Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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, including room or suite number (Employer, if for single-employer plan)

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.	10/15/2012	SUZANNE 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**	157
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**	156
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	156
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	156
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	156
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	1
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)		0	**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.**	**2011** **This Form is Open to Public Inspection.**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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).. . . . . ☐ 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

(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

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

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

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

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

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

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

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

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

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

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)

BENEFIT SOLUTIONS CORPORATION
10335 W. OKLAHOMA AVE.
GREENFIELD, WI 53227

06-1654801

(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 37 64 65	RECORD KEEPER	98351	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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)		
(2) Participant contributions	1b(2)	21087	0
(3) Other	1b(3)		4620
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	616977	100012
(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)	80533	77115
(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)	7137910	6837915
(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	7856507	7019662
	Liabilities			
g	Benefit claims payable	1g		6328
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	6328
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	7856507	7013334

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)		
	(B) Participants	2a(1)(B)	521151	
	(C) Others (including rollovers)	2a(1)(C)	60210	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		581361
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	4686	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		4686
	(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)	152114	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		152114
	(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)		-271304
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		466857
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1205351	
(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)		1205351
f Corrective distributions (see instructions)	2f		6328
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)		
(3) Investment advisory and management fees	2i(3)	98351	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		98351
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1310030
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-843173
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

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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 (include any prior year accumulated funding deficiency not waived) **6a**

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete 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, 2011

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

Year Ended December 31, 2011

Table of Contents

	Page
Independent Auditors' Report	1
Statements of Net Assets Available for Benefits as of December 31, 2011 and 2010	2
Statement of Changes in Net Assets Available for Benefits for the Year Ended December 31, 2011	3
Notes to Financial Statements	4-15
Supplemental Schedule:	
Schedule H – Line 4i: Schedule of Assets (Held at End of Year) as of December 31, 2011	16

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 accompanying statements of net assets available for benefits of ALFA TECH CONSULTING ENGINEERS, INC. 401(k) PLAN (the "Plan") as of December 31, 2011 and 2010 and the related statement of changes in net assets available for benefits for the year ended December 31, 2011 and the supplemental Schedule H – Line 4i: Schedule of Assets (Held at End of Year) as of December 31, 2011. 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 MG Trust Company LLC, the current custodian of the Plan, as of and for the year ended December 31, 2011 and by Ascensus, Inc., as agent of Frontier Trust Company, the former trustee of the Plan, as of December 31, 2010, 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 current custodian held the Plan's investment assets and executed investment transactions as of and for the year ended December 31, 2011 and the former trustee held the Plan's investment assets and executed investment transactions as of December 31, 2010. The Plan administrator has obtained certifications from MG Trust Company LLC and Ascensus, Inc. as of December 31, 2011 and 2010 and for the year ended December 31, 2011, that the information provided to the plan administrator by them 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 taken as a whole. The supplemental schedule is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. 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 custodian and the former 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.

Shea Labagh Dobberstein

October 12, 2012

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, 2011	December 31, 2010
ASSETS		
INVESTMENTS, AT FAIR VALUE		
Cash and Cash Equivalents	$ 100,012	$ 616,977
Mutual Funds	6,837,915	7,137,910
TOTAL INVESTMENTS	6,937,927	7,754,887
RECEIVABLES		
Notes Receivable from Participants	77,115	80,533
Dividend Receivable	4,620	-
Participant Contributions Receivable	-	21,088
TOTAL RECEIVABLES	81,735	101,621
NET ASSETS AVAILABLE FOR BENEFITS	$ 7,019,662	$ 7,856,508

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, 2011

ADDITIONS	
ADDITIONS TO NET ASSETS ATTRIBUTED TO:	
INTEREST AND DIVIDENDS	$ 152,114
INTEREST INCOME ON NOTES RECEIVABLE FROM PARTICIPANTS	4,686
CONTRIBUTIONS	
Participants	521,151
Rollover	60,210
TOTAL CONTRIBUTIONS	581,361
TOTAL ADDITIONS	738,161
DEDUCTIONS	
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
NET DEPRECIATION IN FAIR VALUE OF MUTUAL FUNDS	271,305
BENEFITS PAID TO PARTICIPANTS	1,205,351
ADMINISTRATIVE FEES	98,351
TOTAL DEDUCTIONS	1,575,007
NET DECREASE IN NET ASSETS	(836,846)
NET ASSETS AVAILABLE FOR BENEFITS AT BEGINNING OF YEAR	7,856,508
NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR	$ 7,019,662

See accompanying notes to financial statements.

