

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2012</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information		
1a Name of plan <u>TORRES AES 401(K) PROFIT SHARING PLAN</u>	1b Three-digit plan number (PN) ▶	<u>001</u>	
	1c Effective date of plan	<u>01/01/2006</u>	
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>TORRES ADVANCED ENTERPRISE SOLUTIONS, LLC</u> <u>2755 HARTLAND ROAD</u> <u>SUITE 300</u> <u>FALLS CHURCH, VA 22043</u>	2b Employer Identification Number (EIN) <u>02-0629502</u>	2c Sponsor's telephone number <u>703-527-8088</u>	2d Business code (see instructions) <u>541511</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/27/2013	AARON BENSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/27/2013	DANIEL COTTER
	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 ☒ 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		5 506
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	100
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	276
d Subtotal. Add lines 6a , 6b , and 6c	6d	376
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	376
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	307
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 2T 3D		
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) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

SCHEDULE A (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 <hr/> 2012 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2012 or fiscal plan year beginning **01/01/2012** and ending **12/31/2012**

A Name of plan TORRES AES 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 TORRES ADVANCED ENTERPRISE SOLUTIONS, LLC	D Employer Identification Number (EIN) 02-0629502	

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

(a) Name of insurance carrier

JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
01-0233346	65838	103856	433	01/13/2012	12/31/2012

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
15906	4473

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

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

PARK AVENUE SECURITIES

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
15906			3

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

UNIGLOBAL PENSION PLANNING INC
10432 BALLS FORD ROAD #100
MANASSAS, VA 20109

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	4473	TPA FEES AND COMPENSATION	5

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	0
5 Current value of plan's interest under this contract in separate accounts at year end	5	1354384

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

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

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

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

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

b Balance at the end of the previous year	7b	0
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c Additions: (1) Contributions deposited during the year	7c(1)		
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)		
(4) Transferred from separate account	7c(4)		
(5) Other (specify below)	7c(5)		
▶			

(6) Total additions	7c(6)	0
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d Total of balance and additions (add lines 7b and 7c(6))	7d	0
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e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
(2) Administration charge made by carrier	7e(2)		
(3) Transferred to separate account	7e(3)		
(4) Other (specify below)	7e(4)		
▶			

(5) Total deductions	7e(5)	0
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....		9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 <u>TORRES AES 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TORRES ADVANCED ENTERPRISE SOLUTIONS, LLC</u>	D Employer Identification Number (EIN) <u>02-0629502</u>

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	
<u>JOHN HANCOCK LIFE INSURANCE COMPANY</u>	<u>RETIREMENT PLAN SERVICES, ET9</u>
	<u>P.O. BOX 600</u>
	<u>BUFFALO, NY 14201-0600</u>
<u>01-0233346</u>	

(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)

(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 ☐

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
(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

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 D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2012 This Form is Open to Public Inspection.
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan <u>TORRES AES 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TORRES ADVANCED ENTERPRISE SOLUTIONS, LLC</u>	D Employer Identification Number (EIN) <u>02-0629502</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK GLOBAL ALLOCATION</u>				
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>				
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>9633</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>CORE BOND FUND</u>				
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>				
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>11540</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>DFA EMERGING MARKETS VALUE</u>				
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>				
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>9102</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>DFA U.S. SMALL CAP FUND</u>				
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>				
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6390</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>DFA US TARGETED VALUE FUND</u>				
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>				
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6425</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIDELITY ADVISOR GOLD FUND</u>				
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>				
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>16218</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FRANKLIN SMALL-MID GROWTH</u>				
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>				
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4841</u>		

a Name of MTIA, CCT, PSA, or 103-12 IE: HIGH YIELD FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18750

a Name of MTIA, CCT, PSA, or 103-12 IE: IVY ASSET STRATEGY FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11071

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK DISCIPLINED VALUE		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13540

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE AGGRESSIVE		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1145

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE BALANCED		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4285

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE CONSERVATIVE		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 36954

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE GROWTH		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31580

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE MODERATE		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 829

a Name of MTIA, CCT, PSA, or 103-12 IE: NATURAL RESOURCES FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6542

a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO COMMODITY REAL RETURN		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5508

a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO REAL RETURN		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31706

a Name of MTIA, CCT, PSA, or 103-12 IE: REAL EST. SECURITIES FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19523

a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING THROUGH 2010		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2360

a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING THROUGH 2015		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 316317

a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING THROUGH 2020		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 186667

a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING THROUGH 2025		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 128949

a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING THROUGH 2030		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 42947

a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING THROUGH 2035		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 62142

a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING THROUGH 2040		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 116100

a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING THROUGH 2045		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 71273

a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING THROUGH 2050**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 115146
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a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP GROWTH INDEX**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2418
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a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE HEALTH SCI**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25961
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a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE SCI & TECH**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5349
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a Name of MTIA, CCT, PSA, or 103-12 IE: TEMPLETON GLOBAL BOND FUND**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7692
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a Name of MTIA, CCT, PSA, or 103-12 IE: UTILITIES FUND**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25481
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs)

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2012</div> This Form is Open to Public Inspection
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012		
A Name of plan TORRES AES 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 TORRES ADVANCED ENTERPRISE SOLUTIONS, LLC	D Employer Identification Number (EIN) 02-0629502	

	Part I Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a	0	738
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)		
	(2) Participant contributions	1b(2)	17189	0
	(3) Other.....	1b(3)		
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	197893	0
	(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)	0	3115
	(9) Value of interest in common/collective trusts.....	1c(9)		
	(10) Value of interest in pooled separate accounts.....	1c(10)	0	1354384
	(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)	1197338	0
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	1412420	1358237

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	1412420	1358237
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)	290718	
(C) Others (including rollovers)	2a(1)(C)	54644	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		345362

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)	62	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		62

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

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

(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)		110910
(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)		53194
c Other income.....	2c		460
d Total income. Add all income amounts in column (b) and enter total.....	2d		509988

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	556991	
(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)		556991
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)	7180	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		7180
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		564171

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-54183
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) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: **BDOUSA, LLP**

(2) EIN: **13-5381590**

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:

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.).....

