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
ALFA TECH CONSULTING ENGINEERS, INC 401(K) PLAN

1b Three-digit plan number (PN) ▶ 333

1c Effective date of plan 01/01/1992

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

97 E BROKAW RD
STE 300
SAN JOSE, CA 95112

2b Employer Identification Number (EIN)
77-0211171

2c Sponsor's telephone number
408-487-1311

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.	10/14/2010	SUZANNE T HILL
	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")

ALFA TECH CONSULTING ENGINEERS, INC

97 E BROKAW RD
STE 300
SAN JOSE, CA 95112

3b Administrator's EIN
77-0211171

3c Administrator's telephone number
408-487-1311

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**	162
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**	86
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	75
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	161
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	161
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	147
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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
ALFA TECH CONSULTING ENGINEERS, INC 401(K) PLAN

B Three-digit plan number (PN) ▶ 333

C Plan sponsor's name as shown on line 2a of Form 5500
ALFA TECH CONSULTING ENGINEERS, INC

D Employer Identification Number (EIN)
77-0211171

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?
15 50 60 64 99	RECORD KEEPER	875	Yes [X] No [ ]	Yes [ ] No [X]	5152	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
ASCENSUS	15 60	0
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MERRILL LYNCH, PIERCE, FENNER & SMI 13-5674085	SEE FORMULA DESCRIPTION REPORT LISTING THE FORMULA FOR SUB T/A REVENUE BY FUND	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ASCENSUS	15 64 99	5152
(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 & SMI 13-5674085	RECORD KEEPING SUBSIDY & QUALITY SERVICE BONUS (ALLOCATED ON MONTH END MARKET VALUE)	

(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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

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
ALFA TECH CONSULTING ENGINEERS, INC 401(K) PLAN

B Three-digit plan number (PN) ▶ 333

C Plan sponsor's name as shown on line 2a of Form 5500
ALFA TECH CONSULTING ENGINEERS, INC

D Employer Identification Number (EIN)
77-0211171

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)	2273	1017
(2) Participant contributions	1b(2)	13943	22064
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	568819	637059
(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)	90069	106599
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	4690199	6486359
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	5365303	7253098
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	5365303	7253098

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)	131366	
	(B) Participants	2a(1)(B)	569873	
	(C) Others (including rollovers)	2a(1)(C)	87014	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		788253
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1420	
	(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)	7663	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		9083
	(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)	121400	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		121400
	(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

		(a) Amount	(b) Total
2b (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
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1167361
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		2086097
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	197427	
(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)		197427
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	875	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		875
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		198302
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		1887795
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: SHEA LABAGH DOBBERSTEIN (2) EIN: 94-2290202

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		1000000
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)

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
ALFA TECH CONSULTING ENGINEERS, INC 401(K) PLAN

B Three-digit plan number (PN) ▶ 333

C Plan sponsor's name as shown on line 2a of Form 5500
ALFA TECH CONSULTING ENGINEERS, INC

D Employer Identification Number (EIN)
77-0211171

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 **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):

ALFA TECH CONSULTING ENGINEERS, INC. 401(k) PLAN

FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE

Year Ended December 31, 2009

ALFA TECH CONSULTING ENGINEERS, INC. 401(k) PLAN

Year Ended December 31, 2009

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SHEA LABAGH DOBBERSTEIN

Certified Public Accountants, Inc.

INDEPENDENT AUDITORS' REPORT

TO THE PLAN ADMINISTRATOR AND PARTICIPANTS
OF ALFA TECH CONSULTING ENGINEERS, INC. 401(k) PLAN

We were engaged to audit the financial statements and supplemental schedule of ALFA TECH CONSULTING ENGINEERS, INC. 401(k) PLAN (the "Plan") as of December 31, 2009 and 2008, and for the year ended December 31, 2009, as listed in the accompanying table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Ascensus, Inc., as agent for Frontier Trust Company, the trustee of the Plan; except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2009 and 2008 and for the year ended December 31, 2009, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information in the Plan's financial statements that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, 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.

SHEA LABAGH DOBBERSTEIN
Certified Public Accountants, Inc.

