Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
TOLUNAY-WONG ENGINEERS, INC. 401 (K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2005

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
TOLUNAY-WONG ENGINEERS, INC

10710 S. SAM HOUSTON PKWY W SUITE
HOUSTON, TX 77031

2b Employer Identification Number (EIN)
76-0409302

2c Sponsor's telephone number
713-722-7064

2d Business code (see instructions)
541330

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/05/2010	BARBARA LANCASTER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
TOLUNAY-WONG ENGINEERS, INC

10710 S. SAM HOUSTON PKWY W SUITE
HOUSTON, TX 77031

3b Administrator's EIN
76-0409302

3c Administrator's telephone number
713-722-7064

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

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	139
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	110
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	32
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	142
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	142
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	98
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	19
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 2K 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
TOLUNAY-WONG ENGINEERS, INC. 401 (K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500.
TOLUNAY-WONG ENGINEERS, INC

D Employer Identification Number (EIN)
76-0409302

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

1 Coverage Information:

(a) Name of insurance carrier
HARTFORD LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0974148	88072	GA-711281	98	01/01/2009	12/31/2009

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
3265	512

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
LINCOLN FINANCIAL SEC CORP
1 GRANITE PLACE
CONCORD, NH 03301

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3265			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
LOREN D. STARK COMPANY, INC.
10750 ROCKLEY RD. SUITE 300
HOUSTON, TX 77099

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	512	SALES/ADMINISTRATION	5

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	0
5	Current value of plan's interest under this contract in separate accounts at year end	5	1458170

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)	0		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	0		
	(4) Transferred from separate account	7c(4)	0		
	(5) Other (specify below)	7c(5)	0		
	▶				
	(6) Total additions			7c(6)	0
d	Total of balance and additions (add **b** and **c(6)**)			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	0		
	(2) Administration charge made by carrier	7e(2)	0		
	(3) Transferred to separate account	7e(3)	0		
	(4) Other (specify below)	7e(4)	0		
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2009** **This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
TOLUNAY-WONG ENGINEERS, INC. 401 (K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TOLUNAY-WONG ENGINEERS, INC

D Employer Identification Number (EIN)
76-0409302

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

HARTFORD LIFE

06-0974148

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

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

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

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

HARTFORD LIFE

06-0974148

(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?
62 64 66	NONE	2865	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

(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

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
TOLUNAY-WONG ENGINEERS, INC. 401 (K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
TOLUNAY-WONG ENGINEERS, INC

D Employer Identification Number (EIN)
76-0409302

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: SEPARATE ACCOUNT 401

b Name of sponsor of entity listed in (a): HARTFORD LIFE INSURANCE 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)
06-0974148-000	P	3630824

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

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

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
TOLUNAY-WONG ENGINEERS, INC. 401 (K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TOLUNAY-WONG ENGINEERS, INC

D Employer Identification Number (EIN)
76-0409302

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	2929	56916
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	908157	1458170
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	0
	(2) Employer real property	1d(2)	0	0
e	Buildings and other property used in plan operation	1e	0	0
f	Total assets (add all amounts in lines 1a through 1e)	1f	911086	1515086
	Liabilities			
g	Benefit claims payable	1g	0	0
h	Operating payables	1h	0	0
i	Acquisition indebtedness	1i	0	0
j	Other liabilities	1j	0	0
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	911086	1515086

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)	13007	
	(B) Participants	2a(1)(B)	281593	
	(C) Others (including rollovers)	2a(1)(C)	57755	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		352355
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
	(B) U.S. Government securities	2b(1)(B)	0	
	(C) Corporate debt instruments	2b(1)(C)	0	
	(D) Loans (other than to participants)	2b(1)(D)	0	
	(E) Participant loans	2b(1)(E)	798	
	(F) Other	2b(1)(F)	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		798
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
	(B) Common stock	2b(2)(B)	0	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		327642
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		0
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		680795
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	73930	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		73930
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	2865	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		2865
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		76795
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		604000
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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: FITTS, ROBERTS & CO., P.C. (2) EIN: 74-1699466

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

SCHEDULE R
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
TOLUNAY-WONG ENGINEERS, INC. 401 (K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TOLUNAY-WONG ENGINEERS, INC

