# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

**2012**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

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

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

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

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

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

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
AM TECHNICAL SOLUTIONS 401(K)/PS

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 08/16/1994

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

AM TECHNICAL SOLUTIONS

2213 RURAL RT. 620 NORTH
SUITE 105
AUSTIN, TX 78734

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SUITE 105
AUSTIN, TX 78734

**2b** Employer Identification Number (EIN)
74-2717823

**2c** Sponsor's telephone number
512-266-7259

**2d** Business code (see instructions)
541330

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

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

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/08/2013 | JOHANNES BRINKMANN |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/08/2013 | JOHANNES BRINKMANN |
| | **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

AM TECHNICAL SOLUTIONS

2213 RURAL RT. 620 NORTH
SUITE 105
AUSTIN, TX 78734

**3b** Administrator's EIN
74-2717823

**3c** Administrator's telephone number
512-266-7259

**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** | 299 |
| **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** | 305 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 40 |
| **d** | Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 345 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e** | **6f** | 345 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 141 |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 12 |
| **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)** | ☐ | **A** (Insurance Information) |
| **(4)** | ☒ | **C** (Service Provider Information) |
| **(5)** | ☐ | **D** (DFE/Participating Plan Information) |
| **(6)** | ☐ | **G** (Financial Transaction Schedules) |

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2012**<br>**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
AM TECHNICAL SOLUTIONS 401(K)/PS

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
AM TECHNICAL SOLUTIONS

**D** Employer Identification Number (EIN)
74-2717823

## Part I Service Provider Information (see instructions)

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

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FID.INV.INST.OPS.CO.

04-2647786

**(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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

| (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? |
|---|---|---|---|---|---|---|
| 64 37 65 60 | RECORDKEEPER | 2763 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [X] 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 |
|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| COLUMBIA DIV INC A - COLUMBIA MGT I<br><br>31-1249295 | 0.50% |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| INVS DEVELOP MKTS A - INVESCO CANAD P.O. BOX 4739<br>HOUSTON, TX 77210 | 0.50% |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| JANUS SH TERM BOND T - JANUS SERVIC<br><br>43-1804048 | 0.35% |

## 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 |
|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| JPM MID CAP VALUE A - BOSTON FINANC 330 W. 9TH STREET KANSAS CITY, MO 66160 | 0.50% |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| PRU/J MID CAP GR A - PRUDENTIAL MUT<br><br>22-3703799 | 0.35% |

| **(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 |
|---|---|---|
| | | |

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Financial Information

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

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

OMB No. 1210-0110

**2012**

**This Form is Open to Public Inspection**

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

**A** Name of plan
AM TECHNICAL SOLUTIONS 401(K)/PS

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
AM TECHNICAL SOLUTIONS

**D** Employer Identification Number (EIN)
74-2717823

## Part I Asset and Liability Statement

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | | |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 353186 | 370480 |
| **(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) | 35565 | 95540 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 3469065 | 4169944 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | | |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **1d** Employer-related investments: | | | |
| **(1)** Employer securities | 1d(1) | | |
| **(2)** Employer real property | 1d(2) | | |
| **e** Buildings and other property used in plan operation | 1e | | |
| **f** Total assets (add all amounts in lines 1a through 1e) | 1f | 3857816 | 4635964 |
| **Liabilities** | | | |
| **g** Benefit claims payable | 1g | | |
| **h** Operating payables | 1h | | |
| **i** Acquisition indebtedness | 1i | | |
| **j** Other liabilities | 1j | | |
| **k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 0 |
| **Net Assets** | | | |
| **l** Net assets (subtract line 1k from line 1f) | 1l | 3857816 | 4635964 |

## Part II Income and Expense Statement

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

| Income | | (a) Amount | (b) Total |
|---|---|---|---|
| **a Contributions:** | | | |
| **(1)** Received or receivable in cash from: **(A)** Employers | 2a(1)(A) | 144760 | |
| **(B)** Participants | 2a(1)(B) | 483964 | |
| **(C)** Others (including rollovers) | 2a(1)(C) | 94718 | |
| **(2)** Noncash contributions | 2a(2) | | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 723442 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 36 | |
| **(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) | 2683 | |
| **(F)** Other | 2b(1)(F) | | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 2719 |
| **(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) | 110613 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 110613 |
| **(3)** Rents | 2b(3) | | |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | |
| **(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) | | |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 433050 |
| c Other income | 2c | | |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 1269824 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 488717 | |
| (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) | | 488717 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | -16 |
| h Interest expense | 2h | | |
| i Administrative expenses: **(1)** Professional fees | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Investment advisory and management fees | 2i(3) | 157 | |
| (4) Other | 2i(4) | 2818 | |
| (5) Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 2975 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 491676 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 778148 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

## Part III Accountant's Opinion

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

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

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

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

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

**(1)** Name: PMB HELIN DONOVAN **(2)** EIN: 74-3001153

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

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

## Part IV Compliance Questions

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

During the plan year:

| | | Yes | No | Amount |
|---|---|---|---|---|
| **a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | 4a | | X | |
| **b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | 4b | | X | |

| | | | Yes | No | Amount |
|---|---|---|---|---|---|
| c | Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | 4c | | X | |
| d | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | 4d | | X | |
| e | Was this plan covered by a fidelity bond? | 4e | X | | 350000 |
| f | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | X | |
| g | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4g | | X | |
| h | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4h | | X | |
| i | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | 4i | X | | |
| j | Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) | 4j | | X | |
| k | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4k | | X | |
| l | Has the plan failed to provide any benefit when due under the plan? | 4l | | X | |
| m | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | X | |
| n | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | 4n | | 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
AM TECHNICAL SOLUTIONS 401(K)/PS

