

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 2013 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ 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:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information								
1a Name of plan TORRES AES 401(K) PROFIT SHARING PLAN	<table border="1"> <tr> <td>1b Three-digit plan number (PN) ►</td> <td>001</td> </tr> <tr> <td>1c Effective date of plan</td> <td>01/01/2006</td> </tr> </table>	1b Three-digit plan number (PN) ►	001	1c Effective date of plan	01/01/2006				
1b Three-digit plan number (PN) ►	001								
1c Effective date of plan	01/01/2006								
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) TORRES ADVANCED ENTERPRISE SOLUTIONS, LLC 2755 HARTLAND ROAD SUITE 300 FALLS CHURCH, VA 22043	<table border="1"> <tr> <td>2b Employer Identification Number (EIN)</td> <td>02-0629502</td> </tr> <tr> <td>2c Sponsor's telephone number</td> <td>703-527-8088</td> </tr> <tr> <td>2d Business code (see instructions)</td> <td>541511</td> </tr> <tr> <td colspan="2"></td> </tr> </table>	2b Employer Identification Number (EIN)	02-0629502	2c Sponsor's telephone number	703-527-8088	2d Business code (see instructions)	541511		
2b Employer Identification Number (EIN)	02-0629502								
2c Sponsor's telephone number	703-527-8088								
2d Business code (see instructions)	541511								

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.	09/11/2014	AARON BENSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/11/2014	JERRY TORRES
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN	
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		3c Administrator's telephone number 4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year		5	379
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	84
b Retired or separated participants receiving benefits		6b	0
c Other retired or separated participants entitled to future benefits		6c	56
d Subtotal. Add lines 6a , 6b , and 6c		6d	140
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	
f Total. Add lines 6d and 6e		6f	140
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	76
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 Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013		
A Name of plan TORRES AES 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 TORRES ADVANCED ENTERPRISE SOLUTIONS, LLC		
D Employer Identification Number (EIN) 02-0629502		

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

(a) Name of insurance carrier
JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
01-0233346	65838	103856	208	01/01/2013	12/31/2013

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
4914	2485

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
UNIGLOBAL PENSION PLANNING INC 10432 BALLS FORD ROAD #100 MANASSAS, VA 20109

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	2485	TPA FEES AND COMPENSATION	5

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4914			3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	0
5 Current value of plan's interest under this contract in separate accounts at year end	5	1484447

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GROUP ANNUITY**

b Balance at the end of the previous year	7b	0
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c Additions: (1) Contributions deposited during the year	7c(1)		
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)		
(4) Transferred from separate account	7c(4)		
(5) Other (specify below)	7c(5)		
▶			

(6) Total additions

7c(6)**0**

d Total of balance and additions (add lines 7b and 7c(6))	7d	0
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
(2) Administration charge made by carrier	7e(2)		
(3) Transferred to separate account	7e(3)		
(4) Other (specify below)	7e(4)		
▶			

(5) Total deductions

7e(5)**0**

f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	
Specify nature of costs ▶		

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2013
		This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan <u>TORRES AES 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TORRES ADVANCED ENTERPRISE SOLUTIONS, LLC</u>	D Employer Identification Number (EIN) <u>02-0629502</u>

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	
<u>JOHN HANCOCK LIFE INSURANCE COMPANY</u>	<u>RETIREMENT PLAN SERVICES, ET9</u>
	<u>P.O. BOX 600</u>
	<u>BUFFALO, NY 14201-0600</u>
<u>01-0233346</u>	

(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)