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.).....

	Yes	No	Amount
4a	X		202262
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.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		141242
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	X		

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 <u>TORRES AES 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TORRES ADVANCED ENTERPRISE SOLUTIONS, LLC</u>	D Employer Identification Number (EIN) <u>02-0629502</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>01-0233346</u> <u>16-1470238</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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



TORRES AES 401(K) PROFIT SHARING PLAN

AUDITED FINANCIAL STATEMENTS
WITH SUPPLEMENTAL SCHEDULES

DECEMBER 31, 2012 AND 2011

TORRES AES 401(K) PROFIT SHARING PLAN
AUDITED FINANCIAL STATEMENTS WITH SUPPLEMENTAL SCHEDULES
DECEMBER 31, 2012 AND 2011

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INDEPENDENT AUDITOR'S REPORT

Trustee
Torres AES 401(k) Profit Sharing Plan
Falls Church, Virginia

We were engaged to audit the accompanying financial statements of Torres AES 401(k) Profit Sharing Plan (the 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 2012 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 on the 2012 financial statements.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by John Hancock Life Insurance Company (U.S.A.) (John Hancock), the trustee and custodian of the Plan, except for comparing such information with the related information included in the 2012 financial statements. We have been informed by the Plan Administrator that John Hancock holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from John Hancock as of December 31, 2012, and for the period from January 13, 2012 through December 31, 2012, that the information provided to the Plan Administrator by John Hancock is complete and accurate.

Disclaimer of Opinion on the 2012 Financial Statements

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

BDO USA, LLP, a Delaware limited liability partnership, is the U.S. member of BDO International Limited, a UK company limited by guarantee, and forms part of the international BDO network of independent member firms.

BDO is the brand name for the BDO network and for each of the BDO Member Firms.

Other Matter - Report on Supplementary Information and Report on 2011 Financial Statements

The supplemental schedules, Schedule H, Line 4i - Schedule of Assets (Held at End of Year) and Schedule H, Line 4j - Schedule of Delinquent Contributions as of or for the year ended December 31, 2012, are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion on the 2012 financial statements paragraph, we do not express an opinion on these supplemental schedules.

We have audited the accompanying financial statement of Torres Advanced Enterprises 401(k) Profit Sharing Plan and Trust, which comprise the statement of net assets available for benefits as of December 31, 2011, and in our report dated October 10, 2012, we expressed our opinion that such financial statement presents fairly, in all material respects, net assets available for benefits of the Plan as of December 31, 2011, and the changes in net assets available for benefits for the year ended December 31, 2011, in accordance with accounting principles generally accepted in the United States of America.

Other Matter - 2011 Financial Statements

The financial statements of the Plan as of and for the year ended December 31, 2011 were audited by other auditors who combined with BDO in 2012. Their report, dated October 10, 2012, expressed an unmodified opinion on those statements.

Report on Form and Content in Compliance With DOL Rules and Regulations for 2012 Financial Statements

The form and content of the information included in the 2012 financial statements and supplemental schedules, other than that derived from the information certified by John Hancock, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

BDO USA, LLP

McLean, Virginia
September 20, 2013

TORRES AES 401(K) PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2012 AND 2011

	<u>2012</u>	<u>2011</u>
Assets		
Cash	\$ 738	\$ 0
Investments, at fair value	<u>1,354,384</u>	<u>1,395,231</u>
Total investments	<u>1,355,122</u>	<u>1,395,231</u>
Receivables		
Participant contributions	0	17,189
Notes receivable from participants	<u>3,115</u>	<u>0</u>
Total receivables	<u>3,115</u>	<u>17,189</u>
Total assets	<u>1,358,237</u>	<u>1,412,420</u>
Net assets available for benefits	<u>\$ 1,358,237</u>	<u>\$ 1,412,420</u>

See accompanying notes to the financial statements.

TORRES AES 401(K) PROFIT SHARING PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEAR ENDED DECEMBER 31, 2012

Additions to net assets attributable to:

Investment income	
Net appreciation in fair value of investments	\$ 164,564
Interest income on notes receivable from participants	<u>62</u>
Contributions	
Participants	<u>345,362</u>
Total contributions	<u>345,362</u>
Total additions	<u>509,988</u>

Deductions from net assets attributable to:

Benefits paid to participants	556,991
Administrative expenses	<u>7,180</u>
Total deductions	<u>564,171</u>
Net decrease	(54,183)

Net assets available for benefits:

Beginning of the year	<u>1,412,420</u>
End of the year	<u>\$ 1,358,237</u>

See accompanying notes to the financial statements.

TORRES AES 401(K) PROFIT SHARING PLAN

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2012 AND 2011

NOTE 1 - PLAN DESCRIPTION

The following description of the Torres AES 401(k) Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan document and any amendments thereto for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering substantially all permanent employees of Torres Advanced Enterprise Solutions, LLC (the Company) who have attained age 18. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Effective January 13, 2012, the Plan changed its trustee from PayChex Retirement Services to John Hancock Life Insurance Company (U.S.A.) (John Hancock) and further amended the name of the Plan by changing it from the "Torres Advanced Enterprise 401(k) Profit Sharing Plan and Trust" to the "Torres AES 401(k) Profit Sharing Plan".

