b) Total
(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)		828280
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1957353
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	224112	
(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)		224112
f Corrective distributions (see instructions)	2f		41341
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	44455	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		44455
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		309908
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1647445
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: PRICEKUBECKA, PLLC **(2)** EIN: 75-2783674

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

			Yes	No	Amount
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		2000000
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)

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

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

2012

This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
4FRONT ENGINEERED SOLUTIONS 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
4FRONT ENGINEERED SOLUTIONS, INC.

D Employer Identification Number (EIN)
39-0866333

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 (include any prior year accumulated funding deficiency not waived) **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 or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **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. 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 lines 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 lines 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 lines 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 lines 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 lines 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 lines 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 line 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 lines (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 line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

4Front Engineered Solutions 401(k) Plan

Audited Financial Statements
and
Supplementary Data

December 31, 2012

PriceKubecka®, PLLC

Certified Public Accountants

Pricecka Kubecka

4Front Engineered Solutions 401(k) Plan
December 31, 2012

Table of Contents

Independent Auditors' Report	**1**
Basic Financial Statements:	
Statements of Net Assets Available for Benefits	**3**
Statement of Changes in Net Assets Available for Benefits	**4**
Notes to Financial Statements	**5**
Supplementary Data:	
Exhibit A – Form 5500, Schedule H, line 4i – Schedule of Assets Held for Investment Purposes at End of Year	**11**

PriceKubecka, PLLC
Certified Public Accountants

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
4Front Engineered Solutions 401(k) Plan
Carrollton, Texas

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of 4Front Engineered Solutions 401(k) Plan, which comprise the statement of net assets available for benefits as of December 31, 2012, and the related statement of changes in net assets available for benefits for the year ended December 31, 2012, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

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Addison, TX 75001

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Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Nationwide Financial Services, Inc., the custodian of the plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of December 31, 2012 and 2011 and for the year ended December 31, 2012, that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on the accompanying 2012 financial statements.

Other Matters

The financial statements of the plan as of December 31, 2011 were audited by other auditors. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed the other auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by the custodian. Their report, dated July 23, 2012, indicated that (a) because of the significance of the information that they did not audit, they were unable to, and did not, express an opinion on the financial statements as a whole and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the custodian, were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

The supplemental schedule of Schedule H, line 4i – Schedule of Assets Held for Investment Purposes at End of Year as of December 31, 2012 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

PriceKubecka, PLLC
Addison, Texas

July 24, 2013

4Front Engineered Solutions 401(k) Plan
Statements of Net Assets Available for Benefits
December 31, 2012 and 2011

	2012	2011
Assets		
Investments at Fair Value:		
Registered investment companies	$ 7,591,117	$ 5,993,930
Receivables:		
Notes receivable from participants	252,471	195,938
Total Assets	7,843,588	6,189,868
Liabilities		
Payables:		
Amounts payable for excess contributions	41,341	35,066
Total Liabilities	41,341	35,066
Net Assets Available for Benefits	$ 7,802,247	$ 6,154,802

See accompanying independent auditors' report and notes to financial statements.

4Front Engineered Solutions 401(k) Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2012

Additions to Net Assets:	
Contributions:	
Participants	$ 1,097,668
Rollover	22,053
Total Contributions	1,119,721
Investment Income (Loss):	
Interest on notes receivable from participants	9,352
Net appreciation (depreciation) in fair value of investments, including interest and dividend income	828,280
Total Investment Income (Loss)	837,632
Total Additions	1,957,353
Deductions from Net Assets:	
Benefits paid to participants	224,112
Corrective distributions for excess contributions	41,341
Administrative expenses	44,455
Total Deductions	309,908
Increase (Decrease) in Net Assets	1,647,445
Net Assets Available for Benefits - Beginning of Year	6,154,802
Net Assets Available for Benefits - End of Year	$ 7,802,247

See accompanying independent auditors' report and notes to financial statements.