(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 ☐

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

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2013 This Form is Open to Public Inspection.
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan <u>TORRES AES 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TORRES ADVANCED ENTERPRISE SOLUTIONS, LLC</u>	D Employer Identification Number (EIN) <u>02-0629502</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD SMALL CAP GROW INDEX</u>			
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>			
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3755</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>UTILITIES FUND</u>			
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>			
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>31061</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TEMPLETON GLOBAL BOND FUND</u>			
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>			
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5791</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>T. ROWE PRICE SCI & TECH</u>			
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>			
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7618</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>T. ROWE PRICE HEALTH SCI</u>			
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>			
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>77094</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>REAL EST. SECURITIES FUND</u>			
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>			
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>22906</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PIMCO REAL RETURN</u>			
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>			
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>31072</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE: [PIMCO COMMODITY REAL RETURN](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5015
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a Name of MTIA, CCT, PSA, or 103-12 IE: [NATURAL RESOURCES FUND](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12752
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a Name of MTIA, CCT, PSA, or 103-12 IE: [JOHN HANCOCK DISCIPLINED VALUE](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18962
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a Name of MTIA, CCT, PSA, or 103-12 IE: [JH THRU 2050 ACTIVE STRATEGY](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 97126
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a Name of MTIA, CCT, PSA, or 103-12 IE: [JH THRU 2045 ACTIVE STRATEGY](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 58937
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a Name of MTIA, CCT, PSA, or 103-12 IE: [JH THRU 2040 ACTIVE STRATEGY](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 76173
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a Name of MTIA, CCT, PSA, or 103-12 IE: [JH THRU 2035 ACTIVE STRATEGY](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30377
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a Name of MTIA, CCT, PSA, or 103-12 IE: [JH THRU 2030 ACTIVE STRATEGY](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27778
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a Name of MTIA, CCT, PSA, or 103-12 IE: [JH THRU 2025 ACTIVE STRATEGY](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 159464
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a Name of MTIA, CCT, PSA, or 103-12 IE: [JH THRU 2020 ACTIVE STRATEGY](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 132972
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a Name of MTIA, CCT, PSA, or 103-12 IE: JH THRU 2015 ACTIVE STRATEGY		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 393726
a Name of MTIA, CCT, PSA, or 103-12 IE: JH THRU 2010 ACTIVE STRATEGY		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 579
a Name of MTIA, CCT, PSA, or 103-12 IE: JH LS MOD ACTIVE STRATEGY		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 81186
a Name of MTIA, CCT, PSA, or 103-12 IE: JH LS GROW ACTIVE STRATEGY		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 52091
a Name of MTIA, CCT, PSA, or 103-12 IE: JH LS CON ACTIVE STRATEGY		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 45794
a Name of MTIA, CCT, PSA, or 103-12 IE: JH LS BAL ACTIVE STRATEGY		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5921
a Name of MTIA, CCT, PSA, or 103-12 IE: JH LS AGG ACTIVE STRATEGY		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2604
a Name of MTIA, CCT, PSA, or 103-12 IE: IVY ASSET STRATEGY FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14529
a Name of MTIA, CCT, PSA, or 103-12 IE: HIGH YIELD FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20227
a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN SMALL-MID GROWTH		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7111

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADVISOR GOLD FUND**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7175
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a Name of MTIA, CCT, PSA, or 103-12 IE: DFA US TARGETED VALUE FUND**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9087
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a Name of MTIA, CCT, PSA, or 103-12 IE: DFA U.S. SMALL CAP FUND**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8985
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a Name of MTIA, CCT, PSA, or 103-12 IE: DFA EMERGING MARKETS VALUE**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14617
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a Name of MTIA, CCT, PSA, or 103-12 IE: CORE BOND FUND**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13870
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a Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL APPRECIATION FUND**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 222
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a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK GLOBAL ALLOCATION**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7870
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs)

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013		
A Name of plan TORRES AES 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 TORRES ADVANCED ENTERPRISE SOLUTIONS, LLC	D Employer Identification Number (EIN) 02-0629502	

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	738	708
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions.....	1b(2)	0	5536
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(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)	3115	0
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	1354384	1484447
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(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	1358237	1490691

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 through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	1358237	1490691
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	840	
(B) Participants	2a(1)(B)	166076	
(C) Others (including rollovers)	2a(1)(C)	77229	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		244145

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)	102	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		102

(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)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		207446
(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)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		451693

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	310838	
(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)		310838
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)	8401	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		8401
j Total expenses. Add all expense amounts in column (b) and enter total	2j		319239

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		132454
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) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: CHERRY BEKAERT, LLP

(2) EIN: 56-0574444

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

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

Part IV Compliance Questions

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

During the plan year:

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.)

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.)

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		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.)		X	
e Was this plan covered by a fidelity bond?	X		135823
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.)	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.)		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?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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.			