D Employer Identification Number (EIN)
76-0409302

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**

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): 06-0974148

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Financial Statements and

Independent Auditor's Report

TOLUNAY-WONG ENGINEERS, INC. 401(K) PLAN

December 31, 2009 and 2008

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INDEPENDENT AUDITOR'S REPORT

Board of Trustees
Tolunay-Wong Engineers, Inc. 401(K) Plan
Houston, Texas

We were engaged to audit the accompanying statements of net assets available for plan benefits of Tolunay-Wong Engineers, Inc. 401(K) Plan (the Plan) as of December 31, 2009 and 2008, and the related statements of changes in net assets available for plan benefits for the years then ended, and the supplemental schedules of Assets Held for Investment Purposes as of December 31, 2009 and 2008. These financial statements and supplemental schedules are the responsibility of the Plan's management.

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 investment information summarized in Note C, which was certified or provided by The Hartford, the current trustee of the Plan and Nationwide Financial Services, Inc., the former trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the trustees held the Plan's investment assets and executed investment transactions. As disclosed in Note C, the Plan Administrator has obtained certifications from the current trustee as of and for the year ended December 31, 2009, and as of December 31, 2008 and for the period June 1, 2008 through December 31, 2008, and from the former trustee as of May 31, 2008 and for the period January 1, 2008 through May 31, 2008, that the information provided to the Plan Administrator by the trustees is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule as of or for the years ended December 31, 2009 and 2008. The form and content of the information included in the 2009 and 2008 financial statements and supplemental schedules, other than that derived from the information certified or provided by the trustees, 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 United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Fitts, Roberts & Co., P.C.

Houston, Texas
September 13, 2010

STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
TOLUNAY-WONG ENGINEERS, INC., 401(K) PLAN
As of December 31,

	2009	2008
ASSETS		
Investments at fair value		
Pooled separate accounts	$ 1,458,170	$ 908,157
Loans to participants	56,916	2,929
Total Investments	1,515,086	911,086
Participant contributions receivable	4,039	14,340
	1,519,125	925,426
LIABILITIES		
Participant excess contributions payable	15,219	-
NET ASSETS AVAILABLE FOR PLAN BENEFITS	$ 1,503,906	$ 925,426

The accompanying notes are an integral part of these financial statements.

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
TOLUNAY-WONG ENGINEERS, INC., 401(K) PLAN
For the years ended December 31,

	2009	2008
ADDITIONS:		
Additions (depreciation) to net assets attributed to:		
Investment income:		
Investment additions (depreciation) in fair value of investments	$ 323,780	$ (423,700)
Interest on participant loans	798	40
	324,578	(423,660)
CONTRIBUTIONS:		
Participants	259,934	330,092
Rollover	57,756	59,943
Employer	13,007	29,989
	330,697	420,024
TOTAL ADDITIONS (DEPRECIATION)	655,275	(3,636)
DEDUCTIONS:		
Benefits paid to participants	73,930	39,922
Administrative expenses	2,865	816
TOTAL DEDUCTIONS	76,795	40,738
NET INCREASE (DECREASE)	578,480	(44,374)
Net assets available for plan benefits:		
Beginning of year	925,426	969,800
END OF YEAR	$ 1,503,906	$ 925,426

The accompanying notes are an integral part of these financial statements.

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NOTE A – Description of Plan

The following description of Tolunay-Wong Engineers, Inc. 401(K) Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

1. *General* - The Plan is a defined contribution plan established January 1, 2005, covering all employees of Tolunay-Wong Engineers, Inc., (the Company) (except union employees and nonresident aliens) who have completed six months of service. Eligible participants may enter the Plan on the first day of the plan year quarter after eligibility requirements have been met. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and subsequent related amendments and revisions. The Plan's trustee prior to June 1, 2008 was Nationwide Trust Company, FSB and after May 31, 2008 was The Hartford.

