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

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); 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
ADVANCED TECHNOLOGY SERVICES, INC 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1986

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

8201 NORTH UNIVERSITY STREET
PEORIA, IL 61615

2b Employer Identification Number (EIN)
26-1499204

2c Plan Sponsor's telephone number
309-693-4063

2d Business code (see instructions)
811310

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.	10/09/2015	WILLIAM M. LUTZ
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number (optional)

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name	**4c** PN	

5	Total number of participants at the beginning of the plan year	**5**	3021
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	2427
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	2799
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	698
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	3497
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	3
f	Total. Add lines **6d** and **6e**.	**6f**	3500
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	3292
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	119
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 2J 2K 2F 2G 3D 2T 2S 3I

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)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	**(1)** [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(4)** [ ]	General assets of the sponsor

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

a Pension Schedules

(1) [X] **R** (Retirement Plan Information)

(2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1) [X] **H** (Financial Information)

(2) [ ] **I** (Financial Information – Small Plan)

(3) [ ] ___ **A** (Insurance Information)

(4) [X] **C** (Service Provider Information)

(5) [X] **D** (DFE/Participating Plan Information)

(6) [ ] **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....…… ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ……..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2014** **This Form is Open to Public Inspection.**

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
ADVANCED TECHNOLOGY SERVICES, INC 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ADVANCED TECHNOLOGY SERVICES, INC

D Employer Identification Number (EIN)
26-1499204

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

MERRILL LYNCH,PIERCE,FENNER & SMITH

13-5674085

(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)

ASCENSUS

11-3665754

(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 99 15 60 50	NONE	78653	Yes [X] No [ ]	Yes [X] No [ ]	200546	Yes [ ] No [X]

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

MCGLADREY

42-0714325

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	6125	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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
ASCENSUS	64	200546

(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.
MERRILL LYNCH,PIERCE,FENNER & SMITH ONE BRYANT PARK NEW YORK, NY 10036 13-5674085	RECORD KEEPING SUBSIDY

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

(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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
ADVANCED TECHNOLOGY SERVICES, INC 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
ADVANCED TECHNOLOGY SERVICES, INC

D Employer Identification Number (EIN)
26-1499204

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM STABLE VALUE FUND

b Name of sponsor of entity listed in (a): PUTNAM FIDUCIARY TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-2777224-202	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM STABLE VALUE FUND

b Name of sponsor of entity listed in (a): PUTNAM FIDUCIARY TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-3159710-202	C	4464582

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

Part II Information on Participating Plans (to be completed by DFEs)

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
ADVANCED TECHNOLOGY SERVICES, INC 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ADVANCED TECHNOLOGY SERVICES, INC

D Employer Identification Number (EIN)
26-1499204

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)	876098	1171977
(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)	1618	54818
(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)	2556966	2810261
(9) Value of interest in common/collective trusts	1c(9)	4018685	4464582
(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)	71942345	78587843
(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)	9505959	9907620
(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	88901671	96997101
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	300774	
k Total liabilities (add all amounts in lines 1g through1j)	1k	300774	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	88600897	96997101

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)	2979708	
(B) Participants	2a(1)(B)	8487574	
(C) Others (including rollovers)	2a(1)(C)	903277	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		12370559
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	106848	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		106848
(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)	890289	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		890289
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		79179
(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)		3444457
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		16891332
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	8442409	
(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)		8442409
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	52719	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		52719
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		8495128
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		8396204
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: MCGLADREY LLP **(2)** EIN: 42-0714325

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		2000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined

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

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
ADVANCED TECHNOLOGY SERVICES, INC 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ADVANCED TECHNOLOGY SERVICES, INC

D Employer Identification Number (EIN)
26-1499204

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): 45-0404698

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):

Advanced Technology Services, Inc. 401(k) Profit Sharing Plan

Financial Report
December 31, 2014

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McGladrey

Independent Auditor's Report

To the ATS 401(k) Committee and Participants
Advanced Technology Services, Inc.
401(k) Profit Sharing Plan
Peoria, Illinois

Report on the Financial Statements
We were engaged to audit the accompanying financial statements of the Advanced Technology Services, Inc. 401(k) Profit Sharing Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statement of changes in net assets available for benefits for the year ended December 31, 2014, and the related notes to the financial statements.

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

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

Basis for Disclaimer of Opinion
As permitted by 29 CFR 2520.103-8 of the United States 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 Notes 3 and 4, which was certified or provided by GreatBanc Trust Company, a trustee of the Plan, and Ascensus, the recordkeeper of the Plan, as agent for Ascensus Trust Company, a trustee of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustees hold the Plan's assets and execute transactions. The Plan Administrator has obtained certifications from GreatBanc Trust Company and Ascensus Trust Company, as of December 31, 2014 and 2013, and for the year ended December 31, 2014, that the information provided to the Plan Administrator by GreatBanc Trust Company is complete and accurate to the best of their knowledge and by Ascensus, as agent on behalf of Ascensus Trust Company, 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.