Contributions

Eligible participants may contribute up to the maximum allowed by the Internal Revenue Code. In addition, the Plan allows for Roth (after tax) contributions and catch up contributions by employees aged 50 years and older. Participants may also contribute amounts representing distributions from other qualified plans, as defined in the Plan's provisions. For the year ended December 31, 2012, employee rollover contributions totaled \$54,644.

The Company may make discretionary employer matching and profit sharing contributions to the Plan as determined by the Company's management. For the year ended December 31, 2012, no discretionary contributions were made.

Participants direct the investment of their contributions and discretionary profit sharing contributions (if any) into various investment options offered by the Plan. The Plan currently offers pooled separate accounts as investment options for participants.

Participant accounts

Each participant's account is credited with the participant's contributions; including amounts rolled over from other qualified plans, and allocations of the Company's matching, discretionary and profit sharing contribution, if any, and Plan earnings and losses. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. 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 vested in their voluntary contributions and rollover contributions, as well as actual earnings and losses thereon. Vesting in the employer match and profit sharing contributions is based on years of continuous service. A participant is 100% vested after four years of credited service or in the event of retirement, or death, or total and permanent disability.

Notes receivable from participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. The notes are secured by the balance in the participant's account and bear interest at a rate of 4.25%, which is commensurate with local prevailing

rates as determined by the Plan Administrator. Loan terms range from one to five years or up to fifteen years for the purchase of a primary residence. Principal and interest are paid ratably through semi-monthly payroll deductions.

Payment of benefits

Generally, upon termination of service due to death, disability or retirement, and at any point in time thereafter, an employee may elect to receive a lump sum amount equal to his or her vested account balance. Participants with account balances less than \$1,000 will be paid out as a lump-sum. Participants with account balance less than \$5,000, but more than \$1,000 will be rolled over into a cash account, eligible retirement plan, or IRA at the participant's discretion. Distributions may be deferred until the required beginning date, which is defined as no later than April 1 following the calendar year in which the participant attains 70½ years or terminates employment, if later. The Plan also allows participants to receive a distribution of their individual contributed account balance, not including any employer profit sharing contributions, without terminating employment upon attainment of 59½ years.

Forfeitures

At December 31, 2012 and 2011, forfeited accounts totaled \$738 and \$259, respectively. Forfeitures are allocated to qualifying participants based on the pro-rata share of that participant's compensation for the plan year compared to the total compensation of all qualifying participants, or used to reduce future employer contributions. Forfeitures of \$4,426 were used to reduce employer contributions to the Plan during the year ended December 31, 2012.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting

The financial statements and supplemental schedules of the Plan are maintained on the accrual basis of accounting.

Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from estimated amounts.

Investment valuation and income recognition

Investments held by the Plan are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's management determines the Plan's valuation policies utilizing information provided by the investment advisors and investment custodian. See Note 4 for disclosures relating to fair value measurements.

Purchases and sales of securities are recognized principally on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation or depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes receivable from participants

Notes receivable from participants are measured at the unpaid principal balances plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2012 and 2011. If a participant ceases to make loan repayments and the Plan Administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Payment of benefits

Benefits are recorded when paid.

Administrative expenses

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

Subsequent events

The Plan Administrator has evaluated subsequent events through September 20, 2013, the date the financial statements were available to be issued. The Plan is not aware of any subsequent events which would require recognition or disclosure in the financial statements.

Recently adopted authoritative guidance

In May 2011, the Financial Accounting Standards Board (the FASB) issued guidance to amend the accounting and disclosure requirements on fair value measurements. The new guidance limits the highest-and-best-use measure to nonfinancial assets, permits certain financial assets and liabilities with offsetting positions in market or counterparty credit risks to be measured at a net basis, and provides guidance on the applicability of premiums and discounts. Additionally, the new guidance expands the disclosures on Level 3 inputs by requiring quantitative disclosure of the unobservable inputs and assumptions, as well as description of the valuation processes and the sensitivity of the fair value to changes in unobservable inputs. Other than expanding disclosures, adoption of this new guidance did not have a material impact on the accompanying financial statements.

NOTE 3 - INVESTMENTS

Individual investments that represent 5% or more of the Plan's net assets

The following presents investments that represent 5% or more of the Plan's net assets available for benefits as of December 31:

	2012	2011
Retirement Living Fund through 2015	\$ 316,317	\$ *
Retirement Living Fund through 2020	186,667	*
Retirement Living Fund through 2025	128,949	*
Retirement Living Fund through 2040	116,100	*
Retirement Living Fund through 2050	115,146	*
Retirement Living Fund through 2045	71,273	*
Federated Asset Allocation Fund Class R	*	547,490
Federated Automatic Cash Management Trust Fund Class SS	*	197,892
American Funds Euro-Pacific Growth Fund Class R3	*	114,163
MFS Mid-Cap Value Fund Class R2	*	78,793

* Investment balance is less than 5% of the Plan's net assets

Information Certified by John Hancock Life Insurance Company (U.S.A.)