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
AM TECHNICAL SOLUTIONS

**D** Employer Identification Number (EIN)
74-2717823

## Part I Distributions

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

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

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

EIN(s): 04-6568107

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

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

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

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

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

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

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

**6** **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) ..... **6a**

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

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

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

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

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

## Part III Amendments

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

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

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

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

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

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

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PMB Helin Donovan
CONSULTANTS & CERTIFIED PUBLIC ACCOUNTANTS

# AM TECHNICAL SOLUTIONS, INC. 401(K) / PS PLAN

Financial Statements and Supplemental Schedule
December 31, 2012 and 2011

(With Independent Auditors' Report Thereon)

**AM TECHNICAL SOLUTIONS, INC. 401(K) / PS PLAN**
Index to Financial Statements and Supplemental Schedule
December 31, 2012 and 2011


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PMB Helin Donovan
CONSULTANTS & CERTIFIED PUBLIC ACCOUNTANTS

# Independent Auditors' Report

To the Plan Administrator
AM Technical Solutions, Inc. 401(k) / PS Plan

**Report on the Financial Statements**
We were engaged to audit the accompanying financial statements of AM Technical Solutions, Inc. 401(k) / PS Plan (the "Plan") which comprise the statements of net assets available for benefits as of December 31, 2012 and 2011, 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**
Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

**Basis for Disclaimer of Opinion**
As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note C, which was certified by Fidelity Management Trust Company, the Trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the Trustee as of December 31, 2012 and 2011 and for the year ended December 31, 2012, that the information provided to the Plan administrator by the Trustee is complete and accurate.

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

**Other Matter- Supplemental Schedule**
The supplemental schedule of the Plan as of December 31, 2012 is 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 is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

PMB Helin Donovan
CONSULTANTS & CERTIFIED PUBLIC ACCOUNTANTS

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the Trustee, has been audited by us in accordance with the auditing standards generally accepted in the United States of America and, in our opinion, is 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.

**PMB HELIN DONOVAN, LLP**

PMB Helin Donovan, LLP

Austin, Texas
August 22, 2013

**AM TECHNICAL SOLUTIONS, INC. 401(K) / PS PLAN**

Statements of Net Assets Available for Benefits

December 31, 2012 and 2011

| | 2012 | 2011 |
|---|---|---|
| **Assets** | | |
| Investments, at fair value | | |
| Money market funds | $ 370,480 | $ 353,186 |
| Mutual funds | 4,169,944 | 3,469,065 |
| Total investments | 4,540,424 | 3,822,251 |
| Receivables | | |
| Employee contributions | 23,253 | 16,280 |
| Employer contributions | 8,677 | 4,392 |
| Notes receivable from participants | 95,540 | 35,565 |
| Total receivables | 127,470 | 56,237 |
| Total assets | 4,667,894 | 3,878,488 |
| Net assets available for benefits | $ 4,667,894 | $ 3,878,488 |

See accompanying notes and independent auditors' report.

**AM TECHNICAL SOLUTIONS, INC. 401(K) / PS PLAN**

Statement of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2012

| | | |
|---|---|---|
| Additions: | | |
| Additions to net assets attributable to: | | |
| Investment income: | | |
| Interest and dividends | $ | 110,649 |
| Net appreciation in fair value of investments | | 433,050 |
| Total investment income | | 543,699 |
| Interest on notes receivable from participants | | 2,683 |
| Contributions: | | |
| Employee | | 490,937 |
| Employer | | 149,045 |
| Rollovers | | 94,718 |
| Total contributions | | 734,700 |
| Total additions | | 1,281,082 |
| Deductions: | | |
| Deductions from net assets attributable to: | | |
| Benefits paid to participants | | 488,701 |
| Administrative expenses | | 2,975 |
| Total deductions | | 491,676 |
| Net increase | | 789,406 |
| Net assets available for benefits: | | |
| Beginning of the year | | 3,878,488 |
| End of year | $ | 4,667,894 |

See accompanying notes and independent auditors' report.

## NOTE A-DESCRIPTION OF PLAN

### General

The following description of the AM Technical Solutions, Inc. (the "Plan Sponsor" or the "Company") 401(k) / PS (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement or the Summary Plan Description for a more complete description of the Plan's provisions.

The Plan is a defined contribution profit-sharing plan with 401(k) option covering all employees of the Company. Eligibility is determined monthly. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The Plan is administered by the Company (the "Plan Administrator"). Plan assets are held by Fidelity Management Trust Company (the "Trustee"). The financial records of the Plan are maintained by the Trustee.

### Employee Contributions

Contributions are made to the Plan by the Company on behalf of each eligible participant based upon the participant's elected compensation deferral through payroll deductions. The Company funds the contributions at the end of each payroll period. Eligible participants may elect to contribute 1% to 100% of their eligible compensation, in whole percentages, to the Plan up to the statutory limit of $17,000 for 2012, as permitted by the Internal Revenue Code of 1986, as amended ("IRC"). Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan.

Participants age 50 and older as of December 31 of the Plan year are permitted to make elective catch-up deferrals in accordance with Section 414(v) of the IRC.

### Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's profit sharing contribution and, (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

### Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum of $50,000, or 50% of their vested account balance, whichever is less. The notes receivable are secured by the balance in the participant's account and bear interest at 6.0%, which is commensurate with prevailing rates as determined by the Plan administrator. All notes must be repaid within a specified period of time, not to exceed 60 months, except those that are used for the purchase of a principal residence in which case the note can be extended for 10 years. In most cases, repayment of the note will be made through after-tax payroll deductions.

### Forfeited Accounts

At December 31, 2012 and 2011, forfeited non-vested accounts totaled $359 and $359, respectively. These accounts may be used to reduce future Plan administrative expenses and employer contributions, or may be ratably allocated to all participants. In 2012, forfeited non-vested amounts totaling $14,556 were used to reduce employer contributions.