Member of the RSM International network of independent accounting, tax and consulting firms.

Other Matter
The supplemental schedule of assets (held at end of year) as of December 31, 2014, is required by the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. The supplemental schedule is the responsibility of the Plan's management. 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.

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 or provided by the trustee and the agent on behalf of the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

McGladrey LLP

Peoria, Illinois
September 30, 2015

Advanced Technology Services, Inc.
401(k) Profit Sharing Plan

Statements of Net Assets Available for Benefits
December 31, 2014 and 2013

	2014	2013
Assets		
Investments, at fair value:		
Shares of registered investment companies (mutual funds)	**$ 78,587,843**	$ 71,942,345
Common/collective trust fund	**4,548,648**	4,071,376
Advanced Technology Services, Inc. common stock	**9,907,620**	9,505,959
	93,044,111	85,519,680
Cash	**54,818**	1,618
	93,098,929	85,521,298
Receivables:		
Notes from participants	**2,810,261**	2,556,966
Employer contributions	**1,171,977**	876,098
	3,982,238	3,433,064
Total assets	**97,081,167**	88,954,362
Liabilities		
Deferred participants contributions	**-**	300,774
Total liabilities	**-**	300,774
Net assets available for benefits at fair value	**97,081,167**	88,653,588
Adjustment from fair value to contract value for interest in common/collective trust fund relating to fully benefit-responsive investment contract	**(84,066)**	(52,691)
Net assets available for benefits	**$ 96,997,101**	$ 88,600,897

See Notes to Financial Statements.

Advanced Technology Services, Inc.
401(k) Profit Sharing Plan

Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2014

Additions (deductions) to net assets attributed to:	
Investment income:	
Net appreciation in fair value of investments	**$ 4,413,925**
Interest income on notes from participants	**106,848**
Contributions:	
Employer	**2,979,708**
Participants	**8,487,574**
Rollover	**903,277**
	12,370,559
Benefits paid	**(8,442,409)**
Administrative and other expenses	**(52,719)**
	(8,495,128)
Net increase	**8,396,204**
Net assets available for benefits:	
Beginning of year	**88,600,897**
End of year	**$ 96,997,101**

See Notes to Financial Statements.

Note 1. Plan Description

The following description of the Plan provides only general information. Participants should refer to the plan agreement for a complete description of the Plan's provisions.

General: The Plan is a defined contribution plan covering all full-time and part-time employees of Advanced Technology Services, Inc. (the Company) who are age 18 or older and meet other eligibility requirements as defined in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions: Participants may elect to reduce their salary and have the amount contributed to the Plan. The elective deferral amount may not be more than the lesser of (a) 100% of their eligible compensation for the period, (b) the maximum dollar limit allowed under the requirements of the Internal Revenue Code ($17,500 for 2014), or (c) such lesser amount as determined by the discrimination tests for the Plan. Participants who will be age 50 or older during the plan year can make additional special catch-up contributions (up to $5,500 additional for 2014).

Participants are automatically enrolled at a deferral rate of 5% of compensation unless they make an elective deferral election. Participants begin their elective deferral contributions immediately. Prior to January 1, 2011, all contributions were made pre-tax (tax deferred). Effective January 1, 2011, the Plan was amended to include a Roth option to allow contributions to be made on a post-tax basis. On January 1, 2007, the Plan adopted a feature that automatically increases the elective deferral percentage of each participant who is not a highly-compensated employee by 1% of compensation annually to a maximum of 10% of compensation prior to March 1, 2010 and (as a result of a 2010 amendment to the Plan) thereafter to a maximum of 5% of compensation, unless the participant elects not to have his or her deferral percentage so increased. Contributions of distributions to participants from another qualified plan are permitted as defined in the Plan and are reflected as rollover contributions.

The Plan provides for discretionary matching contributions by the Company. Matching contributions applicable to the year ended December 31, 2014, consisted of a standard match of 25% of the first 10% of each participant's elective salary deferral plus a supplemental match which is determined based upon the Company's percentage achievement of its budgeted fiscal year operating income at various thresholds and allows participants an opportunity to earn a supplemental match from 0% to 45% of the first 10% of each participant's elective salary deferral. Standard matching contributions are allocated bi-weekly. Supplemental matching contributions are allocated when determined during the first quarter following the close of the previous year. The Company may also make a discretionary profit sharing contribution each year. Participants must be in the active employ of the Company on the last day of the Plan year and meet all other eligibility requirements to receive any profit sharing contribution. There was no profit sharing contribution made applicable to the year ended December 31, 2014. Contributions are subject to certain limitations. Participants direct the investment of contributions into various investment options offered by the Plan.