October 12, 2010

505 Montgomery Street, 5TH Floor • San Francisco, CA 94111 • Tel 415 397-4444 • Fax 415 981-0898
1700 S. El Camino Real, Suite 500 • San Mateo, CA 94402 • Tel 650 579-7200 • Fax 650 579-1041

ALFA TECH CONSULTING ENGINEERS, INC. 401(k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31, 2009	December 31, 2008
ASSETS		
INVESTMENTS		
Cash Equivalents	$ 637,059	$ 568,819
Mutual Funds	6,486,359	4,690,199
Participant Loans	106,600	90,069
TOTAL INVESTMENTS	7,230,018	5,349,087
RECEIVABLES		
Participant Contributions	22,064	13,943
Employer Contributions	1,017	2,273
TOTAL RECEIVABLES	23,081	16,216
NET ASSETS AVAILABLE FOR BENEFITS	$ 7,253,099	$ 5,365,303

See accompanying notes to financial statements.

ALFA TECH CONSULTING ENGINEERS, INC. 401(k) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year Ended December 31, 2009

ADDITIONS

ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
INVESTMENT INCOME		
Net Appreciation in Fair Value of Mutual Funds	$	1,149,349
Interest and Dividends		148,495
NET INVESTMENT INCOME		1,297,844
CONTRIBUTIONS		
Participants		569,873
Employer		131,365
Rollover		87,027
TOTAL CONTRIBUTIONS		788,265
TOTAL ADDITIONS		2,086,109

DEDUCTIONS

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
BENEFITS PAID TO PARTICIPANTS		197,427
ADMINISTRATIVE EXPENSES		886
TOTAL DEDUCTIONS		198,313
NET INCREASE IN NET ASSETS		1,887,796
NET ASSETS AVAILABLE FOR BENEFITS AT BEGINNING OF YEAR		5,365,303
NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR	$	7,253,099

See accompanying notes to financial statements.

ALFA TECH CONSULTING ENGINEERS, INC. 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2009

NOTE 1 – DESCRIPTION OF THE PLAN

The following description of the ALFA TECH CONSULTING 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.

General – The Plan was established in 1992 by ALFA TECH CONSULTING ENGINEERS, INC. (the "Company") to provide benefits for its employees. The Plan is a defined contribution plan covering all full-time employees who are at least eighteen years of age, except for the following employees as defined under the Plan agreement: (a) employees covered by a collective bargaining agreement, (b) certain nonresident aliens who have no earned income from sources within the United States, (c) leased employees, (d) temporary employees with less than 1,000 hours of service, (e) individuals who are classified as consultants (and who may also be referred to as independent contractors), (f) individuals who are classified as interns, or (g) individuals who are classified as "commission salespersons".

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA") and certain provisions of the Internal Revenue Code ("IRC").

The Plan provides for a plan administrator who is responsible for keeping accurate and complete records with regard to the Plan's operations, informing participants of changes or amendments to the Plan, ensuring that the Plan conforms to the law and to government regulations, and providing participants with any reports and documents required by law.

Employer Contributions – The Company may make discretionary matching contributions equal to a percentage of the participant's elective deferrals. For the year ended December 31, 2009, the Company contributed an amount equal to 50% of each respective participant's deferral, limited to $2,000 per participant. Additionally, profit-sharing contributions may be made at the option of the Company to participants who are at least 21 years of age, subject to limitations imposed by applicable provisions of the IRC. For the year ended December 31, 2009, the Company did not make profit-sharing contributions to the Plan.

Participant Contributions – Participant contributions are made in the form of pretax deferred salary reductions. Participant contributions are limited to a maximum of $16,500 for the year ended December 31, 2009 plus annual catch-up contributions of $5,500 for participants who are at least 50 years of age during the year.

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

Participant Accounts – Each participant's account is credited with the participant's and employer matching contributions and allocations of (a) the Company's profit sharing contributions and (b) Plan investment earnings or losses. 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 voluntary contributions, rollover contributions and matching contributions from the Company plus actual earnings thereon.

Vesting in any discretionary profit sharing contributions from the Company is based on years of continuous service. Vesting is based on a six-year graded scale as follows:

Years of Credited Service	Amount Vested
1 or Less	0%
2	20%
3	40%
4	60%
5	80%
6	100%

Participant Loans – The Plan allows participants to borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or fifty percent of the vested portion of their account balance. Loan terms range from one to five years, except for loans to purchase a primary residence. The loans are secured by the balance in the participant's account and the interest rate is set at 2.00% above the prime rate as published in the Wall Street Journal at the time the loan is approved by the Plan's Administrative Committee. Principal and interest is paid ratably through bi-weekly payroll deductions. At December 31, 2009, interest rates on loans ranged from 5.25% to 10.25% with maturity dates ranging from February 2011 to August 2014.