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

NOTES TO FINANCIAL STATEMENTS

December 31, 2011

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.

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.

Effective January 1, 2011, the Plan's assets were transferred to a new custodian, MG Trust Company, LLC. ("MG Trust"). The Plan also engaged a new investment advisor, Horizon Investments, LLC and changed its record keeper from Ascensus, Inc. to Benefit Solutions Corporation. To prepare for the transfer, a black-out period from December 23, 2010 to January 10, 2011 was observed. Outstanding investments were converted to cash and re-invested in a new portfolio of investment funds in January 2011.

Employer Contributions – The Company may make discretionary matching contributions equal to a percentage of the participant's elective deferrals. Through February 2010, the Company contributed an amount equal to 50% of each respective participant's deferral, limited to $2,000 per participant. Beginning January 1, 2012, the Company will contribute $0.25 per $1.00 up to $1,000 per year. No further discretionary matching contributions were made in 2010 and 2011. 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, 2011, the Company did not make profit-sharing contributions to the Plan.

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

Participant Contributions – Participant contributions are made in the form of pre-tax deferred and/or after-tax ("Roth" deferrals) salary reductions. Participant contributions are limited to a maximum of $16,500 for the year ended December 31, 2011 plus annual catch-up contributions of $5,500 for participants who are at least 50 years of age during the year. Participants may rollover amounts representing distributions from an eligible retirement plan.

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.

Effective January 1, 2011, the Plan was amended to revise the vesting schedule for the Company's discretionary profit sharing contributions from a six-year graded schedule to a three-year graded vesting schedule as follows:

Years of Credited Service	Amount Vested
1 or Less	0%
2	20%
3 and Over	100%

Investment Options – Upon enrollment in the Plan, a participant is allowed to direct the investments of his or her account balance into various investment funds offered through MG Trust, the Plan's custodian.

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

Notes Receivable from Participants – 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 5.25% until revised by the Plan administrator. At December 31, 2011, interest rates on outstanding loans ranged from 5.25% to 10.25% with maturity dates ranging from January 2012 to September 2016. Principal and interest are repaid ratably through semi-monthly payroll deductions. Participants are allowed to repay the entire outstanding balance of the loan (including any accrued interest) within a reasonable period following termination of employment. The participants' vested account balance will be reduced for any remaining unpaid loan balance. Alternatively, a participant may rollover any unpaid loan to a qualified plan maintained by another employer, provided such employer will accept a loan rollover.

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.

Forfeited Accounts – The non-vested portion of a terminated participant's account balance is forfeited. Forfeitures may be applied to pay for plan expenses and to reduce future employer contributions at the discretion of the Company. The forfeiture balance was $33 and $0 at December 31, 2011 and 2010, respectively.

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

Investment Fees – Investment fees are netted against net appreciation or depreciation in the fair value of investments.

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.

Adoption of New Accounting Standards – In January 2010, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") 2010-06, *Improving Disclosures about Fair Value Measurements.* ASU 2010-06 amended Accounting Standards Codification ("ASC") topic 820, *Fair Value Measurements and Disclosures*, to clarify certain existing fair value disclosures and to require a number of additional disclosures. These requirements were effective for the year ended December 31, 2010; however, the requirement to present changes in Level 3 measurements on a gross basis was effective for the year ended December 31, 2011. Since ASU 2010-06 only affects fair value measurement disclosures, adoption of ASU 2010-06 did not have an effect on the Plan's net assets available for benefits or its changes in net assets available for benefits.

In May 2011, the FASB issued ASU 2011-04, *Amendments to Achieve Common Fair Value Measurements and Disclosure Requirements in U.S. Generally Accepted Accounting Principles* ("GAAP") *and International Financial Reporting Standards* ("IFRSs"). ASU 2011-04 amended ASC topic 820 to converge the fair value measurement guidance in U.S. GAAP and IFRSs. Some of the amendments clarify the application of existing fair value measurement requirements, while other amendments change a particular principle or requirement for measuring fair value. In addition, ASU 2011-04 requires additional fair value disclosures, although certain of these new disclosures will not be required for nonpublic entities. The amendments are to be applied prospectively and are effective for the year ending December 31, 2012. Plan management is currently evaluating the effect that the provisions of ASU 2011-04 will have on the Plan's financial statements.