Note 1. Plan Description (Continued)

Investment options: As of December 31, 2014, the Plan offered 12 mutual funds, a common/collective trust fund and Advanced Technology Services, Inc. common stock (through the Company Stock Fund as more fully described in Note 5 to the financial statements) as investment options for participants. Participants can direct their accounts directly into the investments offered by the Plan or alternatively in the following goal manager (GM) portfolio models: conservative, conservative to moderate, moderate, moderate to aggressive, aggressive. The GM portfolio models are made up of a mix of the mutual fund investments offered by the Plan and the mix is determined based on the objective of the GM portfolio. Participants may change their investment options daily in all funds other than the Company Stock Fund. Participants who invest in the Company Stock Fund have no right to transfer the invested funds to any other designated investment option provided by the Plan, nor to direct GreatBanc Trust Company in any manner with respect to the management or disposition of the Company's shares held in the Company Stock Fund. The participants' that invest in the Company Stock Fund sole right will be to receive, in cash, the value of the Company's shares allocated to their accounts at the time they become eligible to receive a distribution from the Plan or cease to be an active employee of the Company.

Participant accounts: Each participant's account is credited with the participant's elective contributions and, if applicable, rollover contributions, transfers to the Plan and allocations of (a) the Company's contributions and (b) plan earnings or losses, and charged with an allocation of applicable 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.

Vesting: Participants are immediately vested in their elective and, if applicable, rollover 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. The Plan has a three-year, cliff-vesting schedule (100 percent after three years of service).

Forfeited accounts: Forfeitures of terminated participants' nonvested accounts may be used to pay the Plan's expenses or used to reduce future employer contributions. As of December 31, 2014 and 2013, forfeited non-vested accounts totaled $236,064 and $151,596, respectively. During the year ended December 31, 2014, employer contributions made were reduced by $150,198 from forfeited non-vested accounts.

Payment of benefits: On termination of service, death, disability or retirement, a participant with a vested account balance greater than $5,000 may elect to receive:

1) a lump-sum amount equal to the value of his or her vested account balance, or
2) annual or more frequent periodic payments of substantially equal amounts over a period as defined in the plan document until the entire account balance has been fully distributed.

If a participant's vested account balance is $5,000 or less, a lump-sum amount distribution is the required form of payment on termination of service, death, disability or retirement.

Additionally, a participant may also elect to have a portion or all of his or her distributions paid in the form of a direct trustee-to-trustee transfer to another eligible retirement plan designated by the participant.

Note 1. Plan Description (Continued)

Any distribution of a participant's account will first be distributed from investments in the participant's account other than the Company Stock Fund. After liquidation of all other investments in the participant's account, the Company Stock Fund will then be liquidated according to the Company's Stock Election Administration Policy. The primary differences in Company Stock Fund distributions are that such distributions will only be made on an annual basis following the close of the trading window (as more fully described in Note 5 to the financial statements), while other distributions are generally available for distribution within a brief period of time following termination of service and the Company Stock Fund of Plan participants who are no longer active employees of the Company but have not requested a distribution of their accounts under the Plan, will be liquidated as of the next following trading window with the proceeds reinvested in accordance with the participant's most recent investment direction on file with the Plan Administrator for non-Company Stock Fund investment options.

Also, a participant may receive a distribution of his or her elective deferral contributions:

1) if the Plan terminates and there is no successor Plan, or
2) if the Company or most of its working assets are sold to another unrelated company, or
3) if the Company sells its interest in a subsidiary to another unrelated company, or
4) if a participant has a financial hardship as defined in the Plan. Hardship distributions are not offered with respect to a participant's amounts in the Company Stock Fund.

Notes receivable from participants: Participants may borrow from their non-Company Stock Fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50 percent of their vested account balance, excluding Roth deferrals and earnings portion. Loan terms include a maximum of 5 years, unless the loan is for the purchase of a primary residence. In that case, the maximum term for a loan is 30 years. Loans are collateralized by the balance in a participant's account and, based on the current plan document, bear interest at the prime rate (as specified in the Wall Street Journal) plus a margin. Interest rates applicable to outstanding notes receivable from participants as of December 31, 2014, ranged from 4.25% to 9.25%. Principal and interest is paid ratably through payroll deductions.

Note 2. Summary of Significant Accounting Policies

Basis of accounting: The financial statements of the Plan are prepared under the accrual method of accounting.