**Vesting**
Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 100% vested after two years of credited service as summarized as follows:

| Years of Service | Vested Percentage |
|---|---|
| Less than one year | 0% |
| One year | 50% |
| Two years | 100% |

**Payment of Benefits**
Benefits become available to participants on the earliest of four events: (1) termination of employment, (2) death of the participant (benefits are payable to the participants spouse or beneficiary), (3) disability of the participant, or (4) the participant's retirement.

**Individual Account (including rollovers)**
On termination of employment, if the participant's vested account balance is less than $1,000, the benefit will be paid in a lump sum. If the participant's account balance exceeds $1,000 but is less than $5,000, and the participant does not elect otherwise, the benefit will be transferred to an IRA established for the benefit of the participant. If the participant's account balance exceeds $5,000, the participant may choose to keep the funds in the Plan, request a direct rollover to another qualified plan, or take a lump sum distribution.

On termination of service due to death prior to retirement, the account balance is paid to the participant's spouse or beneficiary in a lump sum. On termination of service due to retirement after age 59 ½ the account balance is paid to the participant in a lump sum.

If the participant becomes disabled and is eligible for Social Security disability benefits, or is determined disabled by a physician selected by the Plan Administrator, the full value of the participant's account becomes 100% vested.

Participants are required by law to receive a minimum distribution from the Plan no later than April 1 of the calendar year following the calendar year in which the participant attains the age of 70 ½.

**Distributions during Employment**
As a general rule, participant's contributions will remain in the Plan as long as the participant remains employed by the Company. The Plan provided exceptions to this rule for withdrawals of the participant's contributions under certain circumstances (subject to the satisfaction of the Company) that include the following:

- Medical expenses,
- Purchase of a principal residence,
- Post secondary education for participant or their dependents,
- To prevent eviction from or foreclosure on the participants principal residence,
- Payments of burial or funeral expense for the participant's deceased parent, spouse, children or dependents,
- Repairs of principal residence that qualify as a casualty deduction.

However, should a participant reach age 59 1/2 and not elect to terminate employment, the participant can take an in-service distribution from their vested account balance.

**Plan Expenses**
The expenses of operating and maintaining the Plan have been paid by the Company. In the event the Company does not continue to pay the Plan expenses, the Plan expenses will be paid by the Plan and charged on a pro-rata basis to the value of the participants account balances. Any loan fees charged by the third party administrator are allocated to the individual participant that obtains the loan.

**NOTE B-SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Basis of Accounting**
The financial statements of the Plan are prepared under the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP"). Investments are presented at fair value in accordance with GAAP as prescribed for defined contribution plans.

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

**Income Recognition**
The Plan presents in the statement of changes in net assets available for benefits the net appreciation or depreciation in the fair value of its investments, which consists of realized gains or losses and the unrealized appreciation or depreciation on those investments. Purchases and sales of securities are recorded on a settlement date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

**Investment Valuation**
Investments are reflected in the accompanying statements of net assets available for benefits at their estimated fair values. Fair value at December 31, 2012 and 2011, as determined by the Trustee, is based primarily on the quoted market prices of the underlying securities. Money market investments are valued at cost plus accrued earnings, which approximates fair value, as determined by the Trustee. Because of the inherent uncertainty of these valuations, the estimated values may differ from the actual fair values that may or may not be ultimately realized.

**Certified Investments**
Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and supplemental schedule, including investments and notes receivable from participants held at December 31, 2012 and 2011 and net appreciation of investments for the year ended December 31, 2012, was obtained or derived from information provided to the Plan administrator and certified as complete and accurate by Fidelity Management Trust Company (the Trustee of the Plan).

**Notes Receivable from Participants**
Notes receivable from participants are measured at their unpaid balance plus any accrued but unpaid interest. Delinquent participant loans are classified as distributions based upon the terms of the plan document. For the year ended December 31, 2012, $2,683 was recorded as interest income on notes receivable from participants.

**Administration Expenses**
Certain administrative expenses, including legal and accounting, are paid by the Plan Sponsor and, accordingly, are not reflected in the accompanying financial statements of the Plan. Certain transaction processing fees are charged to the participants and, therefore, are reflected in the accompanying statement of changes in net assets available for benefits as administrative expenses.

**Payment of Benefits**
Benefits are recorded when paid.

**Subsequent Events**
The Company evaluates events that occur subsequent to the balance sheet date of periodic reports, but before financial statements are issued for periods ending on such balance sheet dates, for possible adjustment to such financial statements or other disclosure. This evaluation generally occurs through the date at which the Company's financial statements are electronically prepared for filing with Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. For the financial statements as of and for the period ending December 31, 2012, this date was August 22, 2013.

**NOTE C-INVESTMENTS (UNAUDITED)**

The following presents investments that represent five percent or more of the Plan's net assets at December 31, 2012 and 2011:

| | | 2012 | | | 2011 |
|---|---|---|---|---|---|
| ***Mutual Funds, at Fair Value:*** | | | | | |
| Fidelity Growth Co. Fund | $ | 328,454 | | $ | 228,558 |
| Fidelity Intermediate Bond Fund | $ | 176,473 | * | $ | 204,911 |
| Fidelity Blue Chip Growth | $ | 367,553 | | $ | 308,137 |
| Fidelity Low Price Stock Fund | $ | 281,549 | | $ | 237,762 |
| Fidelity Diversified International Fund | $ | 255,691 | | $ | 206,137 |
| ***Money Market Funds, at Fair Value:*** | | | | | |
| Fidelity Retirement Government Money Market | $ | 370,480 | | $ | 353,186 |

* Less than 5% of total Plan assets at year end

During 2012, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $433,050, as follows:

| | |
|---|---|
| Mutual funds | $433,050 |

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Fidelity Management Trust Company, the trustee of the Plan, has certified that the following data included in the accompanying financial statements and supplemental schedules are complete and accurate:

a. Investments, as shown in the Statements of Net Assets Available for Benefits, as of December 31, 2012 and 2011.
b. Interest and dividends and net appreciation in fair value of investments, as shown in the Statement of Changes in Net Assets Available for Benefits, for the year ended December 31, 2012.
c. The Schedule of Assets Held for Investment Purposes at End of Year as of December 31, 2012, as shown in the attached schedule at page 11, with the exception of notes receivable from participants.