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, liabilities, and 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.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

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.

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

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

Payments of Benefits – Benefits are recorded when paid.

NOTE 3 – FAIR VALUE MEASUREMENTS

The *Fair Value Measurements and Disclosures* topic of the FASB ASC provides 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 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under this standard 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, 2011 and 2010.

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.

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 Plan administrator has determined that the Plan's investments are all Level 1 within the fair value hierarchy. The fair value of these investments by class as of December 31, 2011 and 2010 are as follows:

	2011	2010
Cash and Cash Equivalents	$ 100,012	$ 616,977
Mutual Funds:		
Money Market Fund	1,115,505	-
Equity Funds	1,647,629	3,619,915
Fixed Income Funds	2,497,410	1,652,572
Balanced Funds	1,497,509	105,883
International Funds	79,862	1,431,034
Specialty Funds	-	328,506
Total Mutual Funds	6,837,915	7,137,910
Total Investments at Fair Value	$ 6,937,927	$ 7,754,887

NOTE 4 – INFORMATION CERTIFIED BY THE CUSTODIAN AND 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, MG Trust, the current custodian of the Plan, has certified to the completeness and accuracy of the investment information reflected on the accompanying Statement of Net Assets Available for Benefits as of December 31, 2011, the supplemental Schedule H, line 4i –Schedule of Assets (Held at End of Year) as of December 31, 2011, and the investment information included in the notes to financial statements and the related investment activity reflected in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2011. Ascensus, Inc., as agent of Frontier Trust Company, the former trustee of the Plan, has certified to the completeness and accuracy of the investment information reflected in the accompanying Statements of Net Assets Available for Benefits and related notes as of December 31, 2010. All investments are in participant directed funds.

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

The following table represents the fair value of investments that was certified by MG Trust as of December 31, 2011 and by Ascensus as of December 31, 2010. Assets representing greater than 5% of net assets are individually identified (including similar mutual funds when combined), except cash and cash equivalents.

	2011	2010
Cash and Cash Equivalents:		
Cash	$ 100,012	$ 16
GM Ready Assets Prime Money Fund	-	187,951
BlackRock Ready Assets Prime Money	-	429,010
Total Cash and Cash Equivalents	100,012	616,977
Mutual Funds:		
Gabelli US Treasury Money Market Fund	1,115,505	-
Dreyfus Basic US Mortgage Securities	441,636	-
Eaton Vance Govt Obligations – A	536,078	-
Invesco U.S. Govt Fund – A	407,242	-
Rydex Nova Fund – Adv	793,365	-
Rydex SRS FDS Russell 2000 Fund A	651,074	-
Rydex Retailing Adv	382,620	-
T. Rowe Price US Treasury Intermediate	592,341	-
Vanguard Growth Index Fund – Inv	434,131	-
Vanguard Value Index Fund – Inv	399,630	-
Allianz NFJ Dividend Value	-	292,546
American Funds Europacific Growth R3	-	329,235
American Funds Growth Fund of America R3	-	269,361
BlackRock Large Cap Core Fund	-	468,659
Dreyfus International Value	-	401,589
GM Allianz NFJ Dividend Value	-	589,018
GM American Funds Europacific Growth R3	-	618,060
GM American Funds Growth Fund of America R3	-	442,478

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

	2011	2010
Mutual Funds (Continued):		
GM Goldman Sachs Government Income A	$ -	$ 417,388
GM Hotchkis and Wiley Mid Cap Value Fund A	-	188,616
GM PIMCO Total Return Fund A	-	527,144
GM Invesco Capital Development A	-	141,226
Invesco Capital Development A	-	352,824
Goldman Sachs Government Income A	-	213,335
Hotchkis and Wiley Mid Cap Value Fund A	-	296,006
PIMCO Total Return Fund A	-	494,705
All Other Mutual Funds	1,084,293	1,095,720
Total Mutual Funds	6,837,915	7,137,910
Total Investments at Fair Value	$ 6,937,927	$ 7,754,887

The following is a summary of investment income (loss) information certified by MG Trust for the year ended December 31, 2011:

Investment Income (Loss):	
Net Depreciation in Fair Value of Mutual Funds	$ (271,305)
Interest and Dividends	152,114
Net Investment Loss	$ (119,191)

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 5 – TAX STATUS (Continued)

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the federal and state taxing authorities. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2011, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2008.