Investment valuation and income recognition: The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's 401(k) Committee determines the Plan's valuation policies utilizing information provided by the Plan trustees. The methods used to estimate the fair value of investments are described in Note 4 to the financial statements. While participants may select to invest in a goal manager model portfolio, the Plan owns and, therefore, individually reports the underlying investments.

Note 2. Summary of Significant Accounting Policies (Continued)

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Plan invests in an investment contract through a common/collective trust fund. Contract value for this common/collective trust fund is based on the net asset value of the funds as reported by the custodian. The Statement of Net Assets Available for Benefits presents the fair value of the investment in the common/collective trust fund as well as the adjustment of the investment in the common/collective trust fund from fair value to contract value relating to the investment contract. The Statement of Changes in Net Assets Available for Benefits is prepared using the contract value basis for fully benefit-responsive investment contracts.

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

Notes receivable from participants: Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent loans are treated as distributions based upon the terms of the plan document.

Payment of benefits: Benefits are recorded when paid.

Administrative expenses: Certain administrative functions applicable to the Plan are performed by employees of the Company. No such employees receive compensation from the Plan. Certain other administrative expenses are also paid directly by the Company.

Use of estimates in the preparation of financial statements: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Actual results could differ from those estimates.

Recent accounting standards: In October 2012, the Financial Accounting Standards Board (FASB) issued an amendment to accounting guidance, *Technical Corrections and Improvements*, Accounting Standards Update (ASU) 2012-04. The amendments in this update cover a wide range of Topics in the Accounting Standards Codification (ASC), including plan accounting. These amendments include technical corrections and improvements to the ASC and conforming amendments related to fair value measurements. The amendments in this update were generally effective for fiscal periods beginning after December 15, 2013, except for amendments in this update where there was no transition guidance which were immediately effective upon issuance. The impact of adopting the amendments with transition guidance in ASU 2012-04 did not have any impact on the Plan's financial statements.

In May 2015, the FASB issued ASU 2015-07, *Fair Value Measurement (Topic 820): Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)*. The amendments in this update remove the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value per share practical expedient. The amendments also remove the requirement to make certain disclosures for all investments that are eligible to be measured at fair value using the net asset value per share practical expedient. The amendments in this update are effective for fiscal years beginning after December 15, 2016. Early adoption is permitted. The Company's management is currently evaluating the impact this update will have on the Plan's financial statements.

Note 2. Summary of Significant Accounting Policies (Continued)

In July 2015, the FASB issued ASU No. 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965) – (I) Fully Benefit-Responsive Investment Contracts, (II) Plan Investment Disclosures, and (III) Measurement Date Practical Expedient (a consensus of the FASB Emerging Issues Task Force)*. The purpose of this update is to simplify plan accounting.

- The amendments in Part I of this update designate contract value as the only required measure for direct investments in fully benefit-responsive investment contracts. Fully benefit-responsive investment contracts will be presented at contract value; accordingly, there will no longer be an adjustment from fair value to contract value on the face of the financial statements.
- The amendments in Part II of this update will eliminate the requirements for plans to disclose (1) individual investments that represent 5 percent or more of net assets available for benefits and (2) the net appreciation or depreciation for investments by general type for both participant-directed investments and nonparticipant-directed investments. The net appreciation or depreciation in investments for the period will still be required to be presented in the aggregate. In addition, if an investment is measured using the net asset value per share (or its equivalent) practical expedient in Topic 820 and that investment is in a fund that files a U.S. Department of Labor Form 5500, *Annual Return/Report of Employee Benefit Plan,* as a direct filing entity, disclosure of that investment's strategy will no longer be required.
- The amendments in Part III of this update reduce complexity in employee benefit plan accounting by providing a practical expedient that permits plans to measure investments and investment-related accounts as of a month-end date that is closest to the plan's fiscal year-end, when the fiscal period does not coincide with month-end.

The update may be adopted in whole or by part (I, II, and III), as applicable. The amendments in this update are effective for fiscal years beginning after December 15, 2015. Early adoption is permitted. Upon adoption, the amendments in Parts I and II shall be applied retrospectively to all periods presented; the amendments in Part III shall be applied prospectively. The Company's management is currently evaluating the impact this update will have on the Plan's financial statements.

Note 3. Information Certified and Provided by the Trustees

The following is a summary of the Plan's asset information as of December 31, 2014 and 2013, and for the year ended December 31, 2014, included throughout the Plan's financial statements and supplemental schedule, that was prepared by or derived from information provided by GreatBanc Trust Company, a trustee of the Plan, and Ascensus, the recordkeeper of the Plan, as agent for Ascensus Trust Company, a trustee of the Plan, and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from GreatBanc Trust Company, and Ascensus, as agent on behalf of Ascensus Trust Company, that the information related to the following assets provided to the Plan Administrator by GreatBanc Trust Company is complete and accurate to the best of their knowledge and by Ascensus, as agent on behalf of Ascensus Trust Company, is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information in this Note, Note 4, throughout the financial statements and the supplemental schedule related to the following assets.