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

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

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

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

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection.
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan <u>TORRES AES 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TORRES ADVANCED ENTERPRISE SOLUTIONS, LLC</u>	D Employer Identification Number (EIN) <u>02-0629502</u>

Part I	Distributions
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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	<u>0</u>
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): <u>01-0233346</u>		
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 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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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
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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
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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.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

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

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

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

**TORRES AES 401(K)
PROFIT SHARING PLAN**

**FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULES**

*As of December 31, 2013 and 2012 and for the Year
Ended December 31, 2013*

And Report of Independent Auditor

TORRES AES 401(K) PROFIT SHARING PLAN
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Note: All other schedules required by Section 2520.130-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Security Act of 1974 have been omitted because they are not applicable.

Report of Independent Auditor

The Participants and Plan Administrator of the
Torres AES 401(k) Profit Sharing Plan
Falls Church, Virginia

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Torres AES 401(k) Profit Sharing Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2013, and the related statement of changes in net assets available for benefits for the year ended December 31, 2013, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by John Hancock Life Insurance Company U.S.A., the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the custodian as of and for the year ended December 31, 2013, that the information provided to the Plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

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

Other Matter – 2012 Financial Statements

The statement of net assets available for benefits of the Plan as of December 31, 2012, was audited by predecessor auditors. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator instructed the predecessor auditors not to perform and they did not perform, any auditing procedures with respect to the information certified by the custodian. Their report dated September 20, 2013, indicated that (a) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the statement of net assets available for benefits (b) the form and content of the information included in the statement of net assets available for benefits other than that derived from the information certified by the trustee, were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Other Matter – Supplemental Schedules

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2013 and Schedule of Delinquent Participant Contributions for the year ended December 31, 2013, are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on the supplemental schedules.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the 2013 financial statements and supplemental schedules, other than that derived from the information certified by the custodian 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

A handwritten signature in black ink that reads "CHERRY BECKETT LLP". The letters are written in a cursive, slightly stylized font.

Tysons Corner, Virginia
September 2, 2014

TORRES AES 401(K) PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2013 AND 2012

	2013	2012
Assets		
Investments, at fair value	\$ 1,485,155	\$ 1,355,122
Receivables		
Participant contributions	5,536	-
Notes receivable from participants	-	3,115
Total receivables	5,536	3,115
Total Assets	1,490,691	1,358,237
Net Assets Available for Benefits	<u>\$ 1,490,691</u>	<u>\$ 1,358,237</u>

TORRES AES 401(K) PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEAR ENDED DECEMBER 31, 2013

Additions

Net appreciation in fair value of investments \$ 207,446

Contributions

Participant contributions 166,076

Employer contributions 840

Participant rollovers 77,229

Total contributions 244,145

Interest income on notes receivable from participants 102

Total additions 451,693

Deductions

Benefits paid to participants 310,838

Administrative expenses 8,401

Total deductions 319,239

Net increase in net assets available for benefits 132,454

Net assets available for benefits, beginning of year 1,358,237

Net assets available for benefits, end of year \$ 1,490,691

TORRES AES 401(K) PROFIT SHARING PLAN

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2013

Note 1 – Description of plan

The following description of the Torres AES 401(k) Profit Sharing Plan (the “Plan”) is provided for general purposes only. Participants should refer to the Plan agreement, as amended and restated, for a more complete description of the Plan’s provisions.

General – The Plan was established on January 1, 2006 and was most recently amended and restated effective January 1, 2012. The Plan is a defined contribution plan covering substantially all of the employees of Torres Advanced Enterprise Solutions, LLC (the “Company” or “Employer” or “Plan Sponsor”). The Plan is intended to qualify under Section 401(k) of the Internal Revenue Code (“IRC”) and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

The Plan’s assets were held in the custody of John Hancock Life Insurance Company (U.S.A.) (John Hancock).

Administrative Expenses – The Plan is administered by the Plan Sponsor. Certain administrative functions are performed by officers or employees of the Plan Sponsor. No such officer or employee receives compensation from the Plan. Substantially all administrative expenses are paid directly by the Plan Sponsor.