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

**NOTE D-TAX STATUS**

The Plan obtained its latest determination letter as of March 31, 2008, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

**NOTE E-NONPARTICIPANT-DIRECTED INVESTMENTS**

The Plan's participants direct all investments. There are no non-participant directed investments as of December 31, 2012 and 2011.

**NOTE F-RELATED PARTY TRANSACTIONS**

The Plan Sponsor paid certain Plan expenses totaling approximately $3,000 during the year ended December 31, 2012 for administrative fees and other charges from the Plan Administrator. The Trustee receives fees from administration and investment management.

**NOTE G-PLAN TERMINATION**

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

**NOTE H-FIDELITY BOND**

The Plan was covered by a $350,000 fidelity bond at December 31, 2012. To be compliant with ERISA bonding requirements, the Company increased this amount to $500,000 in August 2013.

**NOTE I-FAIR VALUE**

ASC Topic 820, Fair Value Measurement and Disclosures, defines fair value as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. This topic also establishes a fair value hierarchy which requires classification based on observable and unobservable inputs when measuring fair value. The fair value hierarchy distinguishes between assumptions based on market data (observable inputs) and an entity's own assumptions (unobservable inputs). The hierarchy consists of three levels:

- Level one — Quoted market prices in active markets for identical assets or liabilities;
- Level two — Inputs other than level one inputs that are either directly or indirectly observable; and
- Level three — Unobservable inputs developed using estimates and assumptions, which are developed by the reporting entity and reflect those assumptions that a market participant would use.

The following tables present the assets and liabilities that are measured at fair value on a recurring basis by level within the fair value hierarchy as reported on the statements of net assets available for benefits at December 31, 2012 and 2011. Financial assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

| | Quoted Prices for Active Markets for Identical Assets (Level 1) | Significant Other Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) | December 31, 2012 |
|---|---|---|---|---|
| Money market fund | $ 370,480 | $ - | $ - | $ 370,480 |
| Mutual funds: | | | | |
| Large cap | 1,595,903 | - | - | 1,595,903 |
| Mid cap | 499,980 | - | - | 499,980 |
| Small cap | 172,048 | - | - | 172,048 |
| International | 355,558 | - | - | 355,558 |
| Specialty | 43,347 | - | - | 43,347 |
| Bond | 499,063 | - | - | 499,063 |
| Blended | 1,004,045 | - | - | 1,004,045 |
| Total | $ 4,540,424 | $ - | $ - | $ 4,540,424 |

| | Quoted Prices for Active Markets for Identical Assets (Level 1) | Significant Other Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) | December 31, 2011 |
|---|---|---|---|---|
| Money market fund | $ 353,186 | $ - | $ - | $ 353,186 |
| Mutual funds: | | | | |
| Large cap | 1,520,363 | - | - | 1,520,363 |
| Mid cap | 464,353 | - | - | 464,353 |
| Small cap | 102,712 | - | - | 102,712 |
| International | 288,697 | - | - | 288,697 |
| Specialty | 40,278 | - | - | 40,278 |
| Bond | 374,845 | - | - | 374,845 |
| Blended | 677,817 | - | - | 677,817 |
| Total | $ 3,822,251 | $ - | $ - | $ 3,822,251 |

The investment securities are reported at fair value utilizing Level 1 inputs. The prices for these instruments are obtained through the Plan Trustee with whom the Company has historically transacted both purchases and sales of investment securities. Prices obtained from these sources include market quotations and other information. The fair value measurements consider observable data that may include market quotes, market spreads, and cash flows, among other things. Management reviews the data and assumptions used in pricing the securities by its third party providers to ensure the lowest level of significant input is market observable data.

**NOTE I-RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500**

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500

| | 2012 | 2011 |
|---|---|---|
| Net assets available for benefits per financial statements | $ 4,667,894 | $ 3,878,488 |
| Employee contributions | (23,253) | (16,280) |
| Employer contributions | (8,677) | (4,392) |
| Net assets available for benefits per Form 5500 | $ 4,635,964 | $ 3,857,816 |

The following is a reconciliation of contributions per the financial statements to contributions per the Form 5500:

| | |
|---|---|
| Total contributions per the financial statements | $ 734,700 |
| Prior year employee contributions | 16,280 |
| Prior year employer contributions | 4,392 |
| Employee contributions | (23,253) |
| Employer contributions | (8,677) |
| Total contributions per Form 5500 | $ 723,442 |

**AM TECHNICAL SOLUTIONS, INC. 401(K) / PS**
Plan Sponsor EIN: 742717823
Plan Number: 001
Supplemental Schedule-Assets Held for Investment Purposes at End of Year
December 31, 2012
(Unaudited)