Payment of Benefits – At 59½ years of age or upon termination of service, disability, death or retirement, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in their account. If a participant, whose account holds a balance between $1,000 and $5,000, is terminated and no instructions have been received from such participant, the amount will be rolled over to an individual retirement account plan as designated by the plan administrator. A balance less than $1,000 will be distributed directly to the participant as a lump-sum payment and a balance greater than $5,000 may be left in the Plan.

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

Forfeited Accounts – The non-vested portion of a terminated participant's account balance is forfeited. Forfeitures may be applied to reduce future employer contributions at the discretion of the Company. The forfeiture balance at December 31, 2009 and 2008 were not significant.

Administrative Expenses – The Company has elected to fund all administrative costs of the Plan other than those associated with fees charged by the trustee, and certain participant directed transactions such as participant loans and distributions fees.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting – The Plan's financial statements are prepared under the accrual basis of accounting, in conformity with accounting principles generally accepted in the United States of America.

Recent Accounting Pronouncements – On June 30, 2009, the Financial Accounting Standards Board ("FASB") issued Statement of Financial Accounting Standards No. 168, *The FASB Accounting Standards Codification and the Hierarchy of Generally Accepted Accounting Principles (as amended)*. This standard established the FASB Accounting Standards Codification ("FASB ASC") as the single source of authoritative accounting principles generally accepted in the United States of America recognized by the FASB to be applied by nongovernmental entities. Substantially all previous United States generally accepted accounting principle standards issued by a standard setter are superseded and are codified into the FASB ASC. The FASB ASC is effective for financial statements issued for periods ended after September 15, 2009. Adoption of the FASB ASC had no impact on the Plan's Statements of Net Asset Available for Benefits or Changes in Net Assets Available for Benefits.

In May 2009, the FASB updated, the FASB ASC *Subsequent Events* topic to establish general standards of accounting for and disclosure of events that occurs after the financial statements date but before the financial statements are issued or are available to be issued. The Plan has adopted this standard in 2009 and has evaluated subsequent events through October 12, 2010, the date the financial statements were available to be issued.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Use of Estimates – 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 assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of changes in net assets available for benefits during the reporting period. Actual results may differ from those estimates.

Investment Valuation and Income Recognition – Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements. The net appreciation or depreciation in the fair value of investments represents the net realized and unrealized gains or losses on investments, and is recognized in the Statement of Changes in Net Assets Available for Benefits.

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.

Payments of Benefits – Benefits are recorded when paid.

NOTE 3 – FAIR VALUE MEASUREMENTS

The FASB ASC Topic *Fair Value Measurements and Disclosures* defines fair value and establishes a 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 l measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under the FASB ASC Topic *Fair Value Measurements and Disclosures,* 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.

NOTE 3 – FAIR VALUE MEASUREMENTS (Continued)

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 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.

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

Cash Equivalents: Valued at their outstanding balance, which represents fair value.

Mutual Funds: Valued at the net asset value of shares held by the Plan at year-end.

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 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.

NOTE 3 – FAIR VALUE MEASUREMENTS (Continued)

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, respectively:

	2009			
	Level 1	Level 2	Level 3	Total
Cash Equivalents	$ 637,059	$ -	$ -	$ 637,059
Mutual Funds:				
Asset Allocation Funds	74,454	-	-	74,454
Balanced Funds	59,019	-	-	59,019
Bond Funds	872,338	-	-	872,338
Equity Funds	1,212,833	-	-	1,212,833
Growth & Income Funds	1,066,901	-	-	1,066,901
Growth Funds	166,769	-	-	166,769
Income Funds	545,427	-	-	545,427
Index Funds	65,444	-	-	65,444
International Funds	1,311,984	-	-	1,311,984
Specialty Funds	263,912	-	-	263,912
Value Funds	847,278	-	-	847,278
Total Mutual Funds	6,486,359	-	-	6,486,359
Participant Loans	-	-	106,600	106,600
Total Investments at Fair Value	$ 7,123,418	$ -	$ 106,600	$ 7,230,018

NOTE 3 – FAIR VALUE MEASUREMENTS (Continued)