Participant Contributions – Participants may contribute a percentage of their eligible compensation, as defined in the Plan, on a pre-tax basis subject to statutory limitations of the IRC. Participants may also designate all or a portion of their elections as Roth elective deferrals. In addition, participants 50 years of age or older may elect to make a catch-up deferral contribution of up to \$5,500 for the year ended December 31, 2013. Distributions from other qualified retirement plans can also be contributed to the Plan and retained as a rollover contribution.

Employer Contributions – The Company may make a discretionary matching contribution and profit sharing contribution to the Plan, with the amounts determined annually. Plan Sponsor discretionary contributions and forfeitures are allocated to participants based on total compensation of all participants. There were no discretionary matching contributions made during the year ended December 31, 2013. Each year the Company may also make a qualified non-elective contribution (“QNEC”), to be allocated to non-highly compensated eligible employees. QNEC contributions for the year ended December 31, 2013 were \$840. Contributions are subject to certain limitations.

Vesting – Participants are immediately vested in their salary deferral contributions, rollover contributions, and qualified non-elective contributions, plus actual earnings thereon. Participants may direct the investment of contributions on a daily basis into various investment options offered by the Plan. A participant also becomes 100% vested upon death, becoming disabled, or reaching retirement age, as defined by the Plan.

Plan Sponsor discretionary matching and profit sharing contributions vest as follows:

<u>Years of Service</u>	<u>Percent Vested</u>
Less than 1	0%
1 but less than 2	10%
2 but less than 3	40%
3 but less than 4	70%
4 or more	100%

Participant Accounts – Individual accounts are maintained for each participant and include participants’ salary deferral contribution and rollover contributions, plus an allocation of the Plan Sponsor’s discretionary matching contribution (if any), discretionary profit sharing contribution (if any), QNEC contribution (if any) and plan earnings (losses), including realized and unrealized gains and losses on investments, and Plan expenses. Allocations are based on participant earnings or account balances, as defined.

TORRES AES 401(K) PROFIT SHARING PLAN

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2013

Note 1 – Description of plan (continued)

Forfeitures – Terminating participants forfeit non-vested Plan Sponsor discretionary matching contributions. Remaining forfeitures shall be applied against Plan Sponsor contributions in accordance with specific Plan provisions. At December 31, 2013 and 2012, forfeited non-vested accounts totaled \$708 and \$738, respectively. During the year ended December 31, 2013, no forfeitures were used to reduce Plan Sponsor contributions.

Payment of Benefits – On termination of service, a participant (or designated beneficiary) may elect to receive an amount equal to the value of the participant's vested interest in his or her account. The Plan allows for distributions upon termination of service, death, disability, attainment of age 59 ½, or in certain hardship situations. A participant may elect to receive a lump sum payment, an annuity, or may roll over the value of their account into another qualified plan. In the event a participant terminates or retires and the participant's vested account balance is less than \$1,000, the balance will either be rolled into an IRA or paid out as a lump sum distribution at the discretion of the Company.

The Plan also allows, in certain hardship situations as defined in the Plan, participants to withdraw from their account balances while actively employed. These hardship withdrawals are subject to IRC restrictions and penalties.

Notes Receivable from Participants – Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their eligible account balance, reduced by any outstanding note balance. Participants may have only one outstanding note during a period of twelve consecutive months. Notes must be repaid within 5 years unless it is for the purchase of a primary residence. The notes are secured by the balance in the participant's account and bear interest at a rate, as determined by the Plan administrator.

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

Investment Options – Participants may direct John Hancock, the custodian, as to the investment of their account balances in accordance with guidelines established by the Plan. Participants may change their investment elections at any time. Transfers of account balances between elected investment options may also be made at any time.

Note 2 – Summary of significant accounting policies

Basis of Accounting – The financial statements of the Plan are prepared in accordance with accounting principles generally accepted in the United States of America ("GAAP").

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.

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

Benefits Paid to Participants – Benefits paid to participants are recorded when paid.

TORRES AES 401(K) PROFIT SHARING PLAN

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2013

Note 2 – Summary of significant accounting policies (continued)

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

Risks and Uncertainties – The Plan provides for various investment fund options. Investments are exposed to various risks such as interest rate, market, and credit. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statement of changes in net assets available for benefits.