NOTE 6 – RELATED PARTY TRANSACTIONS

Certain Plan investments are in the cash accounts of MG Trust Company LLC, custodian of the Plan. 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 custodian. 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.

NOTE 9 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of the financial statements to Form 5500 as of and for the year ended December 31, 2011:

a.	Net Assets Available for Benefits per the Financial Statements	$ 7,019,662
	Reconciling Item: Benefit Claims Payable on Form 5500 Not on Financial Statements	6,328
	Net Assets Available for Benefits per Form 5500	$ 7,013,334
b.	Net Decrease in Net Assets per the Financial Statements	$ 836,846
	Reconciling Item: Benefit Claims Payable on Form 5500 Not on Financial Statements	6,328
	Decrease in Net Assets per Form 5500	$ 843,174

NOTE 10 – SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 12, 2012, the date the financial statements were available to be issued.

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, 2011

(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 and Cash Equivalents:				
*	MG Trust Company LLC	Cash			^	$ 100,012
		Mutual Funds:				
	American Century Investments	AM Century Zero Coupon 2015-Adv	2,182	Shares	^	238,065
	American Century Investments	AM Century Zero Coupon 2020-Adv	1,178	Shares	^	107,704
	Cohen & Steers	Cohen & Steers Instl Realty Shares	1,832	Shares	^	111,447
	Columbia	Columbia Acorn Fund - a 1971	78	Shares	^	2,071
	Dreyfus	Dreyfus Basic US Mortgage Securities	26,303	Shares	^	441,636
	Dreyfus	Dreyfus Growth & Income Fund	48	Shares	^	652
	Eaton Vance	Eaton Vance Govt Obligations -A	71,764	Shares	^	536,078
	Eaton Vance	Eaton Vance Strategic Income -A	15	Shares	^	118
	American Funds	Europacific Growth Fund	310	Shares	^	10,908
	Fidelity Investments	Fidelity Advisor Small Cap A	5	Shares	^	101
	Fidelity Investments	Fidelity Contrafund	780	Shares	^	52,636
	Gabelli	Gabelli US Treasury Money Market Fund	1,115,505	Shares	^	1,115,505
	Invesco	Invesco U.S. Govt Fund - A	43,602	Shares	^	407,242
	Jensen	Jensen Portfolio - J	6	Shares	^	167
	Oppenheimer Funds	Oppenheimer Global Fund- A	2,570	Shares	^	138,890
	PIMCO	Pimco Total Return - A	145	Shares	^	1,574
	Pioneer Investments	Pioneer Equity Income Fund - A	38	Shares	^	1,014
	Prudential Investments	Prudential Jennison Select Growth A	5	Shares	^	44
	Guggenheim Investments	Rydex Basic Materials Fund - A	38	Shares	^	1,626
	Guggenheim Investments	Rydex Energy Fund - Adv	76	Shares	^	1,653
	Guggenheim Investments	Rydex Nova Fund - Adv	37,942	Shares	^	793,365
	Guggenheim Investments	Rydex Retailing Adv	26,945	Shares	^	382,620
	Guggenheim Investments	Rydex SRS FDS Russell 2000 Fund A	25,877	Shares	^	651,074
	T. Rowe Price	T Rowe Price US Treasury Intermediate	94,775	Shares	^	592,341
	Vanguard	Vanguard 500 Index Fund	170	Shares	^	19,670
	Vanguard	Vanguard Growth Index Fund '	13,656	Shares	^	434,131
	Vanguard	Vanguard High-Yield Corp Fund	6	Shares	^	34
	Vanguard	Vanguard Mid-Cap Growth Index	1,316	Shares	^	30,832
	Vanguard	Vanguard Mid-Cap Index Fund	1,139	Shares	^	22,391
	Vanguard	Vanguard Mid-Cap Value Index	571	Shares	^	11,620
	Vanguard	Vanguard Small-Cap Growth Index Fund	2,976	Shares	^	63,963
	Vanguard	Vanguard Small-Cap Value Index	973	Shares	^	14,633
	Vanguard	Vanguard Total Bond Market Index Fund	15,692	Shares	^	172,618
	Vanguard	Vanguard Value Index Fund	19,523	Shares	^	399,630
	Vanguard	Vanguard MSCI Emerging Markets ETF	2,090	Shares	^	79,862
						6,837,915
*	Notes Receivable from Participants	13 Loans receivable bearing interest ranging from 5.25% to 10.25%, maturing between January 2012 and September 2016			-	77,115
						$ 7,015,042

* Denotes Party-In-Interest as defined by ERISA.