	2008			
	Level 1	Level 2	Level 3	Total
Cash Equivalents	$ 568,819	$ -	$ -	$ 568,819
Mutual Funds:				
Asset Allocation Funds	58,371	-	-	58,371
Balanced Funds	30,461	-	-	30,461
Bond Funds	633,033	-	-	633,033
Equity Funds	933,054	-	-	933,054
Growth & Income Funds	703,433	-	-	703,433
Growth Funds	104,839	-	-	104,839
Income Funds	410,911	-	-	410,911
Index Funds	36,703	-	-	36,703
International Funds	939,536	-	-	939,536
Specialty Funds	207,563	-	-	207,563
Value Funds	632,295	-	-	632,295
Total Mutual Funds	4,690,199	-	-	4,690,199
Participant Loans	-	-	90,069	90,069
Total Investments at Fair Value	$ 5,259,018	$ -	$ 90,069	$ 5,349,087

NOTE 3 – FAIR VALUE MEASUREMENTS (Continued)

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:

	Participant Loans
Balance, Beginning of Year	$ 90,069
Purchases, Sales, Issuances and Settlements (Net)	16,531
Balance, End of Year	$ 106,600

NOTE 4 – INFORMATION CERTIFIED BY THE TRUSTEE OF THE PLAN

The plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Ascensus, Inc. ("Ascensus"), as agent for Frontier Trust Company, the trustee of the Plan, has certified to the completeness and accuracy of all investments reflected on the accompanying Statements of Net Assets Available for Benefits as of December 31, 2009 and 2008, the supplemental Schedule H, line 4i –Schedule of Assets (Held at End of Year) as of December 31, 2009, the fair value information in Note 3, and the related investment activity reflected in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2009.

All investments are in participant directed funds. Ascensus maintains the contributions in separate accounts, which are invested in various fund options as directed by each participant.

NOTE 4 – INFORMATION CERTIFIED BY THE TRUSTEE OF THE PLAN (Continued)

The following is a summary of information at December 31 prepared and certified by Ascensus, furnished to the Plan administrator and included in the Plan's financial statements and supplemental schedule:

	2009	2008
Cash Equivalents:		
Contribution Account	$ 30,965	$ 51
GM Merrill Lynch Ready Assets Trust	146,773	104,683
Merrill Lynch Ready Assets Trust	459,321 *	464,085 *
Total Cash Equivalents	637,059	568,819
Mutual Funds:		
AIM Capital Development A	343,448	242,490
AIM International Growth A	78,058	48,502
AIM Mid Cap Core Equity Fund Class A	22,599	16,170
Allianz NFJ Dividend Value	347,375	303,826 *
American Funds Cap World Growth Inc R3	29,376	14,659
American Funds Europacific Growth R3	332,650	238,898
American Funds Growth Fund of America R3	260,091	187,902
BlackRock Global Allocation Fund	74,454	58,371
BlackRock Large Cap Core Fund	487,663 *	428,319 *
BlackRock S & P 500 Index Fund	65,444	36,703
Dreyfus International Value	397,768 *	304,114 *
Franklin Income Fund Class A	59,019	30,461
GM AIM Capital Development A	118,078	79,022
GM Allianz NFJ Dividend Value	499,903 *	328,469 *
GM American Funds Europacific Growth R3	503,508 *	348,022 *
GM American Funds Growth Fund of America R3	370,225 *	247,615
GM Goldman Sachs Government Income A	336,083	237,161
GM Hotchkis and Wiley Mid Cap Value Fund A	145,365	103,866
GM Loomis Sayles Small Cap Value Fund	107,049	74,628

NOTE 4 – INFORMATION CERTIFIED BY THE TRUSTEE OF THE PLAN (Continued)

	2009	2008
Mutual Funds (Continued):		
GM Lord Abbett Developing Growth Portfolio	$ 82,750	$ 55,838
GM PIMCO Total Return Fund A	430,936*	301,036*
Goldman Sachs Government Income A	209,344	173,750
Goldman Sachs Real Estate Securities Fund A	263,912	207,563
Hotchkis and Wiley Mid Cap Value Fund	216,498	107,119
Loomis Sayles Small Cap Value Fund	107,087	81,649
Lord Abbett Developing Growth Portfolio	84,019	49,001
PIMCO Total Return Fund A	441,402*	331,997*
Seligman Smaller-Cap Value Fund Class A	72,255	53,048
Total Mutual Funds	6,486,359	4,690,199
Participant Loans	106,600	90,069
Total Investments	$ 7,230,018	$ 5,349,087

* Represents investments that are 5% or greater of the Plan's net assets.