The following is a summary of the Plan's asset information as of December 31, 2012 and for the period from January 13, 2012 through December 31, 2012, included throughout the Plan's financial statements and supplemental schedules, that was prepared by or derived from information provided by John Hancock Life Insurance Company (John Hancock) and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from John Hancock that the information provided to the Plan Administrator by John Hancock related to the following assets is complete and accurate. Accordingly, 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 Plan's independent auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements and supplemental schedules related to the following assets:

Investments at fair value:	
Pooled separate accounts	\$ 1,354,384
Notes receivable from participants	3,115

John Hancock also certified to the completeness and accuracy of \$164,564 of net appreciation in fair value of investments in pooled separate accounts and \$62 of interest and dividends related to the notes receivable from participants for the year ended December 31, 2012.

Changes in fair value and related gains and losses

During the year ended December 31, 2012, the Plan's pooled separate accounts (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$164,564.

NOTE 4 - FAIR VALUE MEASUREMENTS

Fair value is defined as the price that would be received to sell an asset between market participants in an orderly transaction on the measurement date. The market in which the reporting entity would sell the asset with the greatest volume and level of activity for the asset is known as the principal market. When no principal market exists, the most advantageous market is used. This is the market in which the reporting entity would sell the asset with the price that maximizes the amount that would be received. Fair value is based on assumptions market participants would make in pricing the asset. Generally, fair value is based on observable quoted market prices or derived from observable market data when such market prices or data are available. When such prices or inputs are not available, the reporting entity should use valuation models.

The Plan's assets recorded at fair value are categorized based on the priority of the inputs used to measure fair value. The inputs used in measuring fair value are categorized into three levels, as follows:

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

Level 2 - Inputs to the valuation methodology include

- Quoted prices for similar assets in active markets;
- Quoted prices for identical or similar assets in inactive markets;
- Inputs other than quoted prices that are observable for the asset;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.
- If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset.

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

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

The following section describes the valuation methodologies the Plan uses to measure its assets at fair value. There have been no changes in the methodologies used at December 31, 2012 and 2011.

Pooled separate accounts: Primarily valued at net asset value per share based on quoted market prices of underlying investments.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are held with the Securities Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2012 and 2011:

Fair Value Measurements at December 31, 2012				
	Level 1	Level 2	Level 3	Total
Pooled separate accounts:				
Mid cap growth funds	\$ 0	\$ 4,841	\$ 0	\$ 4,841
Small cap growth funds	0	2,418	0	2,418
Global/International funds	0	18,735	0	18,735
Index funds	0	104,582	0	104,582
Mid cap value funds	0	11,071	0	11,071
Small cap value funds	0	6,425	0	6,425
Mid cap blend funds	0	1,116,694	0	1,116,694
Small cap blend funds	0	6,390	0	6,390
Government security funds	0	13,540	0	13,540
Intermediate term bonds funds	0	69,688	0	69,688
Total assets at fair value	<u>\$ 0</u>	<u>\$ 1,354,384</u>	<u>\$ 0</u>	<u>\$ 1,354,384</u>
Fair Value Measurements at December 31, 2011				
	Level 1	Level 2	Level 3	Total
Mutual Funds:				
Mid cap growth funds	\$ 191,156	\$ 0	\$ 0	\$ 191,156
Global/International funds	114,464	0	0	114,464
Index funds	65,379	0	0	65,379
Mid cap value funds	132,340	0	0	132,340
Mid cap blend funds	585,291	0	0	585,291
Government security funds	46,273	0	0	46,273
Intermediate term bonds funds	62,435	0	0	62,435
Money market funds	197,893	0	0	197,893
Total assets at fair value	<u>\$ 1,395,231</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 1,395,231</u>

Fair Value of Investments in Entities that Use Net Asset Value (NAV)

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2012:

	2012			
	<u>Fair Value</u>	<u>Unfunded Commitment</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Pooled separate accounts (a)				
Mid cap growth funds	\$ 4,841	\$ 0	Immediate	None
Small cap growth funds	2,418	0	Immediate	None
Global/International funds	18,735	0	Immediate	None
Index funds	104,582	0	Immediate	None
Mid cap value funds	11,071	0	Immediate	None
Small cap value funds	6,425	0	Immediate	None
Mid cap blend funds	1,116,694	0	Immediate	None
Small cap blend funds	6,390	0	Immediate	None
Government security funds	13,540	0	Immediate	None
Intermediate term bonds funds	<u>69,688</u>	<u>0</u>	Immediate	None
	<u>\$ 1,354,384</u>	<u>\$ 0</u>		

- (a) This category includes high quality, short term securities. Investments in this category can be redeemed immediately at the current net asset value per share based on the fair value of the underlying assets. The fair value of investments in this category has been estimated using the net asset value per share of the investments.

NOTE 5 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to reduce, suspend, or discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event of complete or partial plan termination, participants would become 100% vested in their entire account.

NOTE 6 - INCOME TAX STATUS

Effective January 13, 2012, the Plan adopted a prototype plan sponsored by John Hancock Life Insurance Company. The prototype plan has received an opinion letter from the Internal Revenue Service as to the prototype plan's qualified status. The prototype plan opinion letter has been relied upon by this Plan. The Plan Administrator believes that the Plan is designed and is being operated in compliance with the applicable provisions of the Internal Revenue Code.

In accordance with authoritative guidance issued by the FASB, Plan management is required to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2012, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes the Plan is no longer subject to income tax examinations for years prior to 2009.

NOTE 7 - RELATED PARTY TRANSACTIONS

Certain Plan investments are managed by John Hancock. John Hancock is the custodian/trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid

by the Plan for the investment management services are included in net appreciation in fair value of investments as they are paid through revenue sharing rather than a direct payment.