| (a) | (b) Identity of issuer, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| * | Fidelity Management Trust Company | Fidelity Retirement Government Money Market | ** | $ 370,480 |
| * | Fidelity Management Trust Company | OKPM Investment Development Markets A | ** | 14,656 |
| | | Columbia Div Inc A | ** | 29,499 |
| | | JPM Mid Cap Value A | ** | 20,632 |
| | | Janus Short Term Bond T | ** | 82,011 |
| | | Fidelity Fund | ** | 32,288 |
| | | Fidelity Puritan Fund | ** | 231,874 |
| | | Fidelity Value Strategies Fund | ** | 62,050 |
| | | Fidelity Growth Co. Fund | ** | 328,454 |
| | | Fidelity Investment Grade Bond Fund | ** | 102,821 |
| | | Fidelity Intermediate Bond Fund | ** | 176,473 |
| | | Fidelity Total Bond Fund | ** | 106,698 |
| | | Fidelity Contra Fund | ** | 153,937 |
| | | Fidelity Value Fund | ** | 73,089 |
| | | Fidelity OTC Portfolio Fund | ** | 50,320 |
| | | Fidelity Real Estate Investment Fund | ** | 43,347 |
| | | Fidelity Overseas Fund | ** | 85,211 |
| | | Fidelity Blue Chip Fund | ** | 367,553 |
| | | Fidelity Low Price Stock Fund | ** | 281,549 |
| | | Fidelity Equity Income Fund | ** | 95,267 |
| | | Fidelity Equity-Income II Fund | ** | 44,653 |
| | | Fidelity Aggressive Growth Fund | ** | 91,750 |
| | | Fidelity Diversified International Fund | ** | 255,691 |
| | | Fidelity Dividend Growth Fund | ** | 70,115 |
| | | Fidelity Small Cap Growth Fund | ** | 441 |
| | | Fidelity Exp and Multinational Fund | ** | 132,922 |
| | | Fidelity Small Cap Value Fund | ** | 95,954 |
| | | Fidelity Mid-Cap Stock Fund | ** | 62,660 |
| | | Fidelity Large Cap Stock Fund | ** | 151,986 |
| | | Fidelity Freedom Income Fund | ** | 159,978 |
| | | Fidelity Freedom 2000 Fund | ** | 6,512 |
| | | Fidelity Freedom 2010 Fund | ** | 2,324 |
| | | Fidelity Freedom 2020 Fund | ** | 75,552 |
| | | Fidelity Freedom 2030 Fund | ** | 41,818 |
| | | Fidelity Small Cap Retirement Fund | ** | 75,653 |
| | | Spartan Total Market Index Adv | ** | 188,786 |
| | | Spartan Extended Market Index Adv | ** | 52,827 |
| | | Fidelity Short Term Bond Fund | ** | 31,060 |
| | | Fidelity Fifty Fund | ** | 47,160 |
| | | Fidelity Freedom 2040 Fund | ** | 14,913 |
| | | Fidelity Freedom 2015 Fund | ** | 59,292 |
| | | Fidelity Freedom 2025 Fund | ** | 69,092 |
| | | Fidelity Freedom 2035 Fund | ** | 71,671 |
| | | Fidelity Freedom 2045 Fund | ** | 17,804 |
| | | Fidelity Freedom 2050 Fund | ** | 11,601 |
| | | | | 4,169,944 |

**AM TECHNICAL SOLUTIONS, INC. 401(K) / PS**
Plan Sponsor EIN: 742717823
Plan Number: 001
Supplemental Schedule-Assets Held for Investment Purposes at End of Year
December 31, 2012
(Unaudited)

| | | | |
|---|---|---|---|
| * | Notes Receivable from Participants | 6.0% | **$** 95,540 |
| | | Total Investments | **$** 4,635,964 |

*** Party-in-interest**
****Self directed investment**

PMB Helin Donovan
CONSULTANTS & CERTIFIED PUBLIC ACCOUNTANTS

# AM TECHNICAL SOLUTIONS, INC. 401(K) / PS PLAN

Financial Statements and Supplemental Schedule
December 31, 2012 and 2011

(With Independent Auditors' Report Thereon)

**AM TECHNICAL SOLUTIONS, INC. 401(K) / PS PLAN**
Index to Financial Statements and Supplemental Schedule
December 31, 2012 and 2011


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PMB Helin Donovan
CONSULTANTS & CERTIFIED PUBLIC ACCOUNTANTS

# Independent Auditors' Report

To the Plan Administrator
AM Technical Solutions, Inc. 401(k) / PS Plan

**Report on the Financial Statements**
We were engaged to audit the accompanying financial statements of AM Technical Solutions, Inc. 401(k) / PS Plan (the "Plan") which comprise the statements of net assets available for benefits as of December 31, 2012 and 2011, 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**
Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

**Basis for Disclaimer of Opinion**
As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note C, which was certified by Fidelity Management Trust Company, the Trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the Trustee as of December 31, 2012 and 2011 and for the year ended December 31, 2012, that the information provided to the Plan administrator by the Trustee is complete and accurate.

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

**Other Matter- Supplemental Schedule**
The supplemental schedule of the Plan as of December 31, 2012 is 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 is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

PMB Helin Donovan
CONSULTANTS & CERTIFIED PUBLIC ACCOUNTANTS

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the Trustee, has been audited by us in accordance with the auditing standards generally accepted in the United States of America and, in our opinion, is 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.

**PMB HELIN DONOVAN, LLP**

PMB Helin Donovan, LLP

Austin, Texas
August 22, 2013

**AM TECHNICAL SOLUTIONS, INC. 401(K) / PS PLAN**

Statements of Net Assets Available for Benefits

December 31, 2012 and 2011

| | 2012 | 2011 |
|---|---|---|
| **Assets** | | |
| Investments, at fair value | | |
| Money market funds | $ 370,480 | $ 353,186 |
| Mutual funds | 4,169,944 | 3,469,065 |
| Total investments | 4,540,424 | 3,822,251 |
| Receivables | | |
| Employee contributions | 23,253 | 16,280 |
| Employer contributions | 8,677 | 4,392 |
| Notes receivable from participants | 95,540 | 35,565 |
| Total receivables | 127,470 | 56,237 |
| Total assets | 4,667,894 | 3,878,488 |
| Net assets available for benefits | $ 4,667,894 | $ 3,878,488 |

See accompanying notes and independent auditors' report.