Note 3. Information Certified and Provided by the Trustees (Continued)

The following table presents the Plan's assets as of December 31, 2014 and 2013. Single assets representing more than 5 percent of the Plan's net assets are separately identified:

	2014	2013
Shares of registered investment companies (mutual funds), at fair value:		
T. Rowe Price Capital Appreciation	$ 17,135,808	$ 15,049,004
BlackRock Equity Dividend Instl	-	9,103,894
Wells Fargo Advantage Growth A	12,648,243	12,857,505
JP Morgan Equity Income	9,599,989	-
PIMCO Total Return Fund	8,912,226	7,763,153
Sentinel Government Securities A	-	5,449,467
Putnam US Government Income A	6,310,850	-
Lord Abbett Developing Growth Fund	4,878,401	4,698,151
Oppenheimer International Growth Y	6,426,758	6,982,254
Other investments, individually less than 5%	12,675,568	10,038,917
Common/collective trust fund, at contract value:		
Putnam Stable Value Fund, less than 5% *	4,464,582	4,018,685
Advanced Technology Services, Inc. common stock, at fair value	9,907,620	9,505,959
Cash, less than 5%	54,818	1,618
Notes receivable from participants, at cost, less than 5%	2,810,261	2,556,966
	$ 95,825,124	$ 88,025,573

* The fair value of this investment and the adjustment from fair value to contract value for this investment was not certified. Rather, the contract value of this investment, which amounted to $4,464,582 and $4,018,685 as of December 31, 2014 and 2013, respectively, was certified by Ascensus, as agent on behalf of Ascensus Trust Company.

GreatBanc Trust Company and Ascensus, as agent on behalf of Ascensus Trust Company, also certified to the completeness and accuracy of $4,413,925 of net appreciation in fair value of investments and $106,848 of interest earned on notes receivable from participants for the year ended December 31, 2014.

Note 4. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under ASC 820 are described as follows:

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

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of December 31, 2014 and 2013.

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

Common/collective trust fund: Valued based on the NAV of units of the common/collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimating fair value. The NAV is based upon the fair value of the underlying investments comprising the trust less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

Note 4. Fair Value Measurements (Continued)

Advanced Technology Services, Inc. common stock: The fair value of the Company's common shares (assuming full dilution of shares and equivalents outstanding) held by the Plan at year-end is valued at estimated fair value based upon an independent appraisal. The appraisals for valuations performed as of December 31, 2014 and 2013, were based upon a combination of the income and market valuation techniques, with primary emphasis given to the income valuation technique. Regarding the income valuation technique, the appraiser took into account management prepared projected future distributable cash flows to estimate the Company's enterprise value. The appraiser also concluded there was no material difference between a controlling ownership interest level of value and a minority ownership interest level of value in the income valuation technique.

Regarding the market valuation technique, the appraiser performed an extensive review of publicly available information and held discussions with management in order to identify certain guideline public companies determined to be comparable to the Company from an investment risk and return perspective and took into account size, historical and projected growth in revenue and earnings, profitability and return on investment and certain risk and other factors to determine selected pricing multiples to apply to the Company's applicable forecasted and historical selected financial information to estimate the Company's enterprise value.

Enterprise value incorporates the value of total invested capital, including the value of both debt and equity. Several adjustments to enterprise value are necessary and made by the appraiser, including subtraction for interest-bearing debt, to derive fair value.

The valuation process involves GreatBanc Trust Company's selection of an independent appraiser under an annual written contract, the terms of which also require written acknowledgement by the Company's management. Company management accumulates the data for the appraiser from the audited consolidated financial statements of the Company and prepares the models for projected future distributable cash flows expectations. The appraiser prepares a preliminary report which Company management, along with GreatBanc Trust Company, reviews in detail, discusses, modifies, if appropriate and ultimately, approves.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement as of the reporting date.