NOTE 8 - PROHIBITED TRANSACTIONS

During the year ended December 31, 2011, the Company inadvertently failed to segregate and remit in a timely manner certain participant contributions (salary reduction amounts) from its assets within the required time period as specified by the United States Department of Labor (DOL) Reg. 2510.3012. Failure to segregate and remit contributions within the specified time period is a prohibited transaction according to the provisions of ERISA and the Internal Revenue Code. The Company made the deposit after the required time frame and remitted lost earnings associated with the late remittances in 2012.

NOTE 9 - RISKS AND UNCERTAINTIES

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

TORRES AES 401(K) PROFIT SHARING PLAN

SUPPLEMENTAL SCHEDULES

DECEMBER 31, 2012

TORRES AES 401(K) PROFIT SHARING PLAN

SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT CONTRIBUTIONS

YEAR ENDED DECEMBER 31, 2012

Participant Contributions Transferred Late to the Plan *		Total That Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under Voluntary Fiduciary Correction Program and Prohibited Transaction Exemption 2002-51	
		Contributions Not Corrected	Contributions Corrected Outside Voluntary Fiduciary Correction Program	Contributions Pending Correction in Voluntary Fiduciary Correction Program		
Year(s)	Amount					
2011	\$ 202,262	\$ 0	\$ 202,262	\$ 0	\$ 0	\$ 0

* Late participant loan repayments are included.

TORRES AES 401(K) PROFIT SHARING PLAN

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

DECEMBER 31, 2012

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest collateral, and par or maturity value	(d) Cost	(e) Current value
*	Retirement Living Fund through 2015	Pooled Separate Account	\$ **	\$ 316,317
*	Retirement Living Fund through 2020	Pooled Separate Account	**	186,667
*	Retirement Living Fund through 2025	Pooled Separate Account	**	128,949
*	Retirement Living Fund through 2040	Pooled Separate Account	**	116,100
*	Retirement Living Fund through 2050	Pooled Separate Account	**	115,146
*	Retirement Living Fund through 2045	Pooled Separate Account	**	71,273
*	Retirement Living Fund through 2035	Pooled Separate Account	**	62,142
*	Retirement Living Fund through 2030	Pooled Separate Account	**	42,947
*	Lifestyle Conservative Fund	Pooled Separate Account	**	36,954
	PIMCO Real Return Fund	Pooled Separate Account	**	31,706
*	Lifestyle Growth Fund	Pooled Separate Account	**	31,580
	T. Rowe Price Health Sciences Fund	Pooled Separate Account	**	25,961
*	Utilities Fund	Pooled Separate Account	**	25,481
*	Real Estate Securities Fund	Pooled Separate Account	**	19,523
*	High Yield Fund	Pooled Separate Account	**	18,750
	Fidelity Advisor Gold Fund	Pooled Separate Account	**	16,218
*	Disciplined Value Fund	Pooled Separate Account	**	13,540
*	Core Bond Fund	Pooled Separate Account	**	11,540
	Ivy Asset Strategy Fund	Pooled Separate Account	**	11,071
	BlackRock Global Allocation Fund	Pooled Separate Account	**	9,633
	DFA Emerging Markets Value Fund	Pooled Separate Account	**	9,102
	Templeton Global Bond Fund	Pooled Separate Account	**	7,692
*	Natural Resources Fund	Pooled Separate Account	**	6,542
	DFA US Targeted Value Fund	Pooled Separate Account	**	6,425
	DFA U.S. Small Cap Fund	Pooled Separate Account	**	6,390
	PIMCO Commodity Real Return Fund	Pooled Separate Account	**	5,508
	T. Rowe Price Science & Technology Fund	Pooled Separate Account	**	5,349
	Franklin Small-Mid Growth Fund	Pooled Separate Account	**	4,841
*	Lifestyle Balanced Fund	Pooled Separate Account	**	4,285
*	Small Cap Growth Index Fund	Pooled Separate Account	**	2,418
*	Retirement Living Fund through 2010	Pooled Separate Account	**	2,360
*	Lifestyle Aggressive Fund	Pooled Separate Account	**	1,145
*	Lifestyle Moderate Fund	Pooled Separate Account	**	829
	Total investments, at fair value			1,354,384
*	Notes receivable from participants	Interest rate at 4.25%, maturing through July 2017	0	3,115
	Total investments at fair value and notes receivable from participants			\$ 1,357,499

* Party-in-interest as defined by ERISA.

** Historical cost information is not required as all investments are participant-directed.



STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 103856 THE TRUSTEES OF TORRES ADVANCED
ENTERPRISES 401(K) PROFIT SHARING PLAN
MONEY INVESTED AS OF DECEMBER 31, 2012