Fair Value Measurements – Financial Accounting Standards Board (“FASB”) Accounting Standards Codification (“ASC”) 820, Fair Value Measurement and Disclosures, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets and liabilities (Level 1 measurement) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 – Inputs to the valuation methodology are quoted prices available in active markets for identical investments as of the reporting date;

Level 2 – Inputs to the valuation methodology are other than quoted prices in active markets, which are either directly or indirectly observable as of the reporting date, and fair value can be determined through the use of models or other valuation methodologies; and

Level 3 – Inputs to the valuation methodology are unobservable inputs in situations where there is little or no market activity for the asset or liability and the reporting entity makes estimates and assumptions related to the pricing of the asset or liability including assumptions regarding risk.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. The following is a description of the valuation methodologies used for instruments measured at fair value, including the general classification of such instruments pursuant to the valuation hierarchy.

Pooled separate accounts – These investments are public investment vehicles valued using the Net Asset Value (“NAV”) provided by the administrator of the fund. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The NAV is a quoted price in an active market and is classified within Level 1 of the valuation hierarchy.

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

TORRES AES 401(K) PROFIT SHARING PLAN

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2013

Note 3 – Investments

Investments consist of various pooled separate accounts that allow participants to diversify their holdings. Participants are afforded several investment options covering a wide range of investment objectives and risk. Participants may allocate their contributions on a daily basis across these options in any proportion they wish. Transfers of account balances between elected investment options may also be made at any time.

The fair values of individual investments that represent 5% or more of the Plan's net assets available for benefits are as follows:

	2013	2012
Retirement Living Fund through 2015	\$ 393,726	\$ 316,317
Retirement Living Fund through 2020	132,972	186,667
Retirement Living Fund through 2025	159,464	128,949
Retirement Living Fund through 2040	76,173	116,100
Retirement Living Fund through 2045	*	71,273
Retirement Living Fund through 2050	97,126	115,146
Lifestyle Moderate Fund	81,186	*
T. Rowe Price Health Sciences Fund	77,094	*

* Investment less than 5% of the Plan's net assets available for benefits at end of Plan year.

During the Plan year ended December 31, 2013, the Plan's investments in pooled separate accounts (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$207,446.

Note 4 – Tax status

The prototype plan adopted by the Plan obtained its latest determination letter on March 31, 2008, in which the Internal Revenue Service ("IRS") stated that the prototype plan, as then designed, was in compliance with the applicable requirements of the IRC. The prototype plan has been amended since receiving the determination letter. The Plan has not received a determination letter specific to the Plan itself, however, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC and has no income subject to business income tax and therefore, the Plan continues to be tax-exempt.

GAAP requires Plan management to evaluate the 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 IRS. Plan management has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2013 and 2012, 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 audit by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Plan Management believes it is no longer subject to income tax examinations for years prior to December 31, 2010.

TORRES AES 401(K) PROFIT SHARING PLAN

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2013

Note 5 – Plan termination

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of the Plan's termination, participants will become fully vested in their accounts.

Note 6 – Information prepared and certified by John Hancock Life Insurance Company (U.S.A.)

The Plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by John Hancock Life Insurance Company (U.S.A.), the custodian of the Plan, except for comparing such information certified by the custodian to information included in the Plan's financial statements and supplemental schedule of assets held at end of year.

The custodian has supplied the Plan administrator with a certification as to the completeness and accuracy of certain investment information presented in the accompanying statements of net assets available for benefits as of December 31, 2013 and 2012, the statement of changes in net assets available for benefits for the year ended December 31, 2013, and the supplemental schedule of assets held at end of year as of December 31, 2013.

	2013	2012
Investments at fair value:		
Pooled separate accounts	\$ 1,485,155	\$ 1,355,122
Notes receivable from participants	\$ -	
Net appreciation in fair value of investments	\$ 207,446	
Interest and dividend income	\$ -	
Interest income on notes receivable from participants	\$ 102	

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

Note 7 – Parties-in-interest

Certain Plan investments are shares of units of pooled separate accounts managed by John Hancock, and therefore, these transactions qualify as parties-in-interest transactions for which a statutory exemption exists. Fees paid to the custodian totaled \$8,401 for the year ended December 31, 2013.