During the year ended December 31, 2009, the Plan's investment activity consisted of the following:

Net Appreciation in Fair Value of Mutual Funds	$ 1,149,349
Interest and Dividend Income:	
Mutual Funds	$ 139,413
Cash Equivalents	1,457
Participant Loans	7,625
	$ 148,495

ALFA TECH CONSULTING ENGINEERS, INC. 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2009

NOTE 5 – TAX STATUS

The Plan is a defined contribution plan designed to qualify as a tax-exempt plan under the IRC. A favorable opinion letter from the Internal Revenue Service was issued on March 31, 2008 regarding the qualified status of the prototype plan on which the terms of the Plan are based. The Plan has not filed for a determination letter, however, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with applicable requirements of the IRC. Accordingly, no tax provision for federal or state income taxes has been made.

NOTE 6 – RELATED PARTY TRANSACTIONS

Certain Plan investments are in the contribution account of Frontier Trust Company. Frontier Trust Company serves as the trustee of the Plan and therefore these transactions qualify as party-in-interest transactions.

NOTE 7 – PLAN TERMINATION

The Company has established the Plan with the expressed intention and expectation that it will continue the Plan. However, if circumstances make it impossible or inadvisable to continue the Plan, the Company reserves the right to terminate it at any time subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts. Benefits will be held in a trust fund that will remain in existence until the Company requests the discontinuance of the trust agreement.

NOTE 8 – RISKS AND UNCERTAINTIES

The Plan provides for various investment options in any combination of funds available through the trustee. Investment securities are exposed to various risks, such as interest rate, market fluctuation and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits and in the Statement of Changes in Net Assets Available for Benefits.

NOTE 8 – RISKS AND UNCERTAINTIES (Continued)

The underlying securities of the Plan's investments could include securities with contractual cash flows, such as, but not limited to, asset backed securities, collateralized mortgage obligations, and commercial mortgage backed securities and real estate. The value, liquidity and related income of these securities may be particularly sensitive to changes in economic conditions, including real estate value, delinquencies or defaults, or both, and may be adversely affected by real or perceived difficulties of the issuers, changes in interest rates and conditions in financial markets.

SUPPLEMENTAL SCHEDULE

ALFA TECH CONSULTING ENGINEERS, INC. 401(k) PLAN

SCHEDULE H – LINE 4i: SCHEDULE OF ASSETS (HELD AT END OF YEAR)