2. *Contributions* - Qualified participants may elect to defer a percent of their salary at each pay period. A participant's contribution may not exceed an amount determined by the Internal Revenue Service each calendar year. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified plans. Participants direct the investing of the contributions in any of the Plan's available investment options. Discretionary matching contributions may be made by the Company for each plan year to each active participant in an amount determined by the Company. The Company may also make discretionary profit sharing contributions to the Plan. The matching company contribution and profit sharing contributions are invested at the participant's direction. The Company made matching contributions of $13,007 and $29,989 for the years ended December 31, 2009 and 2008, respectively. No discretionary profit sharing contributions were made in 2009 or 2008.

3. *Participant Accounts*- Each participant's account is credited with the participant's contribution and allocation of (a) the Company's contributions (matching and profit sharing), if any and (b) Plan earnings. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

NOTE A – Description of Plan - continued

4. *Vesting* - Participants are immediately vested in their voluntary contributions, including rollover contributions plus actual earnings thereon. Vesting in the company matching and profit sharing contributions is based on years of continuous service as follows:

Years of Service	Vested Percentage
Less than two years	0%
Two years	20%
Three years	40%
Four years	60%
Five years	80%
Six years	100%

5. Payment of Benefits - Subsequent to termination of service, a participant may request to receive payment either in a lump amount equal to the value of his or her vested account balance or to continue in the Plan in such a manner as though the employee had not terminated his eligibility, if the participant's account balance is greater than $5,000. If the participant's account balance is less than $5,000, the participant will either receive payment in a lump sum amount or the funds will be placed in an Individual Retirement Account (IRA) for the participant in an amount equal to the value of his or her vested account balance. In addition to benefit payments made for termination of service, the Plan also allows for hardship distributions, although only from the participant's elective deferral account. In-service distributions are permitted from all fully vested participant accounts, for all participants who have attained age 59 ½.

NOTE A – Description of Plan - continued

6. *Participant Loans* - Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum of the lesser of $50,000 or 50 percent of their vested account balance, whichever is less. The loans are secured by the balance in the participant's account and bear interest at prevailing market rates. Principal and interest are paid ratably through regular payroll deductions. All loans are required to be repaid within five years other than residential loans which are to be repaid within fifteen years.

7. *Forfeiture Accounts* - The Plan stipulates that forfeitures may first be used to pay any administrative expenses, and any remaining forfeitures will be used to reduce employer contributions (if any).

NOTE B – Summary of Accounting Policies

Basis of Accounting

The financial statements have been prepared under the accrual method of accounting in conformity with generally accepted accounting principles (GAAP).

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Investment Valuation

Plan assets are stated at fair market value as determined by the trustee using market quotations and other available information. Net appreciation or depreciation is reported in the statement of changes in net assets available for benefits and consists of the realized gains or losses and the unrealized appreciation or depreciation of these investments. Participant loans are valued at their outstanding balances, which approximate fair value. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date.

NOTE B – Summary of Accounting Policies - continued

Benefit Payments

Upon termination of service, a participant may receive a lump-sum amount equal to the value of the participant's vested interest in his or her account.

Benefits are recorded when paid. As of December 31, 2009 and 2008, there were no benefit claims that had been processed and approved for payment, but not yet paid at that date.

Forfeitures

Employees possess a completely vested interest in any contributions they make, and the earnings thereupon, to their personal benefit account, and build a vested interest in their employer match and profit sharing contributions and the related earnings through years of service. Upon an employee's withdrawal from the Plan, he or she receives only that portion of the benefit account in which he or she is vested and forfeits any unvested portion. At December 31, 2009 and 2008 the forfeiture account had a balance of $6,376 and $3,712, respectively. These forfeitures will be utilized to reduce future employer contributions.

Expenses

Administrative expenses are paid by each participant (through an allocation to each individual's account). Total administrative fees paid out of the Plan in 2009 and 2008 equaled $2,865 and $816, respectively. The Company incurs expenses for additional administration, audit, and tax return preparation for the Plan. These expenses are paid directly by the Company and are not part of Plan expenses. During the year ended December 31, 2009 and 2008 the Company paid professional fees on behalf of the Plan of approximately $23,000 and $4,000, respectively.