**AM TECHNICAL SOLUTIONS, INC. 401(K) / PS PLAN**

Statement of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2012

| | | |
|---|---|---|
| Additions: | | |
| Additions to net assets attributable to: | | |
| Investment income: | | |
| Interest and dividends | $ | 110,649 |
| Net appreciation in fair value of investments | | 433,050 |
| Total investment income | | 543,699 |
| Interest on notes receivable from participants | | 2,683 |
| Contributions: | | |
| Employee | | 490,937 |
| Employer | | 149,045 |
| Rollovers | | 94,718 |
| Total contributions | | 734,700 |
| Total additions | | 1,281,082 |
| Deductions: | | |
| Deductions from net assets attributable to: | | |
| Benefits paid to participants | | 488,701 |
| Administrative expenses | | 2,975 |
| Total deductions | | 491,676 |
| Net increase | | 789,406 |
| Net assets available for benefits: | | |
| Beginning of the year | | 3,878,488 |
| End of year | $ | 4,667,894 |

See accompanying notes and independent auditors' report.

## NOTE A-DESCRIPTION OF PLAN

### General

The following description of the AM Technical Solutions, Inc. (the "Plan Sponsor" or the "Company") 401(k) / PS (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement or the Summary Plan Description for a more complete description of the Plan's provisions.

The Plan is a defined contribution profit-sharing plan with 401(k) option covering all employees of the Company. Eligibility is determined monthly. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The Plan is administered by the Company (the "Plan Administrator"). Plan assets are held by Fidelity Management Trust Company (the "Trustee"). The financial records of the Plan are maintained by the Trustee.

### Employee Contributions

Contributions are made to the Plan by the Company on behalf of each eligible participant based upon the participant's elected compensation deferral through payroll deductions. The Company funds the contributions at the end of each payroll period. Eligible participants may elect to contribute 1% to 100% of their eligible compensation, in whole percentages, to the Plan up to the statutory limit of $17,000 for 2012, as permitted by the Internal Revenue Code of 1986, as amended ("IRC"). Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan.

Participants age 50 and older as of December 31 of the Plan year are permitted to make elective catch-up deferrals in accordance with Section 414(v) of the IRC.

### Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's profit sharing contribution and, (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

### Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum of $50,000, or 50% of their vested account balance, whichever is less. The notes receivable are secured by the balance in the participant's account and bear interest at 6.0%, which is commensurate with prevailing rates as determined by the Plan administrator. All notes must be repaid within a specified period of time, not to exceed 60 months, except those that are used for the purchase of a principal residence in which case the note can be extended for 10 years. In most cases, repayment of the note will be made through after-tax payroll deductions.

### Forfeited Accounts

At December 31, 2012 and 2011, forfeited non-vested accounts totaled $359 and $359, respectively. These accounts may be used to reduce future Plan administrative expenses and employer contributions, or may be ratably allocated to all participants. In 2012, forfeited non-vested amounts totaling $14,556 were used to reduce employer contributions.

**Vesting**
Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 100% vested after two years of credited service as summarized as follows:

| Years of Service | Vested Percentage |
|---|---|
| Less than one year | 0% |
| One year | 50% |
| Two years | 100% |

**Payment of Benefits**
Benefits become available to participants on the earliest of four events: (1) termination of employment, (2) death of the participant (benefits are payable to the participants spouse or beneficiary), (3) disability of the participant, or (4) the participant's retirement.

**Individual Account (including rollovers)**
On termination of employment, if the participant's vested account balance is less than $1,000, the benefit will be paid in a lump sum. If the participant's account balance exceeds $1,000 but is less than $5,000, and the participant does not elect otherwise, the benefit will be transferred to an IRA established for the benefit of the participant. If the participant's account balance exceeds $5,000, the participant may choose to keep the funds in the Plan, request a direct rollover to another qualified plan, or take a lump sum distribution.

On termination of service due to death prior to retirement, the account balance is paid to the participant's spouse or beneficiary in a lump sum. On termination of service due to retirement after age 59 ½ the account balance is paid to the participant in a lump sum.

If the participant becomes disabled and is eligible for Social Security disability benefits, or is determined disabled by a physician selected by the Plan Administrator, the full value of the participant's account becomes 100% vested.

Participants are required by law to receive a minimum distribution from the Plan no later than April 1 of the calendar year following the calendar year in which the participant attains the age of 70 ½.

**Distributions during Employment**
As a general rule, participant's contributions will remain in the Plan as long as the participant remains employed by the Company. The Plan provided exceptions to this rule for withdrawals of the participant's contributions under certain circumstances (subject to the satisfaction of the Company) that include the following:

- Medical expenses,
- Purchase of a principal residence,
- Post secondary education for participant or their dependents,
- To prevent eviction from or foreclosure on the participants principal residence,
- Payments of burial or funeral expense for the participant's deceased parent, spouse, children or dependents,
- Repairs of principal residence that qualify as a casualty deduction.

However, should a participant reach age 59 1/2 and not elect to terminate employment, the participant can take an in-service distribution from their vested account balance.

**Plan Expenses**
The expenses of operating and maintaining the Plan have been paid by the Company. In the event the Company does not continue to pay the Plan expenses, the Plan expenses will be paid by the Plan and charged on a pro-rata basis to the value of the participants account balances. Any loan fees charged by the third party administrator are allocated to the individual participant that obtains the loan.

**NOTE B-SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Basis of Accounting**
The financial statements of the Plan are prepared under the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP"). Investments are presented at fair value in accordance with GAAP as prescribed for defined contribution plans.

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

**Income Recognition**
The Plan presents in the statement of changes in net assets available for benefits the net appreciation or depreciation in the fair value of its investments, which consists of realized gains or losses and the unrealized appreciation or depreciation on those investments. Purchases and sales of securities are recorded on a settlement date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

**Investment Valuation**
Investments are reflected in the accompanying statements of net assets available for benefits at their estimated fair values. Fair value at December 31, 2012 and 2011, as determined by the Trustee, is based primarily on the quoted market prices of the underlying securities. Money market investments are valued at cost plus accrued earnings, which approximates fair value, as determined by the Trustee. Because of the inherent uncertainty of these valuations, the estimated values may differ from the actual fair values that may or may not be ultimately realized.