4Front Engineered Solutions 401(k) Plan
Notes to Financial Statements
December 31, 2012 and 2011

Note 1 – Description of Plan

The following description of 4Front Engineered Solutions 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan Agreement or Summary Plan Description for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan sponsored by 4Front Engineered Solutions, Inc. (the Company and the Plan Sponsor). Employees over the age of 18 who complete one month of service are eligible to participate in the Plan except for the following:

- Members of a collective bargaining unit where retirement benefits were the subject of good faith bargaining;
- Non-resident aliens; and
- Leased employees.

Upon satisfying the eligibility requirements, the employee may participate in the Plan on the first day of the coinciding or following month.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) as well as certain provisions of the federal income tax laws.

Plan Administration

Effective January 1, 2011, Nationwide Financial Services, Inc. became the custodian of the Plan (the Custodian) and Cecilco became the third-party administrator of the Plan (the TPA). 4Front Engineered Solutions, Inc. is the Plan Sponsor.

Contributions

Eligible employees may elect to contribute up to 85% of eligible compensation into the Plan subject to certain limitations as established by the Internal Revenue Code.

At the discretion of the plan administrator, participants may be permitted to deposit or "rollover" into the Plan distributions they have received from other plans and certain IRAs. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions to the maximum limit allowed by law.

The Company may make a discretionary matching contribution equal to the percentage of compensation contributed by the participant, up to a certain percentage of the participant's total compensation. Participants must complete 1,000 hours of service during the Plan year and be employed on the last day of the Plan year to be eligible to receive discretionary matching contributions. The Plan did not have matching contributions for the Plan year 2012. The matching contribution does not apply to "catch-up" contributions.

Note 1 – Description of Plan (Continued)

Participant Accounts

Each participant's account is credited with the participant's contributions, allocation of the Company's discretionary matching contributions, and Plan earnings or losses and charged with an allocation of administrative expenses. Allocations may be charged based on either the size of the participant's account balance or equally to each participant. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately 100% vested in their contributions, Company matching contributions, and actual earnings thereon.

Notes Receivable from Participants

Participants who are active employees may borrow against their vested account balances a minimum of $1,000 up to a maximum amount equal to the lesser of 50% of their vested account balance or $50,000. The loans in the form of promissory notes, are secured by the balances in the participant's account, and bear interest at reasonable rates, which are commensurate with local prevailing rates as determined by the plan administrator. Principal and interest on notes receivable from participants are repaid through payroll deductions and generally repaid within five years, or twenty years for loans used for the purchase of a primary residence.

Benefits Paid to Participants

On termination of service, death, disability, or retirement, a participant is entitled to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. Additionally, under certain circumstances of financial hardship, the participant is allowed to withdraw funds from the Plan. Benefits paid to participants are recorded when paid.

Plan Expenses

Certain administrative expenses are paid by the Plan as described in the Plan document and service agreements.

Termination of the Plan

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan, subject to the provisions of ERISA.

Note 2 – Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

Preparing the Plan's financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP) requires management to make estimates and assumptions that affect reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Reclassification

Certain reclassifications have been made to the 2011 financial statement presentation to correspond to the current year's format. Total net assets available for benefits are unchanged due to these reclassifications.

Investment Valuation and Income Recognition

The Plan's investments in mutual funds are stated at fair value (Note 4), representing the net assets of shares or units held by the Plan at December 31, 2012 and 2011. Purchases and sales of securities are recorded on a trade-date basis. Interest and dividend income is recorded on the accrual basis with dividends being recorded on the ex-dividend date. Net appreciation (depreciation) includes the gains and losses on its investments bought and sold as well as those held during the year.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable from participants are recorded as distributions based upon the terms of the Plan document. The Plan recognizes interest income from the notes receivable as earned.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

All administrative expenses of maintaining the Plan are paid by the Company.

Subsequent Events

Subsequent events were evaluated through July 24, 2013, which is the date the financial statements were available to be issued.

Note 3 – Information Certified by the Custodian

The plan administrator elected the method of compliance permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the plan administrator limited auditing procedures with respect to the investments certified by the Custodian, which included total investments as of December 31, 2012 and 2011, and the total investment income for the year ended December 31, 2012, and all information included in the supplemental schedule Form 5500, Schedule H, line 4i – Schedule of Assets Held for Investment Purposes at End of Year.