Note 4. Fair Value Measurements (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2014 and 2013:

	Level 1	Level 2	Level 3	Total
		2014		
Investments:				
Shares of registered investment companies (mutual funds):				
Small cap growth	$ 4,878,401	$ -	$ -	$ 4,878,401
Small cap value	3,190,453	-	-	3,190,453
Mid cap growth	2,322,222	-	-	2,322,222
Mid cap value	3,335,950	-	-	3,335,950
Large cap growth	12,648,243	-	-	12,648,243
Large cap value	9,599,989	-	-	9,599,989
Large cap blended	817,175	-	-	817,175
Foreign large growth	6,426,758	-	-	6,426,758
Foreign large value	3,009,768	-	-	3,009,768
Balanced	17,135,808	-	-	17,135,808
Intermediate government	6,310,850	-	-	6,310,850
Intermediate-term bond	8,912,226	-	-	8,912,226
Common/collective trust fund	-	4,548,648	-	4,548,648
Advanced Technology Services, Inc. common stock	-	-	9,907,620	9,907,620
	$ 78,587,843	$ 4,548,648	$ 9,907,620	$ 93,044,111
		2013		
Investments:				
Shares of registered investment companies (mutual funds):				
Small cap growth	$ 4,698,151	$ -	$ -	$ 4,698,151
Small cap value	2,369,258	-	-	2,369,258
Small cap blended	281,521	-	-	281,521
Mid cap growth	1,787,755	-	-	1,787,755
Mid cap value	2,561,375	-	-	2,561,375
Large cap growth	12,857,505	-	-	12,857,505
Large cap value	9,103,894	-	-	9,103,894
Large cap blended	299,583	-	-	299,583
Foreign large growth	6,982,254	-	-	6,982,254
Foreign large value	2,739,425	-	-	2,739,425
Balanced	15,049,004	-	-	15,049,004
Intermediate government	5,449,467	-	-	5,449,467
Intermediate-term bond	7,763,153	-	-	7,763,153
Common/collective trust fund	-	4,071,376	-	4,071,376
Advanced Technology Services, Inc. common stock	-	-	9,505,959	9,505,959
	$ 71,942,345	$ 4,071,376	$ 9,505,959	$ 85,519,680

Note 4. Fair Value Measurements (Continued)

The following table summarizes investments measured at fair value based on net NAV per share as of December 31, 2014 and 2013:

Investment	2014 Fair Value	2013 Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Common/collective trust fund (a):					
Putnam Stable Value Fund	$ 4,548,648	$ 4,071,376	$ -	Daily	None

(a) This category includes a common/collective trust fund. This fund seeks to provide income while protecting investors' wealth by maintaining a stable fund NAV. The fund invests in high-quality guaranteed investment contracts (GICs) and similar contracts issued by insurance companies, banks and other financial institutions. The fund also invests up to 75% of its assets in security-backed investment contracts (SBICs), including separate account products of insurance companies. The fund invests at least 5% of its assets in high-quality money market instruments, cash, cash equivalents and stable value funds with investment policies and other provisions similar to those of the fund and may invest without limit in these investments. The investment objective of the fund is to provide a competitive yield with minimal market-related risk. The fund pursues competitive performance by using research to seek high-quality securities that offer relatively attractive income. The investment in this category can be redeemed daily at the current net asset value per share based on the fair value of the underlying assets. The fair value of the investment in this category has been estimated using the net asset value per share of the underlying investments.

During 2014, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value as follows:

Shares of registered investment companies (mutual funds)	$ 3,933,085
Common/collective trust fund	79,179
Advanced Technology Services, Inc. common stock	401,661
	$ 4,413,925

Changes in Fair Value of Level 3 Assets and Related Gain

To assess the appropriate classification of investments within the fair value hierarchy, the availability of market data is monitored. Changes in economic conditions or valuation techniques may require the transfer of investments from one fair value level to another. In such instances, the transfer is reported at the end of the reporting period.

The Plan's management evaluates the significance of transfers between levels based upon the nature of the investment and size of the transfer relative to total net assets available for benefits. For the year ended December 31, 2014, there were no transfers in or out of Level 3.

Note 4. Fair Value Measurements (Continued)

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2014.

Advanced Technology Services, Inc. common stock	
Beginning balance	$ 9,505,959
Unrealized gain relating to shares still held at the reporting date	401,661
Ending balance	$ 9,907,620

Quantitative Information about Significant Unobservable Inputs Used in Level 3 Fair Value Measurements

The following table represents the Plan's Level 3 assets, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs:

Instrument	2014 Fair Value	2013 Fair Value	Valuation Techniques	Unobservable Inputs
Advanced Technology Services, Inc. common stock	$ 9,907,620	$ 9,505,959	Discounted Cash Flow	- Weighted average cost of capital - Residual EBITDA multiple
			Market Comparable/ Guideline Public Companies	- EBIT multiple - EBITDA multiple - Control premium

Note 5. Advanced Technology Services, Inc. Common Stock

During 2011, the Plan was amended to provide an investment opportunity for participants to transfer up to 50% of their existing vested account balances into a newly created investment option within the Plan known as the Company Stock Fund (CSF) which provides participants a beneficial (indirect) interest in shares of the Company's common stock. Balances transferred are drawn first from amounts attributable to the participant's Employer matching contribution account portion and then from amounts attributable to the participant's elective deferral account portion. In addition, balances transferred to the CSF are withdrawn on a pro rata basis from the participant's existing investment fund selections. Initial shares of common stock acquired by the Plan were made at fair value with such value determined by GreatBanc Trust Company, with the advice of its independent financial advisor and based on an appraisal. Shares of common stock acquired by the Plan are held in the Plan's trust by GreatBanc Trust Company.