Sub-Accounts	John Hancock USA		THE TRUSTEES OF TORRES ADVANCED	
	Total Sub-Accounts		ENTERPRISES 401(K) PROFIT SHARING PLAN	
	Assets	Liabilities*	Total No of Units	Total Value
Retirement Living through 2050	\$ 66007936.69		11412.133120	\$ 115145.72
Retirement Living through 2045	\$ 527047866.97		6154.123358	\$ 71273.39
Retirement Living through 2040	\$ 524538556.92		10018.485223	\$ 116100.48
Retirement Living through 2035	\$ 683977908.58		5357.030801	\$ 62142.27
Retirement Living through 2030	\$ 855293303.66		3726.702134	\$ 42947.29
Retirement Living through 2025	\$ 980417742.41		11015.511769	\$ 128949.27
Retirement Living through 2020	\$ 890640494.83		15528.765414	\$ 186667.00
Retirement Living through 2015	\$ 561748227.34		25817.512799	\$ 316316.56
Retirement Living through 2010	\$ 362679570.74		188.476168	\$ 2359.95
Retirement Choices at 2050	\$ 121306313.50		.000000	\$ 0.00
Retirement Choices at 2045	\$ 215573710.18		.000000	\$ 0.00
Retirement Choices at 2040	\$ 293774476.58		.000000	\$ 0.00
Retirement Choices at 2035	\$ 435302566.07		.000000	\$ 0.00
Retirement Choices at 2030	\$ 556408982.27		.000000	\$ 0.00
Retirement Choices at 2025	\$ 648033469.41		.000000	\$ 0.00
Retirement Choices at 2020	\$ 572124713.33		.000000	\$ 0.00
Retirement Choices at 2015	\$ 340801796.39		.000000	\$ 0.00
Retirement Choices at 2010	\$ 224194602.29		.000000	\$ 0.00
Lifestyle Aggressive	\$ 3262992109.26		35.038544	\$ 1144.79
Lifestyle Growth	\$ 9741959258.64		873.689310	\$ 31579.56
Lifestyle Balanced	\$ 10529844943.52		110.587846	\$ 4284.52
Lifestyle Moderate	\$ 3261914224.70		20.038097	\$ 829.26
Lifestyle Conservative	\$ 2967413402.57		845.397746	\$ 36954.45
Russell Equity Growth	\$ 38470433.12		.000000	\$ 0.00
Russell Growth	\$ 115639698.61		.000000	\$ 0.00
Russell Balanced	\$ 130305056.85		.000000	\$ 0.00

*Assets = Liabilities

Note: this report does not reflect transactions processed after December 31, 2012
Cash Basis



STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 103856 THE TRUSTEES OF TORRES ADVANCED
ENTERPRISES 401(K) PROFIT SHARING PLAN
MONEY INVESTED AS OF DECEMBER 31, 2012

Sub-Accounts	John Hancock USA		THE TRUSTEES OF TORRES ADVANCED	
	Total Sub-Accounts		ENTERPRISES 401(K) PROFIT SHARING PLAN	
	Assets	Liabilities*	Total No of Units	Total Value
Russell Moderate	\$	29663037.44	.000000	\$ 0.00
Russell Conservative	\$	21478784.26	.000000	\$ 0.00
Fidelity Advisor Gold Fund	\$	107681877.22	387.064409	\$ 16218.25
Real Est. Securities Fund	\$	504834023.80	321.375634	\$ 19523.06
Natural Resources Fund	\$	141678023.88	169.889678	\$ 6541.67
DFA Emerging Markets Value	\$	258022835.26	212.349094	\$ 9101.89
Royce Opportunity	\$	133972727.39	.000000	\$ 0.00
Intl Small Cap Fund	\$	101112789.45	.000000	\$ 0.00
Fidelity Adv Leveraged Co Stk	\$	32752393.61	.000000	\$ 0.00
Oppenheimer Developing Mkt	\$	719845861.37	.000000	\$ 0.00
PIMCO Commodity Real Return	\$	11305677.39	642.768396	\$ 5507.73
Energy	\$	486696506.97	.000000	\$ 0.00
Dodge & Cox International St	\$	15047706.15	.000000	\$ 0.00
Keeley Small Cap Value	\$	26334923.44	.000000	\$ 0.00
DFA International Value	\$	76076562.67	.000000	\$ 0.00
Aberdeen International Equity	\$	949.78	.000000	\$ 0.00
SSgA Mid Growth Index Fund	\$	32617269.04	.000000	\$ 0.00
International Value Fund	\$	229578700.58	.000000	\$ 0.00
DFA US Targeted Value Fund	\$	29254189.28	339.700130	\$ 6424.57
Mid Cap Stock Fund	\$	284477707.93	.000000	\$ 0.00
T. Rowe Price Sci & Tech	\$	283676896.32	117.306750	\$ 5348.58
Columbia Value & Restructuring	\$	0.00	.000000	\$ 0.00
DFA U.S. Small Cap Fund	\$	121565146.32	235.020112	\$ 6389.57
Small Cap Growth Index	\$	247576773.62	98.397799	\$ 2418.45
Intl Equity Index Fund	\$	200284513.62	.000000	\$ 0.00
International Core Fund	\$	34509700.51	.000000	\$ 0.00

*Assets = Liabilities



STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 103856 THE TRUSTEES OF TORRES ADVANCED
ENTERPRISES 401(K) PROFIT SHARING PLAN
MONEY INVESTED AS OF DECEMBER 31, 2012