NOTE B – Summary of Accounting Policies - continued

Recently Issued Accounting Standards

In May 2009, the FASB issued new guidance related to ASC 855-10, *Subsequent Events* ("ASC 855-10"). This revision establishes principles and standards related to the accounting for and disclosure of events that occur after the balance sheet date but before the financial statements are issued. ASC 855-10 requires an entity to recognize, in the financial statements, subsequent events that provide additional information regarding conditions that existed at the balance sheet date. Subsequent events that provide information about conditions that did not exist at the balance sheet date shall not be recognized in the financial statements under ASC 855-10. This guidance became effective for the Company in 2009 and did not have a material impact on the Company's financial statements. See Note N, "Subsequent Events" for additional disclosures concerning this accounting standard.

In June 2009, the FASB issued ASC 105, *Generally Accepted Accounting Principles* ("ASC 105"). The objective is to establish the FASB Accounting Standards Codification™ ("Codification") as the source of authoritative United States generally accepted accounting principles ("GAAP") recognized by the FASB to be applied by nongovernmental entities in the preparation of financial statements. On the effective date of this statement, the Codification superseded all then-existing accounting and reporting standards. The issuance of ASC 105 does not change GAAP; it does, however, change the applicable citations and naming conventions used when referencing GAAP. ASC 105 became effective for the Plan in 2009.

Other recent accounting pronouncements issued by the FASB and the American Institute of Certified Public Accountants did not or are not believed by management to have a material impact on the Company's present or future consolidated financial statements.

NOTE C – Information Certified by the Trustee

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. The Trustees have certified that the following data included in the accompanying financial statements is complete and accurate:

a. Investments, shown in the statement of net assets available for plan benefits as of December 31, 2009 and 2008.

b. Investment activity, as shown in the statement of changes in net assets available for plan benefits for the year ended December 31, 2009 and 2008.

c. The schedule of assets held for investment purposes as of December 31, 2009 and 2008.

NOTE D – Investments

The following presents investments at December 31, 2009, that represent 5% or more of the Plan's net assets. All investments are participant directed.

	2009
The Hartford Money Market	$ 216,424
Janus Overseas	176,798
Ivy Global Natural Resources	130,011
Pimco Total Return	108,765
Pimco Real Return	88,037
Federated Kaufman	78,111
	798,146
Other investments, less than 5% of net assets	716,940
	$ 1,515,086

During the year ended December 31, 2009, the Plan's investments (including gains and losses on investments bought and sold, as well as held at year end) appreciated in value by $323,780.

The following presents investments at December 31, 2008, that represent 5% or more of the Plan's net assets. All investments are participant directed.

	2008
Janus Adviser International Growth	$ 112,002
Ivy Global Natural Resources	92,865
Pimco Total Return	67,556
American Fund Income Fund	63,464
The Hartford Money Market	59,100
Pimco Real Return	53,264
American Funds Cap Inc Bldr	50,585
	498,836
Other investments, less than 5% of net assets	412,250
	$ 911,086

During the year ended December 31, 2008, the Plan's investments (including gains and losses on investments bought and sold, as well as held at year end) depreciated in value by $423,700.

NOTE E – Tax Status

The Company has adopted a prototype 401(K) plan that the Internal Revenue Service in a letter dated March 31, 2008 identified as acceptable in form and indicated that the adopter could rely on the letter with respect to the qualification of the plan under Code section 401(a). The Plan has been amended since receiving that letter. However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE F – Transactions with Parties-In-Interest

Some administrative expenses and all audit and tax return preparation fees of the Plan are to be paid by the Company. The Plan is not responsible for reimbursing the Company for any fees paid by the Company. The Company paid fees on behalf of the Plan as follows:

	2009	2008
Audit fees	20,500	-
Third party administrator fees	2,815	3,993
	23,315	3,993

NOTE G – Plan Termination

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

NOTE H – 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 plan benefits.

NOTE I – Fair Value Measurements

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures, provides the framework for measuring fair value. That framework 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 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB 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 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 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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at the fair value. There have been no changes in the methodologies used at December 31, 2009 and 2008.

Mutual funds: Valued at the net asset value of shares held by the plan at year end.

Participation contributions receivable: Valued at book value, which approximates fair value.