Note 4 – Fair Value Measurements

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820 provides a framework for measuring fair value under GAAP. FASB ASC 820 defines fair value as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. FASB ASC 820 requires that valuation techniques maximize the use of observable inputs and minimize the use of unobservable inputs. FASB ASC 820 also establishes a fair value hierarchy, which prioritizes the valuation inputs into three broad levels.

Fair value accounting guidance requires disclosures that categorize assets and liabilities measured at fair value into one of three different levels depending on the observability of the inputs employed in the measurement. Level 1 inputs are quoted prices in active markets for identical assets or liabilities. Level 2 inputs are observable inputs other than quoted prices included within Level 1 for the asset or liability, either directly or indirectly through market-corroborated inputs. Level 3 inputs are unobservable inputs for the asset or liability reflecting our assumptions about pricing by market participants.

There are three general valuation techniques that may be used to measure fair value, as described below:

A) Market approach – Uses prices and other relevant information generated by market transactions involving identical or comparable assets or liabilities. Prices may be indicated by pricing guides, sale transactions, market trades, or other sources;

B) Cost approach – Based on the amount that currently would be required to replace the service capacity of an asset (replacement cost); and

C) Income approach – Uses valuation techniques to convert future amounts to a single present amount based on current market expectations about the future amounts (includes present value techniques, and option-pricing models). Net present value is an income approach where a stream of expected cash flows is discounted at an appropriate market interest rate.

Note 4 – Fair Value Measurements (Continued)

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. The following is a description of the valuation methodologies used for instruments measured at fair value, including the general classification of such instruments pursuant to the valuation hierarchy.

Mutual Funds

Mutual funds are valued at the net asset value (NAV) of shares held by the Plan at year end based on quoted market prices and are classified within Level 1 of the hierarchy.

Below are the Plan's financial instruments carried at fair value on a recurring basis by the FASB ASC 820 fair value hierarchy levels:

	Quoted Prices in Active Markets for Identical Assets (Level 1)
December 31, 2012	
Registered investment companies	$ 7,591,117
December 31, 2011	
Registered investment companies	$ 5,993,930

Gains and losses, realized and unrealized, for the year ended December 31, 2012 are reported under net appreciation (depreciation) in fair value of investments on the accompanying statement of changes in net assets available for benefits.

Note 5 – Investments Held by the Plan

The following table presents the fair value of investments of the Plan that represent 5% or more of the Plan's net assets at December 31, 2012 and 2011:

	2012	2011
NW Inv Dest Mod Aggr Svc	$ 750,202	$ 582,529

Note 6 – Excess Contributions Payable

The Code attempts to ensure that the tax advantages of the Plan are shared proportionally by employees at all levels of income. The amounts accrued as excess contributions payable at December 31, 2012 and 2011, represent contributions exceeding the allowed limits for certain participants which are refunded to them subsequent to the end of the Plan year.

Note 7 – Transactions with Parties-in-Interest

Parties-in-interest are defined under DOL Regulations as any fiduciary of the Plan, any party rendering services to the Plan, the employer, and certain others. As such, transactions conducted with the Custodian, the TPA, and the Company qualify as party-in-interest transactions.

Note 8 – 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 values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

Note 9 – Tax Status

The Internal Revenue Service has determined and informed the TPA of the prototype plan by a letter dated March 31, 2008, that the Plan is designed in accordance with the applicable sections of the Internal Revenue Code (IRC). The Plan was drafted as a Prototype Non-Standardized Profit Sharing Plan with Cash or Deferred Arrangement Plan (CODA). The Plan has been amended since receiving the determination letter. However, the plan administrator and the Plan's tax counsel believe the Plan is being operated in compliance with the applicable requirements of the IRC and ERISA and, therefore, believes that the Plan is qualified and the related trust is tax-exempt.

GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the DOL and Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2009.