FEIN: 77-0211171

Plan Number: 333

December 31, 2009

(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
		Cash Equivalents:				
*	Frontier Trust Company	Contribution Account	30,965	Shares		$ 30,965
	Merill Lynch	GM Merrill Lynch Ready Assets Trust	146,773	Shares	^	146,773
	Merill Lynch	Merrill Lynch Ready Assets Trust	459,321	Shares	^	459,321
						637,059
		Mutual Funds:				
	AIM	AIM Capital Development A	24,942	Shares	^	343,448
	AIM	AIM International Growth A	3,153	Shares	^	78,058
	AIM	AIM Mid Cap Core Equity Fund A	1,079	Shares	^	22,599
	Allianz	Allianz NFJ Dividend Value	33,498	Shares	^	347,375
	American Funds	American Funds Cap World Growth Inc R3	866	Shares	^	29,376
	American Funds	American Funds Europacific Growth R3	8,828	Shares	^	332,650
	American Funds	American Funds Growth Fund of America R3	9,658	Shares	^	260,091
	BlackRock	BlackRock Global Allocation Fund	4,162	Shares	^	74,454
	BlackRock	BlackRock Large Cap Core Fund	49,509	Shares	^	487,663
	BlackRock	BlackRock S & P 500 Index Fund	4,801	Shares	^	65,444
	Dreyfus	Dreyfus International Value	34,589	Shares	^	397,768
	Franklin	Franklin Income Fund Class A	28,511	Shares	^	59,019
	AIM	GM AIM Capital Development A	8,575	Shares	^	118,078
	Allianz Global Investors Fund Management LLC	GM Allianz NFJ Dividend Value	48,207	Shares	^	499,903
	American Funds	GM American Funds Europacific Growth R3	13,363	Shares	^	503,508
	American Funds	GM American Funds Growth Fund of America R3	13,748	Shares	^	370,225
	Goldman Sachs	GM Goldman Sachs Government Income A	22,301	Shares	^	336,083
	Hotchkis & Wiley	GM Hotchkis & Wiley Mid Cap Value Fund A	8,171	Shares	^	145,365
	Loomis Sayles	GM Loomis Sayles Small Cap Value Fund	5,127	Shares	^	107,049
	Lord Abbett	GM Lord Abbett Developing Growth Portfolio	5,387	Shares	^	82,750
	Pacific Investment Management Company	GM PIMCO Total Return Fund A	39,901	Shares	^	430,936
	Goldman Sachs	Goldman Sachs Government Income A	13,891	Shares	^	209,344
	Goldman Sachs	Goldman Sachs Real Estate Securities Fund A	26,418	Shares	^	263,912
	Hotchkis & Wiley	Hotchkis and Wiley Mid Cap Value Fund	12,170	Shares	^	216,498
	Loomis Sayles	Loomis Sayles Small Cap Value Fund	5,129	Shares	^	107,087
	Lord Abbett	Lord Abbett Developing Growth Portfolio	5,470	Shares	^	84,019
	Pacific Investment Management Company	PIMCO Total Return Fund A	40,871	Shares	^	441,402
	Seligman	Seligman Smaller-Cap Value Fund Class A	5,739	Shares	^	72,255
						6,486,359
*	Participant Loans	13 Loans receivable bearing interest ranging from 5.25% to 10.25% and due between February 2011 and August 2014			-	106,600
						$ 7,230,018

* Denotes Party-In-Interest as defined by ERISA

^ Column (d) Cost is omitted for participant directed investments

Schedule C, Part I, line 2(h) Formula Description and Schedule C, Part I, line 3(e) Formula Description

Plan Name: ALFA TECH CONSULTING ENGINEERS, INC 401K PLAN

Plan Number: 131886

Broker Dealer: Merrill Lynch

Ticker Symbol	Investment Name	Formula used to determine Sub-TA Compensation paid to Ascensus
GMSSCVX	GM Seligman Smaller-Cap Value Fund Cl A	12 dollars per fund position
GMMRAXX	GM Ready Assets Prime Money Fund	6 dollars per fund position
RGACX	American Funds Growth Fnd of Amer R3	12 dollars per fund position
MDLRX	BlackRock Large Cap Core Fund	12 dollars per fund position
MASRX	BlackRock S & P 500 Index Fund	N/A
GTAGX	AIM Mid Cap Core Equity Fund A	12 dollars per fund position
HWMAX	Hotchkis & Wiley Mid Cap Value Fund	12 dollars per fund position
SSCVX	Seligman Smaller-Cap Value Fund Class A	12 dollars per fund position
AIIEX	AIM International Growth A	12 dollars per fund position
RERCX	American Funds Europacific Growth R3	12 dollars per fund position
DVLAX	Dreyfus International Value	12 dollars per fund position
FKINX	Franklin Income Fund A	12 dollars per fund position
MDLOX	BlackRock Global Allocation Fund Inc.	12 dollars per fund position
GREAX	Goldman Sachs Real Estate Sec Fd A	12 dollars per fund position
MRAXX	Ready Assets(7dayYield:0.01%)	6 dollars per fund position
GMPTTAX	GM PIMCO Total Return Fund A	12 dollars per fund position
GMLADPX	GM Lord Abbett Developing Growth P	12 dollars per fund position
LADPX	Lord Abbett Developing Growth P	12 dollars per fund position
RWICX	American Funds Cap Wld Growth Inc R3	12 dollars per fund position
LSVAX	Loomis Sayles Small Cap Value Fund	12 dollars per fund position
GMGSGOX	GM Goldman Sachs Government Income A	12 dollars per fund position
GMRGACX	GM American Funds Growth Fnd of Amer R3	12 dollars per fund position
GMPNEAX	GM Allianz NFJ Dividend Value	12 dollars per fund position

Schedule C, Part I, line 2(h) Formula Description and Schedule C, Part I, line 3(e) Formula Description