NOTE I – Fair Value Measurements – continued

Participant loans: Valued at amortized cost, which approximates fair value.

The preceding methods described may produce a fair value calculation that may not be indicative of the net realizable value or reflective of future fair values. Furthermore, although 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 at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the plan's assets at fair value as of December 31, 2009 and 2008.

	2009			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 1,458,170	$ -	$ -	$ 1,458,170
Participant contributions receivable			4,039	$ 4,039
Participant loans	-	-	56,916	56,916
Total assets at fair value	$ 1,458,170	$ -	$ 60,955	$ 1,519,125

	2008			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 908,157	$ -	$ -	$ 908,157
Participant contributions receivable			14,340	$ 14,340
Participant loans	-	-	2,929	2,929
Total assets at fair value	$ 908,157	$ -	$ 17,269	$ 925,426

NOTE I – Fair Value Measurements – continued

Level 3 Gains and Losses

The following table sets forth a summary of changes in the fair value of the plan's level 3 assets for the year ended December 31, 2009 and 2008.

	2009	
	Participant Loans	Contributions Receivable
Balance, beginning of year	$ 2,929	$ 14,340
Purchases, sales, issueances, and settlements (net)	53,987	(10,301)
Balance, end of year	$ 56,916	$ 4,039

	2008	
	Participant Loans	Contributions Receivable
Balance, beginning of year	$ -	$ 83,312
Purchases, sales, issueances, and settlements (net)	2,929	(68,972)
Balance, end of year	$ 2,929	$ 14,340

NOTE J – Restatement of 2008 Note J

Note J of the 2008 financial statement stated that the Company had an operational failure during the year ended December 31, 2008, due to discretionary matches being made on a payroll by payroll basis instead of an annual basis. It was also reported the Company was in the process of applying to the Department of Labor under the Voluntary Compliance Program (VCP). Subsequently, it has been determined that the Plan was properly amended effective June 1, 2008 allowing for the discretionary match to be made on a payroll by payroll basis. Therefore there was not an operational failure during 2008 and it was not necessary to file under the VCP.

NOTE K – Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 as of December 31,

	2009	2008
Net assets available for benefits per Form 5500	$1,515,086	$911,086
Participant contributions receivable - current year	4,039	14,340
Net assets available for benefits per the financial statements	$1,519,125	$925,426

Net income per Form 5500	$ 604,000	$ (49,191)
Participant contributions receivable - current year	4,039	14,340
Participant contributions receivable - prior year	(14,340)	(9,523)
Participant excess contributions payable	(15,219)	-
Net (decrease) in net assets available for benefits per the financial statements	$ 578,480	$ (44,374)

NOTE L – Plan Amendment

Effective June 1, 2008, the Plan was amended and restated to bring the plan into compliance with the Economic Growth and Tax Relief Reconciliation Act of 2001 (“EGTRRA”) and other legislative and regulatory changes. In addition, the discretionary matching contribution formula period of determination was changed from the Plan year to each payroll period.

NOTE M – Excess Participant Contributions

Certain tests are performed at the end of each plan year to insure that the plan is in compliance with regulations. The plan failed one of these compliance tests, the ADP test, in year 2009. In order to be in compliance, the Plan is required to refund certain amounts to certain participants.

For the year ended December 31, 2009 a total of $15,219 which consists of participant contributions of $11,357 and related income of $3,862 was required to be refunded to participants. The refunds were made during 2009.

There were no participant contributions required to be refunded to participants for the year ended December 31, 2008.

NOTE N – Subsequent Events

The Company did not have any recognized or non-recognized subsequent events occurring after December 31, 2009. Subsequent events have been evaluated through September 13, 2010, the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULES

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
TOLUNAY-WONG ENGINEERS, INC., 401(K) PLAN
As of December 31, 2009