4Front Engineered Solutions 401(k) Plan
EIN# 39-0866333 PN# 001
Exhibit A – Form 5500, Schedule H, line 4i - Schedule of Assets Held for Investment Purposes at End of Year
Year Ended December 31, 2012

(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
*	NW Mny Mkt Inst	Mutual Funds	n/a	$ 140,793
*	NW S P 500 Indx Svc	Mutual Funds	n/a	49,300
*	NW Smcap Indx A	Mutual Funds	n/a	6,402
	Neuber Hi Inc A	Mutual Funds	n/a	48,182
	Okmrk Eq Inc Ii	Mutual Funds	n/a	138,452
	Okmrk Intl Ii	Mutual Funds	n/a	13,795
	Opp Intl Bd A	Mutual Funds	n/a	145,354
	Opp Intl Gr A	Mutual Funds	n/a	258,715
	Pimco All Asst A	Mutual Funds	n/a	13,900
	Pimco Comdtyrealrtnstrat A	Mutual Funds	n/a	45,263
	Pimco Real Rtn Inst	Mutual Funds	n/a	117,490
	Pimco Ttl Rtn A	Mutual Funds	n/a	297,588
	Pimco Ttl Rtn Inst	Mutual Funds	n/a	179,291
	Pionr Eq Inc A	Mutual Funds	n/a	228,395
	Prncpl Lgcap Gr Inst	Mutual Funds	n/a	290,700
	Prncpl Mdcap Blnd A	Mutual Funds	n/a	64,798
	Prudntl Jnisn Gr A	Mutual Funds	n/a	333,578
	Prudntl St Cor Bd A	Mutual Funds	n/a	38,323
	Prudntl Ttl Rtn Bd A	Mutual Funds	n/a	145,978
	Rdgwrth Mdcap Val Eq I	Mutual Funds	n/a	75,899
	Rdgwrth Smcap Val Eq I	Mutual Funds	n/a	20,262
	Sntnl Govt Sec A	Mutual Funds	n/a	4,424
	Thrnbrg Intl Val I	Mutual Funds	n/a	114,228
	Turner Smcap Gr Inv	Mutual Funds	n/a	140,489
	Vngrd Divrs Eq Inv	Mutual Funds	n/a	3,067
	Vngrd Explr Inv	Mutual Funds	n/a	1,965
	Vngrd Mdcap Gr Indx Inv	Mutual Funds	n/a	1,946
	Vngrd Smcap Gr Indx Inv	Mutual Funds	n/a	38,645
	Vngrd Wlsly Inc Inv	Mutual Funds	n/a	40,115
	Wfa Cmn Stk A	Mutual Funds	n/a	28,618
	Wfa Emrg Mkt Eq A	Mutual Funds	n/a	163,329
	Wfa Gr A	Mutual Funds	n/a	110,638

See accompanying independent auditors' report and notes to financial statements.

4Front Engineered Solutions 401(k) Plan
EIN# 39-0866333 PN# 001
Exhibit A – Form 5500, Schedule H, line 4i - Schedule of Assets Held for Investment Purposes at End of Year (Continued)
Year Ended December 31, 2012