**Certified Investments**
Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and supplemental schedule, including investments and notes receivable from participants held at December 31, 2012 and 2011 and net appreciation of investments for the year ended December 31, 2012, was obtained or derived from information provided to the Plan administrator and certified as complete and accurate by Fidelity Management Trust Company (the Trustee of the Plan).

**Notes Receivable from Participants**
Notes receivable from participants are measured at their unpaid balance plus any accrued but unpaid interest. Delinquent participant loans are classified as distributions based upon the terms of the plan document. For the year ended December 31, 2012, $2,683 was recorded as interest income on notes receivable from participants.

**Administration Expenses**
Certain administrative expenses, including legal and accounting, are paid by the Plan Sponsor and, accordingly, are not reflected in the accompanying financial statements of the Plan. Certain transaction processing fees are charged to the participants and, therefore, are reflected in the accompanying statement of changes in net assets available for benefits as administrative expenses.

**Payment of Benefits**
Benefits are recorded when paid.

**Subsequent Events**
The Company evaluates events that occur subsequent to the balance sheet date of periodic reports, but before financial statements are issued for periods ending on such balance sheet dates, for possible adjustment to such financial statements or other disclosure. This evaluation generally occurs through the date at which the Company's financial statements are electronically prepared for filing with Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. For the financial statements as of and for the period ending December 31, 2012, this date was August 22, 2013.

**NOTE C-INVESTMENTS (UNAUDITED)**

The following presents investments that represent five percent or more of the Plan's net assets at December 31, 2012 and 2011:

| | | 2012 | | | 2011 |
|---|---|---|---|---|---|
| ***Mutual Funds, at Fair Value:*** | | | | | |
| Fidelity Growth Co. Fund | $ | 328,454 | | $ | 228,558 |
| Fidelity Intermediate Bond Fund | $ | 176,473 | * | $ | 204,911 |
| Fidelity Blue Chip Growth | $ | 367,553 | | $ | 308,137 |
| Fidelity Low Price Stock Fund | $ | 281,549 | | $ | 237,762 |
| Fidelity Diversified International Fund | $ | 255,691 | | $ | 206,137 |
| ***Money Market Funds, at Fair Value:*** | | | | | |
| Fidelity Retirement Government Money Market | $ | 370,480 | | $ | 353,186 |

* Less than 5% of total Plan assets at year end

During 2012, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $433,050, as follows:

| | |
|---|---|
| Mutual funds | $433,050 |

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Fidelity Management Trust Company, the trustee of the Plan, has certified that the following data included in the accompanying financial statements and supplemental schedules are complete and accurate:

a. Investments, as shown in the Statements of Net Assets Available for Benefits, as of December 31, 2012 and 2011.
b. Interest and dividends and net appreciation in fair value of investments, as shown in the Statement of Changes in Net Assets Available for Benefits, for the year ended December 31, 2012.
c. The Schedule of Assets Held for Investment Purposes at End of Year as of December 31, 2012, as shown in the attached schedule at page 11, with the exception of notes receivable from participants.

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

**NOTE D-TAX STATUS**

The Plan obtained its latest determination letter as of March 31, 2008, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

**NOTE E-NONPARTICIPANT-DIRECTED INVESTMENTS**

The Plan's participants direct all investments. There are no non-participant directed investments as of December 31, 2012 and 2011.

**NOTE F-RELATED PARTY TRANSACTIONS**

The Plan Sponsor paid certain Plan expenses totaling approximately $3,000 during the year ended December 31, 2012 for administrative fees and other charges from the Plan Administrator. The Trustee receives fees from administration and investment management.

**NOTE G-PLAN TERMINATION**

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

**NOTE H-FIDELITY BOND**

The Plan was covered by a $350,000 fidelity bond at December 31, 2012. To be compliant with ERISA bonding requirements, the Company increased this amount to $500,000 in August 2013.

**NOTE I-FAIR VALUE**

ASC Topic 820, Fair Value Measurement and Disclosures, defines fair value as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. This topic also establishes a fair value hierarchy which requires classification based on observable and unobservable inputs when measuring fair value. The fair value hierarchy distinguishes between assumptions based on market data (observable inputs) and an entity's own assumptions (unobservable inputs). The hierarchy consists of three levels:

- Level one — Quoted market prices in active markets for identical assets or liabilities;
- Level two — Inputs other than level one inputs that are either directly or indirectly observable; and
- Level three — Unobservable inputs developed using estimates and assumptions, which are developed by the reporting entity and reflect those assumptions that a market participant would use.

The following tables present the assets and liabilities that are measured at fair value on a recurring basis by level within the fair value hierarchy as reported on the statements of net assets available for benefits at December 31, 2012 and 2011. Financial assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

| | Quoted Prices for Active Markets for Identical Assets (Level 1) | Significant Other Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) | December 31, 2012 |
|---|---|---|---|---|
| Money market fund | $ 370,480 | $ - | $ - | $ 370,480 |
| Mutual funds: | | | | |
| Large cap | 1,595,903 | - | - | 1,595,903 |
| Mid cap | 499,980 | - | - | 499,980 |
| Small cap | 172,048 | - | - | 172,048 |
| International | 355,558 | - | - | 355,558 |
| Specialty | 43,347 | - | - | 43,347 |
| Bond | 499,063 | - | - | 499,063 |
| Blended | 1,004,045 | - | - | 1,004,045 |
| Total | $ 4,540,424 | $ - | $ - | $ 4,540,424 |

| | Quoted Prices for Active Markets for Identical Assets (Level 1) | Significant Other Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) | December 31, 2011 |
|---|---|---|---|---|
| Money market fund | $ 353,186 | $ - | $ - | $ 353,186 |
| Mutual funds: | | | | |
| Large cap | 1,520,363 | - | - | 1,520,363 |
| Mid cap | 464,353 | - | - | 464,353 |
| Small cap | 102,712 | - | - | 102,712 |
| International | 288,697 | - | - | 288,697 |
| Specialty | 40,278 | - | - | 40,278 |
| Bond | 374,845 | - | - | 374,845 |
| Blended | 677,817 | - | - | 677,817 |
| Total | $ 3,822,251 | $ - | $ - | $ 3,822,251 |