Identity of Issuer		Description of Investment	Fair Value
Hartford	*	THE HARTFORD MONEY MARKET	$ 216,424
Hartford	*	JANUS OVERSEAS	176,798
Hartford	*	IVY GLOBAL NATURAL RESOURCES	130,011
Hartford	*	PIMCO TOTAL RETURN	108,765
Hartford	*	PIMCO REAL RETURN	88,037
Hartford	*	FEDERATED KAUFMANN	78,111
Hartford	*	AMERICAN FUNDS CAP INC BLDR	75,664
Hartford	*	FRANKLIN INCOME	75,519
Hartford	*	TEMPLETON GROWTH	74,583
Hartford	*	MUTUAL SHARES	73,022
Hartford	*	AMERICAN FUNDS GROWTH FUND	54,844
Hartford	*	ALGER SMCAP GRTH INSTITUTIONAL	47,329
Hartford	*	AMERICAN FUNDS INCOME FUND	38,539
Hartford	*	FRANKLIN STRATEGIC INCOME	36,949
Hartford	*	AIM REAL ESTATE	30,016
Hartford	*	LEGG MAS CLEARBRIDGE AGG GRW	27,924
Hartford	*	THE HARTFORD TARGET RETIRE2020	27,223
Hartford	*	THE HARTFORD TARGET RETIRE2030	20,949
Hartford	*	DAVIS NEW YORK VENTURE	15,720
Hartford	*	AMERICAN FUNDS NEW PRSPCTV	12,680
Hartford	*	SSGA S&P 500 FLAGSHIP	11,106
Hartford	*	AMERICAN FUNDS INV CO AM	9,687
Hartford	*	IVY SCIENCE AND TECHNOLOGY	9,510
Hartford	*	THE HARTFORD CAPITAL APPRN	7,526
Hartford	*	AMERICAN FUNDS BOND FUND AM	5,984
Hartford	*	T. ROWE PRICE RETIREMENT 2040	2,783
Hartford	*	THE HARTFORD TOTAL RETURN BOND	696
Hartford	*	PIONEER EMERGING MARKETS	573
Hartford	*	FIDELITY ADVISOR LEVERAGED CS	498
Hartford	*	T. ROWE PRICE RETIREMENT 2030	226
Hartford	*	PIONEER GROWTH OPPORTUNITIES	189
Hartford	*	FRANKLIN SMALL CAP VALUE	186
Hartford	*	THE HARTFORD TARGET RETIRE2010	99
			1,458,170
Hartford	*	PARTICIPANT LOANS	56,916
		TOTAL INVESTMENTS	$ 1,515,086

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

All investments are participant-directed, therefore cost information is omitted.

The information on this schedule has been summarized from information provided by the Plan's trustee, which the trustee has certified as being complete and accurate.

See independent auditor's report.

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
TOLUNAY-WONG ENGINEERS, INC., 401(K) PLAN
As of December 31, 2008

Identity of Issuer		Description of Investment	Fair Value
Hartford	*	JANUS ADVISER INTERN'L GROWTH	$ 112,002
Hartford	*	IVY GLOBAL NATURAL RESOURCES	92,865
Hartford	*	PIMCO TOTAL RETURN	67,556
Hartford	*	AMERICAN FUNDS INCOME FUND	63,464
Hartford	*	THE HARTFORD MONEY MARKET FUND	59,100
Hartford	*	PIMCO REAL RETURN	53,264
Hartford	*	AMERICAN FUNDS CAP INC BLDR	50,585
Hartford	*	MUTUAL SHARES	43,733
Hartford	*	FRANKLIN INCOME	41,742
Hartford	*	FEDERATED KAUFMANN	41,197
Hartford	*	TEMPLETON GROWTH	40,986
Hartford	*	LEGG MASON PARTNERS AGGR GRWTH	38,166
Hartford	*	SSGA S&P 500 FLAGSHIP	33,825
Hartford	*	AMERICAN FUNDS NEW PRSPCTV	31,180
Hartford	*	AMERICAN FUNDS GROWTH FUNDS	27,274
Hartford	*	FRANKLIN STRATEGIC INCOME	23,692
Hartford	*	ALGER SMCAP GRTH INSTITUTIONAL	21,475
Hartford	*	AIM REAL ESTATE	17,197
Hartford	*	THE HARTFORD TARGET RETIRE2020	12,145
Hartford	*	THE HARTFORD TARGET RETIRE2030	8,569
Hartford	*	DAVIS NEW YORK VENTURE	8,552
Hartford	*	AMERICAN FUNDS INV CO AM	6,914
Hartford	*	AMERICAN FUNDS BOND FUND AM	6,312
Hartford	*	IVY SCIENCE AND TECHNOLOGY	5,132
Hartford	*	THE HARTFORD INCOME ALLOCATION	1,230
			908,157
Hartford	*	PARTICIPANT LOANS	2,929
		TOTAL INVESTMENTS	$ 911,086

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

All investments are participant-directed, therefore cost information is omitted.