(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
	Abrden Glbl Eq A	Mutual Funds	n/a	314,454
	Abrden Int'l Eq A	Mutual Funds	n/a	2,632
	Amcent Shtdrinflprtbd Inst	Mutual Funds	n/a	267,254
	Amfds Cap Wld Bd R6	Mutual Funds	n/a	94,853
	Blkrk Eq Divd Inv A	Mutual Funds	n/a	18,623
	Buf Mdcap	Mutual Funds	n/a	786
	Dfa Us Lg Co	Mutual Funds	n/a	294,255
	Dws Rreef Glbrealest Seca	Mutual Funds	n/a	204,313
	Dws Rreef Reaest Sec Inst	Mutual Funds	n/a	790
	Dodgecox Inc	Mutual Funds	n/a	8,890
	EV Flotng Rt A	Mutual Funds	n/a	93,164
	Fidadv Enrgy I	Mutual Funds	n/a	1,702
	Fidadv Gr Inc A	Mutual Funds	n/a	1,096
	Fidadv Levr Co Stk A	Mutual Funds	n/a	1,031
	Fidadv Mdcap Ii I	Mutual Funds	n/a	1,873
	Fidadv New Insghts A	Mutual Funds	n/a	22,615
	Fidadv Smcap A	Mutual Funds	n/a	1,829
	Fidadv Val Strat A	Mutual Funds	n/a	2,014
	Harbor Intl Inst	Mutual Funds	n/a	258,199
	Heartland Val Pls Inv	Mutual Funds	n/a	120,218
	JPM Smcap Val A	Mutual Funds	n/a	220,426
	Jns Ovrseas S	Mutual Funds	n/a	32,367
	Jns Prkns MdCap Val S	Mutual Funds	n/a	12,922
	Leggm Wstras Corplsbd Inst	Mutual Funds	n/a	153,166
	Leggmwstrasinfindplsbdinst	Mutual Funds	n/a	214,274
	Lrdabt Devl Gr A	Mutual Funds	n/a	47,535
	Lrdabt Fdmntl Eq A	Mutual Funds	n/a	33,082
	Lrdabt Shrt Dur Inc A	Mutual Funds	n/a	159
	Mfs Intl Val A	Mutual Funds	n/a	81,602
	Mfs Val A	Mutual Funds	n/a	313,541
	Mgrs Ycktmn Focs Svc	Mutual Funds	n/a	257,557

See accompanying independent auditors' report and notes to financial statements.

4Front Engineered Solutions 401(k) Plan
EIN# 39-0866333 PN# 001
Exhibit A – Form 5500, Schedule H, line 4i - Schedule of Assets Held for Investment Purposes at End of Year (Continued)
Year Ended December 31, 2012

(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
*	NW Bd Indx A	Mutual Funds	n/a	12,362
*	NW Intl Indx A	Mutual Funds	n/a	10,855
*	NW Inv Dest Aggr Svc	Mutual Funds	n/a	156,752
*	NW Inv Dest Cnsrv Svc	Mutual Funds	n/a	9,767
*	NW Inv Dest Mod Aggr Svc	Mutual Funds	n/a	750,202
*	NW Inv Dest Mod Consrv Svc	Mutual Funds	n/a	142,138
*	NW Inv Dest Mod Svc	Mutual Funds	n/a	117,600
*	NW Mdcap Mkt Indx A	Mutual Funds	n/a	14,297
	Total interest in registered investment companies			7,591,117
*	Notes receivable from participants	Rates ranging from 4.25% to 9.25%		252,471
				$ 7,843,588

* A party-in-interest as defined by ERISA.

** Not required for participant-directed transactions under an individual account plan.

See accompanying independent auditors' report and notes to financial statements.

Schedule H, line 4i
Schedule of Assets (Held At End of Year)

For the plan year beginning **01/01/2012** and ending **12/31/2012**

Name of plan
4Front Engineered Solutions 401(k) Plan

Employer Identification Number
39-0866333

Three-digit plan number ► **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
*	NW Mny Mkt Inst	Mutual Fund		140,793
*	NW S P 500 Indx Svc	Mutual Fund		49,300
*	NW Smcap Indx A	Mutual Fund		6,402
	Okmrk Eq Inc II	Mutual Fund		138,452
	Okmrk Intl II	Mutual Fund		13,795
	Opp Intl Bd A	Mutual Fund		145,354
	Opp Intl Gr A	Mutual Fund		258,715
	Pimco All Asst A	Mutual Fund		13,900
	Pimco Comdtyrealrtnstrat A	Mutual Fund		45,263
	Pimco Real Rtn Inst	Mutual Fund		117,490
	Pimco Ttl Rtn A	Mutual Fund		297,588
	Pimco Ttl Rtn Inst	Mutual Fund		179,291
	Prncpl Lgcap Gr Inst	Mutual Fund		290,700
	Pionr Eq Inc A	Mutual Fund		228,395
	Prncpl Mdcap Blnd A	Mutual Fund		64,798
	Prudntl Jnisn Gr A	Mutual Fund		333,578
	Prudntl St Cor Bd A	Mutual Fund		38,323
	Rdgwrth Mdcap Val Eq I	Mutual Fund		75,899
	Rdgwrth Smcap Val Eq I	Mutual Fund		20,262
	Sntnl Govt Sec A	Mutual Fund		4,424
	Thrnbrg Intl Val I	Mutual Fund		114,228
	Turner Smcap Gr Inv	Mutual Fund		140,489
	Prudntl Ttl Rtn Bd A	Mutual Fund		145,978
	Vngrd Divrs Eq Inv	Mutual Fund		3,067
	Vngrd Explr Inv	Mutual Fund		1,965
	Vngrd Mdcap Gr Indx Inv	Mutual Fund		1,946
	Vngrd Smcap Gr Indx Inv	Mutual Fund		38,645
	Vngrd Wlsly Inc Inv	Mutual Fund		40,115
	Wfa Cmn Stk A	Mutual Fund		28,618
	Wfa Emrg Mkt Eq A	Mutual Fund		163,329
	Wfa Gr A	Mutual Fund		110,638
	Mgrs Ycktmn Focs Svc	Mutual Fund		257,557
	Dfa US Lg Co	Mutual Fund		294,255
	Fidadv Val Strat A	Mutual Fund		2,014
	Harbor Intl Inst	Mutual Fund		258,199