The investment securities are reported at fair value utilizing Level 1 inputs. The prices for these instruments are obtained through the Plan Trustee with whom the Company has historically transacted both purchases and sales of investment securities. Prices obtained from these sources include market quotations and other information. The fair value measurements consider observable data that may include market quotes, market spreads, and cash flows, among other things. Management reviews the data and assumptions used in pricing the securities by its third party providers to ensure the lowest level of significant input is market observable data.

**NOTE I-RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500**

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500

| | 2012 | 2011 |
|---|---|---|
| Net assets available for benefits per financial statements | $ 4,667,894 | $ 3,878,488 |
| Employee contributions | (23,253) | (16,280) |
| Employer contributions | (8,677) | (4,392) |
| Net assets available for benefits per Form 5500 | $ 4,635,964 | $ 3,857,816 |

The following is a reconciliation of contributions per the financial statements to contributions per the Form 5500:

| | |
|---|---|
| Total contributions per the financial statements | $ 734,700 |
| Prior year employee contributions | 16,280 |
| Prior year employer contributions | 4,392 |
| Employee contributions | (23,253) |
| Employer contributions | (8,677) |
| Total contributions per Form 5500 | $ 723,442 |

**AM TECHNICAL SOLUTIONS, INC. 401(K) / PS**
Plan Sponsor EIN: 742717823
Plan Number: 001
Supplemental Schedule-Assets Held for Investment Purposes at End of Year
December 31, 2012
(Unaudited)

| (a) | (b) Identity of issuer, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| * | Fidelity Management Trust Company | Fidelity Retirement Government Money Market | ** | $ 370,480 |
| * | Fidelity Management Trust Company | OKPM Investment Development Markets A | ** | 14,656 |
| | | Columbia Div Inc A | ** | 29,499 |
| | | JPM Mid Cap Value A | ** | 20,632 |
| | | Janus Short Term Bond T | ** | 82,011 |
| | | Fidelity Fund | ** | 32,288 |
| | | Fidelity Puritan Fund | ** | 231,874 |
| | | Fidelity Value Strategies Fund | ** | 62,050 |
| | | Fidelity Growth Co. Fund | ** | 328,454 |
| | | Fidelity Investment Grade Bond Fund | ** | 102,821 |
| | | Fidelity Intermediate Bond Fund | ** | 176,473 |
| | | Fidelity Total Bond Fund | ** | 106,698 |
| | | Fidelity Contra Fund | ** | 153,937 |
| | | Fidelity Value Fund | ** | 73,089 |
| | | Fidelity OTC Portfolio Fund | ** | 50,320 |
| | | Fidelity Real Estate Investment Fund | ** | 43,347 |
| | | Fidelity Overseas Fund | ** | 85,211 |
| | | Fidelity Blue Chip Fund | ** | 367,553 |
| | | Fidelity Low Price Stock Fund | ** | 281,549 |
| | | Fidelity Equity Income Fund | ** | 95,267 |
| | | Fidelity Equity-Income II Fund | ** | 44,653 |
| | | Fidelity Aggressive Growth Fund | ** | 91,750 |
| | | Fidelity Diversified International Fund | ** | 255,691 |
| | | Fidelity Dividend Growth Fund | ** | 70,115 |
| | | Fidelity Small Cap Growth Fund | ** | 441 |
| | | Fidelity Exp and Multinational Fund | ** | 132,922 |
| | | Fidelity Small Cap Value Fund | ** | 95,954 |
| | | Fidelity Mid-Cap Stock Fund | ** | 62,660 |
| | | Fidelity Large Cap Stock Fund | ** | 151,986 |
| | | Fidelity Freedom Income Fund | ** | 159,978 |
| | | Fidelity Freedom 2000 Fund | ** | 6,512 |
| | | Fidelity Freedom 2010 Fund | ** | 2,324 |
| | | Fidelity Freedom 2020 Fund | ** | 75,552 |
| | | Fidelity Freedom 2030 Fund | ** | 41,818 |
| | | Fidelity Small Cap Retirement Fund | ** | 75,653 |
| | | Spartan Total Market Index Adv | ** | 188,786 |
| | | Spartan Extended Market Index Adv | ** | 52,827 |
| | | Fidelity Short Term Bond Fund | ** | 31,060 |
| | | Fidelity Fifty Fund | ** | 47,160 |
| | | Fidelity Freedom 2040 Fund | ** | 14,913 |
| | | Fidelity Freedom 2015 Fund | ** | 59,292 |
| | | Fidelity Freedom 2025 Fund | ** | 69,092 |
| | | Fidelity Freedom 2035 Fund | ** | 71,671 |
| | | Fidelity Freedom 2045 Fund | ** | 17,804 |
| | | Fidelity Freedom 2050 Fund | ** | 11,601 |
| | | | | 4,169,944 |

**AM TECHNICAL SOLUTIONS, INC. 401(K) / PS**
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December 31, 2012
(Unaudited)

| | | | |
|---|---|---|---|
| * | Notes Receivable from Participants | 6.0% | **$** 95,540 |
| | | Total Investments | **$** 4,635,964 |

*** Party-in-interest**
****Self directed investment**