The information on this schedule has been summarized from information provided by the Plan's trustee, which the trustee has certified as being complete and accurate.

See independent auditor's report.

COPY

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan TOLUNAY-WONG ENGINEERS, INC.
401 (K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2005

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
TOLUNAY-WONG ENGINEERS, INC

10710 S. SAM HOUSTON PKWY W SUITE

HOUSTON TX 77031

2b Employer Identification Number (EIN) 76-0409302

2c Sponsor's telephone number (713)722-7064

2d Business code (see instructions) 541330

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

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

SIGN HERE	Barbara Lancaster	9.21.10	BARBARA LANCASTER
	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

4983/LJW/AJJ

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") SAME	**3b** Administrator's EIN	
	3c Administrator's telephone number	

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: **a** Sponsor's name	**4b** EIN	
	4c PN	

5 Total number of participants at the beginning of the plan year	**5**	139
6 Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a Active participants	**6a**	110
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	32
d Subtotal. Add lines 6a, 6b, and 6c	**6d**	142
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f Total. Add lines 6d and 6e	**6f**	142
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	98
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	19
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2F 2G 2J 2K 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)			**9b** Plan benefit arrangement (check all that apply)		
(1)	X	Insurance	(1)	X	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			**b** General Schedules			
(1)	X	R (Retirement Plan Information)	(1)	X		H (Financial Information)
(2)		MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2)			I (Financial Information – Small Plan)
			(3)	X	1	A (Insurance Information)
			(4)	X		C (Service Provider Information)
(3)		SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(5)	X		D (DFE/Participating Plan Information)
			(6)			G (Financial Transaction Schedules)

Tolunay-Wong Engineers, Inc.
401(k) Plan

Authorization to File the Plan's Form 5500 Electronically

Plan Sponsor: Tolunay-Wong Engineers, Inc.

On behalf of the above named plan sponsor, the undersigned hereby grants permission to the Loren D. Stark Co., Inc. (LDSCO) to electronically file the plan sponsor's Form(s) 5500 annually but only upon LDSCO's receipt of the signed **red-stamped COPY** of Form 5500 and this signed **Authorization**.

The plan sponsor authorizes Loren D. Stark Co., Inc. to use it's PIN to file the 5500 or 5500-SF Forms and any applicable schedules for the plan.

The sponsor has been notified that the image of the plan administrator's/plan sponsor's **red-stamped COPY** will be included with the rest of the return/report posted by the Department of Labor on the Internet for public enclosure.

The sponsor has been notified that the signature of the individual signing the 5500 Form will be posted on the DOL Website.

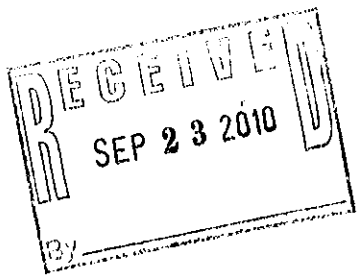
The employer may revoke or change this authorization any time by notification in writing to LDSCO.

Signature: Barbara Lancaster

Print Name: BARBARA LANCASTER

Date: 9.21.10

4983



Client # 4983
TOLUNAY-WONG ENGINEERS, INC.
401(K) PLAN
PLAN # 001
EIN# 76-0850934

Schedule H, line 4i - Schedule of Assets (Held at End of Year)
FOR THE PERIOD ENDING DECEMBER 31, 2009