TORRES AES 401(K) PROFIT SHARING PLAN

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2013

Note 8 – Fair value measurements

Below are the Plan's financial instruments carried at fair value on a recurring basis by the Fair Value hierarchy levels described in Note 2

Fair Value Measurements at December 31, 2013

	Level 1	Level 2	Level 3	Total
Pooled separate accounts:				
Lifecycle funds	\$ 977,132	\$ -	\$ -	\$ 977,132
Lifestyle funds	187,597	-	-	187,597
Income funds	70,960	-	-	70,960
Growth funds	7,870	-	-	7,870
Growth and income funds	64,774	-	-	64,774
Aggressive growth funds	176,115	-	-	176,115
Non-interest bearing cash	707	-	-	707
	<u>707</u>	<u>-</u>	<u>-</u>	<u>707</u>
Total assets at fair value	<u>\$ 1,485,155</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 1,485,155</u>

Fair Value Measurements at December 31, 2012

	Level 1	Level 2	Level 3	Total
Pooled separate accounts:				
Mid cap growth funds	\$ 4,841	\$ -	\$ -	\$ 4,841
Small cap growth funds	2,418	-	-	2,418
Global/international funds	18,735	-	-	18,735
Index funds	104,582	-	-	104,582
Mid cap value funds	11,071	-	-	11,071
Small cap value funds	6,425	-	-	6,425
Mid cap blend funds	1,116,694	-	-	1,116,694
Small cap blend funds	6,390	-	-	6,390
Government security funds	13,540	-	-	13,540
Intermediate term bonds funds	69,688	-	-	69,688
Non-interest bearing cash	738	-	-	738
	<u>738</u>	<u>-</u>	<u>-</u>	<u>738</u>
	<u>\$ 1,355,122</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 1,355,122</u>

TORRES AES 401(K) PROFIT SHARING PLAN

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2013

Note 9 – Prohibited transactions

During the year ended December 31, 2013, the Company inadvertently failed to segregate and remit in a timely manner certain participant contributions (salary reduction amounts) from its assets within the required time period as specified by the United States Department of Labor (“DOL”) Reg. 2510.3012. Failure to segregate and remit contributions within the specified time period is a prohibited transaction according to the provisions of ERISA and the IRC. The Company made the deposit after the required time frame and remitted lost earnings associated with the late remittances in 2014.

Note 10 – Subsequent events

The Plan has evaluated subsequent events through September 2, 2014, in connection with the preparation of these financial statements, which is the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULES

TORRES AES 401(K) PROFIT SHARING PLAN
SCHEDULE H, LINE 4I – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
PLAN EIN: 02-0629502, PLAN NUMBER: 001

DECEMBER 31, 2013

(a)	(b) Identity of Issue	(c) Description of Investment Including Maturity Dates, Rates of Interest, Par or Maturity Value	(d) Cost	(e) Current Value
*	Retirement Living Fund through 2010	Pooled Separate Account	\$ -	\$ 579
*	Retirement Living Fund through 2015	Pooled Separate Account	-	393,726
*	Retirement Living Fund through 2020	Pooled Separate Account	-	132,972
*	Retirement Living Fund through 2025	Pooled Separate Account	-	159,464
*	Retirement Living Fund through 2030	Pooled Separate Account	-	27,778
*	Retirement Living Fund through 2035	Pooled Separate Account	-	30,377
*	Retirement Living Fund through 2040	Pooled Separate Account	-	76,173
*	Retirement Living Fund through 2045	Pooled Separate Account	-	58,937
*	Retirement Living Fund through 2050	Pooled Separate Account	-	97,126
*	Lifestyle Conservative Fund	Pooled Separate Account	-	45,794
	PIMCO Real Return Fund	Pooled Separate Account	-	31,072
*	Lifestyle Growth Fund	Pooled Separate Account	-	52,091
	T.Rowe Price Health Sciences Fund	Pooled Separate Account	-	77,094
*	Capital Appreciation Fund	Pooled Separate Account	-	222
*	Utilities Fund	Pooled Separate Account	-	31,061
*	Real Estate Securities Fund	Pooled Separate Account	-	22,906
*	High Yield Fund	Pooled Separate Account	-	20,227
	Fidelity Advisor Gold Fund	Pooled Separate Account	-	7,175
*	Disciplined Value Fund	Pooled Separate Account	-	18,962
*	Core Bond Fund	Pooled Separate Account	-	13,870
	Ivy Asset Strategy Fund	Pooled Separate Account	-	14,529
	BlackRock Global Allocation Fund	Pooled Separate Account	-	7,871
	DFA Emerging Markets Value Fund	Pooled Separate Account	-	14,617
	Templeton Global Bond Fund	Pooled Separate Account	-	5,791
*	Natural Resources Fund	Pooled Separate Account	-	12,752
	DFA US Targeted Value Fund	Pooled Separate Account	-	9,087
	DFA U.S. Small Cap Fund	Pooled Separate Account	-	8,985
	PIMCO Commodity Real Return Fund	Pooled Separate Account	-	5,015
	T. Rowe Price Science & Technology Fund	Pooled Separate Account	-	7,618
	Franklin Small-Mid Growth Fund	Pooled Separate Account	-	7,111
*	Lifestyle Balanced Fund	Pooled Separate Account	-	5,921
*	Small Cap Growth Index Fund	Pooled Separate Account	-	3,755
*	Lifestyle Aggressive Fund	Pooled Separate Account	-	2,604
*	Lifestyle Moderate Fund	Pooled Separate Account	-	81,186
	Non-interest bearing cash		-	707
	Total			<u>\$ 1,485,155</u>