Note 5. Advanced Technology Services, Inc. Common Stock (Continued)

The Plan participants who own a beneficial interest in the Company's common stock held by the Plan may have an annual opportunity to transfer additional portions of their vested account balances to the CSF if (i) participants separate from the Company during the year and their shares in the CSF are made available, (ii) distribution eligible participants make liquidation/distribution elections, and/or (iii) stockholders of the Company sell their shares to the CSF and such shares are made available. To the extent that shares are available under or for acquisition by the CSF, on an annual basis, shortly after the fair value of the Company's stock is established by the CSF trustee and plan accounts are reconciled, eligible participants of the Plan may acquire available shares of the Company's common stock during a limited period of time (each, a Trading Window). Shares of the Company's common stock allocated to a participant who has ceased to be an active employee of the Company may become available for acquisition during the Trading Window. To the extent that there are excess available shares (those offered to but not acquired by the Plan's participants) the Company is required to purchase such excess shares from the Plan at fair value. Such requirement constitutes a conditional obligation of the Company. If excess available shares remain after expiration of the annual Trading Window, the obligation is no longer conditional and becomes mandatorily redeemable. Reference should be made to Note 11 to the financial statements regarding Trading Window transactions that closed in April 2015.

The CSF trustee has the right to put the common stock held in the Plan's trust to the Company on the termination of the Plan or the CSF, which constitutes a conditional obligation. If that put right is exercised upon such termination, the obligation is no longer conditional and becomes mandatorily redeemable.

Note 6. Related-Party Transactions

Certain plan investments held during the year were shares of the Company's common stock. The Company is the Plan sponsor and, therefore, these transactions qualify as party-in-interest transactions.

Reference should be made to Note 11 to the financial statements regarding a party-in-interest transaction that occurred subsequent to December 31, 2014.

Note 7. Tax Status

The Plan has adopted a standardized form of a prototype plan sponsored by Ascensus. The prototype plan has received an opinion letter from the Internal Revenue Service dated March 31, 2008, as to the prototype plan's qualified status. The prototype plan opinion letter has been relied upon by the Plan. The Plan has been amended since receiving the opinion letter. However, the Plan Administrator believes that the Plan is currently designed and is being operated in compliance with the applicable requirements of the Internal Revenue Code.

Management has evaluated the Plan's tax positions and concluded that the Plan has maintained its tax exempt status and has taken no uncertain tax positions that require adjustment to the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements. With few exceptions, the Plan is no longer subject to income tax examinations by the U.S. federal tax authorities for years before 2011.

Note 8. 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 would become 100 percent vested in their accounts.

Note 9. Risks and Uncertainties

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

Note 10. Reconciliation Between Financial Statements and the Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 at December 31, 2014 and 2013:

	2014	2013
Net assets available for benefits per the financial statements	$ 96,997,101	$ 88,600,897
Differences in:		
Investments	2,810,261	2,556,966
Receivables - notes from participants	(2,810,261)	(2,556,966)
Net assets available for benefits per the Form 5500	$ 96,997,101	$ 88,600,897

Note 11. Subsequent Events

On April 10, 2015, the annual Trading Window CSF offering closed whereby 62,279 shares of common stock of the Company, with an approximate fair value of $1.15 million, were acquired by the Plan for the benefit of the Plan's participants that elected to transfer a portion of their existing vested account balances otherwise into the CSF to acquire a beneficial interest in such shares. The shares acquired were made available from the sale of certain shares of common stock of the Company owned by a charitable foundation corporation that was formed by the Company's chief executive officer. This transaction qualifies as a party-in-interest transaction.

The Plan Administrator has evaluated events occurring subsequent to December 31, 2014, as to their potential impact to the financial statements through September 30, 2015, which is the date the financial statements were available to be issued.