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

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, 2011

(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 and Cash Equivalents:				
*	MG Trust Company LLC	Cash			^	$ 100,012
		Mutual Funds:				
	American Century Investments	AM Century Zero Coupon 2015-Adv	2,182	Shares	^	238,065
	American Century Investments	AM Century Zero Coupon 2020-Adv	1,178	Shares	^	107,704
	Cohen & Steers	Cohen & Steers Instl Realty Shares	1,832	Shares	^	111,447
	Columbia	Columbia Acorn Fund - a 1971	78	Shares	^	2,071
	Dreyfus	Dreyfus Basic US Mortgage Securities	26,303	Shares	^	441,636
	Dreyfus	Dreyfus Growth & Income Fund	48	Shares	^	652
	Eaton Vance	Eaton Vance Govt Obligations -A	71,764	Shares	^	536,078
	Eaton Vance	Eaton Vance Strategic Income -A	15	Shares	^	118
	American Funds	Europacific Growth Fund	310	Shares	^	10,908
	Fidelity Investments	Fidelity Advisor Small Cap A	5	Shares	^	101
	Fidelity Investments	Fidelity Contrafund	780	Shares	^	52,636
	Gabelli	Gabelli US Treasury Money Market Fund	1,115,505	Shares	^	1,115,505
	Invesco	Invesco U.S. Govt Fund - A	43,602	Shares	^	407,242
	Jensen	Jensen Portfolio - J	6	Shares	^	167
	Oppenheimer Funds	Oppenheimer Global Fund- A	2,570	Shares	^	138,890
	PIMCO	Pimco Total Return - A	145	Shares	^	1,574
	Pioneer Investments	Pioneer Equity Income Fund - A	38	Shares	^	1,014
	Prudential Investments	Prudential Jennison Select Growth A	5	Shares	^	44
	Guggenheim Investments	Rydex Basic Materials Fund - A	38	Shares	^	1,626
	Guggenheim Investments	Rydex Energy Fund - Adv	76	Shares	^	1,653
	Guggenheim Investments	Rydex Nova Fund - Adv	37,942	Shares	^	793,365
	Guggenheim Investments	Rydex Retailing Adv	26,945	Shares	^	382,620
	Guggenheim Investments	Rydex SRS FDS Russell 2000 Fund A	25,877	Shares	^	651,074
	T. Rowe Price	T Rowe Price US Treasury Intermediate	94,775	Shares	^	592,341
	Vanguard	Vanguard 500 Index Fund	170	Shares	^	19,670
	Vanguard	Vanguard Growth Index Fund '	13,656	Shares	^	434,131
	Vanguard	Vanguard High-Yield Corp Fund	6	Shares	^	34
	Vanguard	Vanguard Mid-Cap Growth Index	1,316	Shares	^	30,832
	Vanguard	Vanguard Mid-Cap Index Fund	1,139	Shares	^	22,391
	Vanguard	Vanguard Mid-Cap Value Index	571	Shares	^	11,620
	Vanguard	Vanguard Small-Cap Growth Index Fund	2,976	Shares	^	63,963
	Vanguard	Vanguard Small-Cap Value Index	973	Shares	^	14,633
	Vanguard	Vanguard Total Bond Market Index Fund	15,692	Shares	^	172,618
	Vanguard	Vanguard Value Index Fund	19,523	Shares	^	399,630
	Vanguard	Vanguard MSCI Emerging Markets ETF	2,090	Shares	^	79,862
						6,837,915
*	Notes Receivable from Participants	13 Loans receivable bearing interest ranging from 5.25% to 10.25%, maturing between January 2012 and September 2016			-	77,115
						$ 7,015,042

* Denotes Party-In-Interest as defined by ERISA.

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