(a) Party in Interest?	(b) Identity of issue, borrower, leaser, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value		(d) Cost	(e) Current Value
*	Hartford	AMERICAN FUNDS GROWTH FUND	Pooled Separate Accounts	$40,604.43	$54,844.09
*	Hartford	THE HARTFORD MONEY MARKET	Pooled Separate Accounts	$59,099.96	$216,423.72
*	Hartford	PIMCO TOTAL RETURN	Pooled Separate Accounts	$70,022.47	$108,764.90
*	Hartford	AMERICAN FUNDS INCOME FUND	Pooled Separate Accounts	$85,785.57	$38,539.31
*	Hartford	FRANKLIN STRATEGIC INCOME	Pooled Separate Accounts	$27,680.76	$36,949.25
*	Hartford	AMERICAN FUNDS BOND FUND AM	Pooled Separate Accounts	$7,201.80	$5,983.56
*	Hartford	SSGA S&P 500 FLAGSHIP	Pooled Separate Accounts	$48,423.77	$11,105.91
*	Hartford	JANUS OVERSEAS	Pooled Separate Accounts	$0.00	$176,798.08
*	Hartford	AIM REAL ESTATE	Pooled Separate Accounts	$26,055.84	$30,015.68
*	Hartford	IVY GLOBAL NATURAL RESOURCES	Pooled Separate Accounts	$241,031.68	$130,011.13
*	Hartford	LOAN FUND	Loan	$0.00	$56,916.44
*	Hartford	AMERICAN FUNDS CAP INC BLDR	Pooled Separate Accounts	$67,065.65	$75,664.35
*	Hartford	IVY SCIENCE AND TECHNOLOGY	Pooled Separate Accounts	$6,613.79	$9,510.44
*	Hartford	MUTUAL SHARES	Pooled Separate Accounts	$60,854.59	$73,021.77
*	Hartford	AMERICAN FUNDS NEW PRSPCTV	Pooled Separate Accounts	$49,129.91	$12,679.96
*	Hartford	FEDERATED KAUFMANN	Pooled Separate Accounts	$59,884.27	$78,111.22
*	Hartford	LEGG MASON PARTNERS AGGR GRWTH	Pooled Separate Accounts	$56,800.85	$27,924.46
*	Hartford	PIMCO REAL RETURN	Pooled Separate Accounts	$61,346.54	$88,037.03
*	Hartford	ALGER SMCAP GRTH INSTITUTIONAL	Pooled Separate Accounts	$32,028.91	$47,329.45
*	Hartford	FRANKLIN INCOME	Pooled Separate Accounts	$56,622.06	$75,519.44
*	Hartford	TEMPLETON GROWTH	Pooled Separate Accounts	$60,280.24	$74,582.50
*	Hartford	THE HARTFORD TARGET RETIRE2030	Pooled Separate Accounts	$10,819.83	$20,949.22
*	Hartford	FIDELITY ADVISOR LEVERAGED CS	Pooled Separate Accounts	$0.00	$498.17
*	Hartford	DAVIS NEW YORK VENTURE	Pooled Separate Accounts	$12,153.04	$15,719.55
*	Hartford	THE HARTFORD CAPITAL APPRN	Pooled Separate Accounts	$0.00	$7,525.47
*	Hartford	PIONEER EMERGING MARKETS	Pooled Separate Accounts	$0.00	$573.38
*	Hartford	THE HARTFORD TARGET RETIRE2020	Pooled Separate Accounts	$15,129.02	$27,223.42
*	Hartford	AMERICAN FUNDS INV CO AM	Pooled Separate Accounts	$9,378.94	$9,687.09
*	Hartford	THE HARTFORD TARGET RETIRE2010	Pooled Separate Accounts	$0.00	$98.43
*	Hartford	T. ROWE PRICE RETIREMENT 2030	Pooled Separate Accounts	$0.00	$225.84
*	Hartford	T. ROWE PRICE RETIREMENT 2040	Pooled Separate Accounts	$0.00	$2,782.76
*	Hartford	FRANKLIN SMALL CAP VALUE	Pooled Separate Accounts	$0.00	$185.46
*	Hartford	PIONEER GROWTH OPPORTUNITIES	Pooled Separate Accounts	$0.00	$188.87
*	Hartford	THE HARTFORD TOTAL RETURN BOND	Pooled Separate Accounts	$0.00	$696.09
TOTAL				**$1,164,013.920**	**$1,515,086.440**