Sub-Accounts	John Hancock USA		THE TRUSTEES OF TORRES ADVANCED	
	Total Sub-Accounts		ENTERPRISES 401(K) PROFIT SHARING PLAN	
	Assets	Liabilities*	Total No of Units	Total Value
SMALLCAP World Fund	\$	31742525.13	.000000	\$ 0.00
New World Fund	\$	42860861.53	.000000	\$ 0.00
Science & Technology Fund	\$	167917283.33	.000000	\$ 0.00
Financial Services Fund	\$	78405682.66	.000000	\$ 0.00
Small Cap Index Fund	\$	169045499.96	.000000	\$ 0.00
American Century Heritage	\$	235607960.35	.000000	\$ 0.00
John Hancock Intl Growth	\$	9769166.95	.000000	\$ 0.00
Explorer	\$	45807715.28	.000000	\$ 0.00
Small Cap Growth Fund	\$	76665586.77	.000000	\$ 0.00
Inv Small Cap Growth	\$	133711681.83	.000000	\$ 0.00
Oppenheimer Intl Growth Fund	\$	70236921.74	.000000	\$ 0.00
EuroPacific Growth Fund	\$	720830555.93	.000000	\$ 0.00
Franklin Small-Mid Growth	\$	150573884.31	95.967503	\$ 4841.10
Pru Jennison 20/20 Focus Fund	\$	50611462.83	.000000	\$ 0.00
Legg Mason ClearBr Agg Growth	\$	134212912.61	.000000	\$ 0.00
Turner Large Growth Fund	\$	2081421.29	.000000	\$ 0.00
Thornburg International Value	\$	37080394.56	.000000	\$ 0.00
International Growth Fund	\$	50729839.16	.000000	\$ 0.00
Brandywine Blue Fund	\$	0.00	.000000	\$ 0.00
T. Rowe Price Health Sci	\$	465252211.09	500.291365	\$ 25961.11
Small Cap Opportunities Fund	\$	50203641.95	.000000	\$ 0.00
SSgA Mid Value Index Fund	\$	29566043.10	.000000	\$ 0.00
Aston/Fairpointe Mid Cap Fund	\$	18808598.60	.000000	\$ 0.00
Small Company Value Fund	\$	104652083.11	.000000	\$ 0.00
Small Cap Value Index	\$	47362555.33	.000000	\$ 0.00
Royce Pennsylvania Mutual Fund	\$	4438289.83	.000000	\$ 0.00

*Assets = Liabilities



STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 103856 THE TRUSTEES OF TORRES ADVANCED
ENTERPRISES 401(K) PROFIT SHARING PLAN
MONEY INVESTED AS OF DECEMBER 31, 2012

Sub-Accounts	John Hancock USA		THE TRUSTEES OF TORRES ADVANCED	
	Total Sub-Accounts		ENTERPRISES 401(K) PROFIT SHARING PLAN	
	Assets	Liabilities*	Total No of Units	Total Value
Columbia Mid Cap Value	\$	63444093.07	.000000	\$ 0.00
Small Cap Value Fund	\$	254853850.98	.000000	\$ 0.00
Blue Chip Growth Fund	\$	577189305.13	.000000	\$ 0.00
Value Fund	\$	280155332.78	.000000	\$ 0.00
Mid Cap Index Fund	\$	381279411.70	.000000	\$ 0.00
Franklin Balance Sheet	\$	0.00	.000000	\$ 0.00
T. Rowe Price Sml Cap Val	\$	177881043.44	.000000	\$ 0.00
Oppenheimer Global	\$	205911426.33	.000000	\$ 0.00
JH Disciplined Value Mid Cap	\$	1463107.74	.000000	\$ 0.00
Lord Abbett Value Opps Fund	\$	22693514.22	.000000	\$ 0.00
Fundamental All Cap Core Fund	\$	129575110.11	.000000	\$ 0.00
Mid Value Fund	\$	195972295.96	.000000	\$ 0.00
Capital World Growth & Income	\$	104004387.62	.000000	\$ 0.00
Capital Appreciation Fund	\$	402506839.15	.000000	\$ 0.00
Templeton World	\$	128494296.50	.000000	\$ 0.00
Domini Social Equity	\$	63418095.40	.000000	\$ 0.00
All Cap Core Fund	\$	17607568.43	.000000	\$ 0.00
John Hancock Rainier Grow	\$	2777105.83	.000000	\$ 0.00
All Cap Value Fund	\$	88720636.06	.000000	\$ 0.00
JPM MidCap Value Fund	\$	271691515.79	.000000	\$ 0.00
New Perspective Fund	\$	51605824.28	.000000	\$ 0.00
Pru Jennison Mid Growth Fund	\$	79328747.23	.000000	\$ 0.00
Fundamental Investors	\$	172099640.29	.000000	\$ 0.00
Utilities Fund	\$	105837155.03	967.448129	\$ 25481.26
MFS Utilities	\$	238329675.07	.000000	\$ 0.00
Total Stock Market Index Fund	\$	263368734.64	.000000	\$ 0.00

*Assets = Liabilities



STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 103856 THE TRUSTEES OF TORRES ADVANCED
ENTERPRISES 401(K) PROFIT SHARING PLAN
MONEY INVESTED AS OF DECEMBER 31, 2012

Sub-Accounts	John Hancock USA		THE TRUSTEES OF TORRES ADVANCED	
	Total Sub-Accounts		ENTERPRISES 401(K) PROFIT SHARING PLAN	
	Assets	Liabilities*	Total No of Units	Total Value
JPMorgan Large Cap Growth	\$	5527482.18	.000000	\$ 0.00
Victory Diversified Stock	\$	10385728.49	.000000	\$ 0.00
John Hancock Disciplined Value	\$	325464578.98	886.126598	\$ 13539.96
Growth Index Fund	\$	99574777.43	.000000	\$ 0.00
The Growth Fund of America	\$	787513229.20	.000000	\$ 0.00
Eaton Vance Large-Cap Value	\$	42023739.97	.000000	\$ 0.00
Fidelity ContraFund	\$	403398752.47	.000000	\$ 0.00
Fidelity Adv New Insights	\$	71548436.23	.000000	\$ 0.00
Mass Investors Fund	\$	39043853.55	.000000	\$ 0.00
Dodge & Cox Stock Fund	\$	16761282.49	.000000	\$ 0.00
Equity Income Fund	\$	269144869.59	.000000	\$ 0.00
Fundamental Large Cap Value	\$	65664225.43	.000000	\$ 0.00
Davis New York Venture	\$	507337196.54	.000000	\$ 0.00
T. Rowe Price Equity Inc	\$	482076951.99	.000000	\$ 0.00
Columbia Equity Value	\$	8192091.35	.000000	\$ 0.00
Value Index Fund	\$	51485461.13	.000000	\$ 0.00
BlackRock Basic Value	\$	12493696.60	.000000	\$ 0.00
500 Index Fund	\$	1044330916.29	.000000	\$ 0.00
Mutual Beacon	\$	331377676.46	.000000	\$ 0.00
FT Founding Allocation	\$	22980147.47	.000000	\$ 0.00
Washington Mutual Investors	\$	276579564.51	.000000	\$ 0.00
Investment Company of America	\$	212105727.98	.000000	\$ 0.00
Parnassus Equity Income	\$	77607605.81	.000000	\$ 0.00
U.S. Equity Fund	\$	43285455.92	.000000	\$ 0.00
Ivy Asset Strategy Fund	\$	158699364.45	414.255402	\$ 11070.69
T. Rowe Price Cap Appreciation	\$	35032674.71	.000000	\$ 0.00