Schedule H, line 4i
Schedule of Assets (Held At End of Year)

For the plan year beginning **01/01/2012** and ending **12/31/2012**

Name of plan
4Front Engineered Solutions 401(k) Plan

Employer Identification Number
39-0866333

Three-digit plan number ► **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
	Participant Loans	Interest Rate - 9.25% to 4.25%		252,471
	Abrden Glbl Eq A	Mutual Fund		314,454
	Abrden Int'l Eq A	Mutual Fund		2,632
	Amcent Gr A	Mutual Fund		0
	Amcent Shtdrinflprtbd Inst	Mutual Fund		267,254
	Amfds Cap Wld Bd R6	Mutual Fund		94,853
	Buf Mdcap	Mutual Fund		786
	Blkrk Eq Divd Inv A	Mutual Fund		18,623
	Dws Rreef Glbrealest Seca	Mutual Fund		204,313
	Dws Rreef Reaest Sec Inst	Mutual Fund		790
	Dodgecox Inc	Mutual Fund		8,890
	Dodgecox Stk	Mutual Fund		0
	EV Flotng Rt A	Mutual Fund		93,164
	Fidadv Enrgy I	Mutual Fund		1,702
	Fidadv Gr Inc A	Mutual Fund		1,096
	Fidadv Levr Co Stk A	Mutual Fund		1,031
	Fidadv Mdcap Ii I	Mutual Fund		1,873
	Fidadv New Insghts A	Mutual Fund		22,615
	Fidadv Smcap A	Mutual Fund		1,829
	Heartland Val Pls Inv	Mutual Fund		120,218
	JPM Smcap Val A	Mutual Fund		220,426
	Jns Ovrseas S	Mutual Fund		32,367
	Jns Prkns MdCap Val S	Mutual Fund		12,922
	Leggm Wstras CorpIsbd Inst	Mutual Fund		153,166
	Leggmwstrasinfindplsbdinst	Mutual Fund		214,274
	Lrdabt Devl Gr A	Mutual Fund		47,535
	Lrdabt Fdmntl Eq A	Mutual Fund		33,082
	Lrdabt Shrt Dur Inc A	Mutual Fund		159
	Mfs Intl Val A	Mutual Fund		81,602
	Mfs Val A	Mutual Fund		313,541
	Neuber Hi Inc A	Mutual Fund		48,182
*	NW Bd Indx A	Mutual Fund		12,362
*	NW Intl Indx A	Mutual Fund		10,855
*	NW Inv Dest Aggr Svc	Mutual Fund		156,752
*	NW Inv Dest Cnsrv Svc	Mutual Fund		9,767
*	NW Inv Des Mod Aggr Svc	Mutual Fund		750,202
*	NW Inv Dest Mod Consrv Svc	Mutual Fund		142,138
*	NW Inv Dest Mod Svc	Mutual Fund		117,600
*	NW Mdcap Mkt Indx A	Mutual Fund		14,297