Plan Name: ALFA TECH CONSULTING ENGINEERS, INC 401K PLAN

Plan Number: 131886

Broker Dealer: Merrill Lynch

Ticker Symbol	Investment Name	Formula used to determine Sub-TA Compensation paid to Ascensus
GMHWMAX	GM Hotchkis & Wiley Mid Cap Value Fund A	12 dollars per fund position
ACDAX	AIM Capital Development A	12 dollars per fund position
PNEAX	Allianz NFJ Dividend Value	12 dollars per fund position
PTTAX	PIMCO Total Return Fund A	12 dollars per fund position
GSGOX	Goldman Sachs Government Income A	12 dollars per fund position
GMRERCX	GM American Funds Europacific Growth R3	12 dollars per fund position
GMLSVAX	GM Loomis Sayles Small Cap Value Fund	12 dollars per fund position
GMACDAX	GM AIM Capital Development A	12 dollars per fund position

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name ALFA TECH CONSULTING ENGINEERS, INC 401(K) PLAN **EIN:** 77-0211171
Plan Sponsor's Name ALFA TECH CONSULTING ENGINEERS, INC **PN:** 333

(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
	Merrill Lynch	Ready Assets(7dayYield:0.00%)	0	459,321
	Merrill Lynch	GM Ready Assets Prime Money Fund	0	146,773
	American Funds	American Funds Growth Fnd of Amer R3	0	260,091
	BlackRock	BlackRock Large Cap Core Fund	0	487,663
	BlackRock	BlackRock S & P 500 Index Fund	0	65,444
	Invesco	Invesco Mid Cap Core Equity Fund A	0	22,599
	Hotchkis & Wiley	Hotchkis & Wiley Mid Cap Value Fund	0	216,498

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name ALFA TECH CONSULTING ENGINEERS, INC 401(K) PLAN **EIN:** 77-0211171
Plan Sponsor's Name ALFA TECH CONSULTING ENGINEERS, 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
	Seligman	Seligman Smaller-Cap Value Fund Class A	0	72,255
	Invesco	Invesco International Growth A	0	78,058
	American Funds	American Funds Europacific Growth R3	0	332,650
	Dreyfus	Dreyfus International Value	0	397,768
	Franklin	Franklin Income Fund A	0	59,022
	BlackRock	BlackRock Global Allocation Fund Inc.	0	74,454
	Goldman Sachs	Goldman Sachs Real Estate Sec Fd A	0	263,912

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name ALFA TECH CONSULTING ENGINEERS, INC 401(K) PLAN **EIN:** 77-0211171
Plan Sponsor's Name ALFA TECH CONSULTING ENGINEERS, 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
	American Funds	GM American Funds Growth Fnd of Amer R3	0	370,224
	Hotchkis & Wiley	GM Hotchkis & Wiley Mid Cap Value Fund A	0	145,365
	American Funds	GM American Funds Europacific Growth R3	0	503,508
	Goldman Sachs	Goldman Sachs Government Income A	0	209,344
	PIMCO	PIMCO Total Return Fund A	0	441,401
	Allianz	Allianz NFJ Dividend Value	0	347,375
	Invesco	Invesco Capital Development A	0	343,448

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name ALFA TECH CONSULTING ENGINEERS, INC 401(K) PLAN **EIN:** 77-0211171
Plan Sponsor's Name ALFA TECH CONSULTING ENGINEERS, 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
	PIMCO	GM PIMCO Total Return Fund A	0	430,936
	Allianz	GM Allianz NFJ Dividend Value	0	499,903
	Invesco	GM Invesco Capital Development A	0	118,078
	Goldman Sachs	GM Goldman Sachs Government Income A	0	336,083
	Loomis Sayles	Loomis Sayles Small Cap Value Fund	0	107,087
	American Funds	American Funds Cap Wld Growth Inc R3	0	29,376
	Lord Abbett	Lord Abbett Developing Growth P	0	84,019

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name ALFA TECH CONSULTING ENGINEERS, INC 401(K) PLAN **EIN:** 77-0211171
Plan Sponsor's Name ALFA TECH CONSULTING ENGINEERS, 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	GM Lord Abbett Developing Growth P	0	82,750
	Loomis Sayles	GM Loomis Sayles Small Cap Value Fund	0	107,048
	Participants Loan Account	Various Rates and Maturities	0	106,599
	Frontier Trust Company	Contribution Account	0	30,965