*Assets = Liabilities



STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 103856 THE TRUSTEES OF TORRES ADVANCED
ENTERPRISES 401(K) PROFIT SHARING PLAN
MONEY INVESTED AS OF DECEMBER 31, 2012

Sub-Accounts	John Hancock USA		THE TRUSTEES OF TORRES ADVANCED	
	Total Sub-Accounts		ENTERPRISES 401(K) PROFIT SHARING PLAN	
	Assets	Liabilities*	Total No of Units	Total Value
Capital Income Builder	\$	47699541.15	.000000	\$ 0.00
Pax World Balanced Fund	\$	1721989.88	.000000	\$ 0.00
Income Fund of America	\$	52244503.59	.000000	\$ 0.00
Core Global Diversification	\$	28678160.94	.000000	\$ 0.00
American Balanced Fund	\$	545948790.71	.000000	\$ 0.00
BlackRock Global Allocation	\$	354905454.41	439.955960	\$ 9633.40
PIMCO All Asset	\$	217523446.62	.000000	\$ 0.00
PIMCO All Asset All Authority	\$	3058818.72	.000000	\$ 0.00
Mutual Global Discovery	\$	368017602.51	.000000	\$ 0.00
Core Diversified Grwth & Inc	\$	24617338.21	.000000	\$ 0.00
Core Fundamental Holdings	\$	12280566.77	.000000	\$ 0.00
Managers AMG FQ Global Alt	\$	5048973.60	.000000	\$ 0.00
Alternative Asset Allocation	\$	4570813.61	.000000	\$ 0.00
MFS Emerging Markets Debt	\$	838616.57	.000000	\$ 0.00
High Yield Fund	\$	380533638.09	622.568853	\$ 18749.92
U.S. High Yield Bond Fund	\$	96586192.19	.000000	\$ 0.00
American High-Income Fund	\$	52482498.95	.000000	\$ 0.00
Federated High Yield Bond	\$	33125302.69	.000000	\$ 0.00
Floating Rate Income Fund	\$	1973644.80	.000000	\$ 0.00
Global Bond Fund	\$	85984500.66	.000000	\$ 0.00
Real Return Bond Fund	\$	163033963.68	.000000	\$ 0.00
PIMCO Global Bond	\$	210336610.49	.000000	\$ 0.00
Oppenheimer Intl Bond	\$	109205402.46	.000000	\$ 0.00
DFA Inflation-Protected Sec	\$	41119404.71	.000000	\$ 0.00
PIMCO Real Return	\$	437380823.81	1547.157151	\$ 31705.84
Templeton Global Bond Fund	\$	84603099.55	496.024198	\$ 7692.08

*Assets = Liabilities



STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 103856 THE TRUSTEES OF TORRES ADVANCED
ENTERPRISES 401(K) PROFIT SHARING PLAN
MONEY INVESTED AS OF DECEMBER 31, 2012

Sub-Accounts	John Hancock USA		THE TRUSTEES OF TORRES ADVANCED	
	Total Sub-Accounts		ENTERPRISES 401(K) PROFIT SHARING PLAN	
	Assets	Liabilities*	Total No of Units	Total Value
Capital World Bond Fund	\$	17495736.83	.000000	\$ 0.00
T. Rowe Price Spectrum Inc	\$	239085581.69	.000000	\$ 0.00
Payden/Kravitz Cash Balance	\$	3347946.53	.000000	\$ 0.00
Strategic Income Opp Fund	\$	269342101.41	.000000	\$ 0.00
Active Bond Fund	\$	69324177.89	.000000	\$ 0.00
The Bond Fund of America	\$	0.00	.000000	\$ 0.00
Investment Qual Bond Fund	\$	76286858.51	.000000	\$ 0.00
Total Return Fund	\$	396118722.73	.000000	\$ 0.00
Core Bond Fund	\$	81662428.36	606.709368	\$ 11540.01
PIMCO Total Return	\$	1589419842.53	.000000	\$ 0.00
Total Bond Market Fund	\$	118947817.02	.000000	\$ 0.00
US Government Securities	\$	78451840.50	.000000	\$ 0.00
T. Rowe Price Short Term Bond	\$	26461586.14	.000000	\$ 0.00
Short-Term Federal	\$	456316394.92	.000000	\$ 0.00
Money Market Fund	\$	2212460255.64	.000000	\$ 0.00
John Hancock Stable Val	\$	1965363307.45	.000000	\$ 0.00

*Assets = Liabilities

I hereby certify that this statement, given pursuant to 29 CFR 2520.103-5(c), is complete and accurate.

Peter Gordon
President, Retirement Plan Services

Production Date(R): JAN/04/2013