Advanced Technology Services, Inc.
401(k) Profit Sharing Plan

Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2014

(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
	Shares of registered investment companies (mutual funds):			
	Ivy	Mid Cap Growth Y (99,495.387 shares)	N/A	$ 2,322,222
	Victory	Established Value A (99,077.806 shares)	N/A	3,335,950
	PIMCO	Total Return Fund (836,043.724 shares)	N/A	8,912,226
	JP Morgan	Equity Income (672,739.248 shares)	N/A	9,599,989
	T. Rowe Price	Capital Appreciation (655,790.584 shares)	N/A	17,135,808
	Putnam	US Government Income A (459,639.472 shares)	N/A	6,310,850
	Wells Fargo	Advantage Growth A (276,706.256 shares)	N/A	12,648,243
	(CL) Invesco	Small Cap Value (162,446.672 shares)	N/A	3,190,453
	Lord Abbett	Developing Growth Fund (219,747.800 shares)	N/A	4,878,401
	Columbia	Large Cap Index Z (20,547.533 shares)	N/A	817,175
	Oppenheimer	International Growth Y (183,202.897 shares)	N/A	6,426,758
	Templeton	Foreign A (431,817.513 shares)	N/A	3,009,768
				78,587,843
	Common/collective trust fund:			
	Putnam	Stable Value Fund (4,464,582.442 shares)	N/A	4,464,582
	Employer common stock:			
*	Advanced Technology Services, Inc.	Common stock (535,547 shares)	N/A	9,907,620
*	Participants	Notes receivable (interest rates ranging from 4.25% to 9.25%, maturity of 1 to 30 years)	$ 2,810,261	2,810,261
				$ 95,770,306

* Represents a party-in-interest
N/A Not applicable, participant-directed plan

The Advanced Technology Services, Inc. common stock above has been certified by GreatBanc Trust Company, a trustee of the Plan, as complete and accurate to the best of their knowledge. All information above other than Advanced Technology Services, Inc. common stock has been certified by Ascensus, the recordkeeper, as agent on behalf of Ascensus Trust Company, a trustee of the Plan, as complete and accurate.

The fair value of the common/collective trust fund of $4,548,648 was not certified. Rather, Ascensus Trust Company, a trustee of the Plan, certified the contract value as reported in the schedule above.

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name ADVANCED TECHNOLOGY SERVICES, INC 401(K) PROFIT SHARING PLAN **EIN:** 26-1499204
Plan Sponsor's Name ADVANCED TECHNOLOGY SERVICES, INC **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Putnam	Putnam Stable Value Fund 35 BPS	0	3,561,121
	PIMCO	PIMCO Total Return Admin	0	3,102,804
	T. Rowe	T. Rowe Price Capital Apprec Inv	0	17,135,808
	Wells Fargo	Wells Fargo Advantage Growth A	0	9,474,597
	Victory	Victory Sycamore Established Value A	0	1,106,460
	Ivy	Ivy Mid Cap Growth Y	0	724,737
	Invesco	(CL) Invesco Small Cap Value Fund A	0	1,585,866

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name ADVANCED TECHNOLOGY SERVICES, INC 401(K) PROFIT SHARING PLAN **EIN:** 26-1499204
Plan Sponsor's Name ADVANCED TECHNOLOGY SERVICES, INC **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Lord Abbett	Lord Abbett Developing Growth Fund	0	4,220,881
	Putnam	GM Putnam Stable Value Fund 35 BPS	0	903,461
	PIMCO	GM PIMCO Total Return Admin	0	5,809,422
	Invesco	GM (CL) Invesco Small Cap Value Fund A	0	1,604,587
	Ivy	GM Ivy Mid Cap Growth Y	0	1,597,485
	Lord Abbett	GM Lord Abbett Developing Growth Fu	0	657,520
	Wells Fargo	GM Wells Fargo Advantage Growth A	0	3,173,646

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name ADVANCED TECHNOLOGY SERVICES, INC 401(K) PROFIT SHARING PLAN **EIN:** 26-1499204
Plan Sponsor's Name ADVANCED TECHNOLOGY SERVICES, INC **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Victory	GM Victory Sycamore Established Value A	0	2,229,490
	ATS	ATS Company Stock	0	9,907,620
	Columbia	Columbia Large Cap Index Z	0	817,175
	Templeton	Templeton Foreign A	0	233,451
	Oppenheimer	Oppenheimer International Growth Y	0	3,634,279
	Templeton	GM Templeton Foreign A	0	2,776,317
	Oppenheimer	GM Oppenheimer International Growth Y	0	2,792,479

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

Plan Name ADVANCED TECHNOLOGY SERVICES, INC 401(K) PROFIT SHARING PLAN **EIN:** 26-1499204
Plan Sponsor's Name ADVANCED TECHNOLOGY SERVICES, INC **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Putnam	Putnam US Government Income A	0	844,483
	JPMorgan	JPMorgan Equity Income R5	0	5,497,462
	Putnam	GM Putnam US Government Income A	0	5,466,367
	JPMorgan	GM JPMorgan Equity Income R5	0	4,102,527
	Participants Loan Account	Various Rates and Maturities ?	0	2,810,261
	Ascensus Trust Company	Contribution Account ?	0	54,818