* Denotes a party-in-interest

(d) Cost information is not presented as these are participant directed accounts.

The above information has been certified by John Hancock Life Insurance Company (U.S.A.), the custodian, as complete and accurate.

TORRES AES 401(K) PROFIT SHARING PLAN

SCHEDULE H, LINE 4a – SCHEDULE OF DELINQUENT CONTRIBUTIONS

PLAN EIN: 02-0629502, PLAN NUMBER: 001

YEAR ENDED DECEMBER 31, 2013

		Total that Constitute Nonexempt Prohibited Transactions			
Participant Contributions Transferred Late to Plan	Check Here if Late Participant Loan Repayments are Included	Contributions Not Corrected	Contributions Corrected Outside of VFCP	Contributions Pending correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
\$ 27	x		\$ 27		



STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 103856 THE TRUSTEES OF TORRES ADVANCED
ENTERPRISES 401(K) PROFIT SHARING PLAN
MONEY INVESTED AS OF DECEMBER 31, 2013

Sub-Accounts	John Hancock USA		THE TRUSTEES OF TORRES ADVANCED	
	Total Sub-Accounts		ENTERPRISES 401(K) PROFIT SHARING PLAN	
	Assets	Liabilities*	Total No of Units	Total Value
Retirement Living through 2050	\$	153884405.87	7806.968402	\$ 97125.86
Retirement Living through 2045	\$	666779271.23	4127.284216	\$ 58936.78
Retirement Living through 2040	\$	681431070.10	5331.455657	\$ 76173.02
Retirement Living through 2035	\$	888903249.72	2129.202762	\$ 30376.59
Retirement Living through 2030	\$	1075788786.22	1984.642023	\$ 27778.40
Retirement Living through 2025	\$	1211099209.00	11435.881322	\$ 159463.52
Retirement Living through 2020	\$	1033652391.31	9537.399668	\$ 132972.08
Retirement Living through 2015	\$	598533927.58	28440.439466	\$ 393726.23
Retirement Living through 2010	\$	339344706.44	41.827983	\$ 579.03
Retirement Choices at 2050	\$	261588551.03	.000000	\$ 0.00
Retirement Choices at 2045	\$	382769632.54	.000000	\$ 0.00
Retirement Choices at 2040	\$	517236153.62	.000000	\$ 0.00
Retirement Choices at 2035	\$	735784162.77	.000000	\$ 0.00
Retirement Choices at 2030	\$	922046686.87	.000000	\$ 0.00
Retirement Choices at 2025	\$	1024888930.57	.000000	\$ 0.00
Retirement Choices at 2020	\$	790448518.37	.000000	\$ 0.00
Retirement Choices at 2015	\$	396025078.92	.000000	\$ 0.00
Retirement Choices at 2010	\$	229506378.85	.000000	\$ 0.00
Lifestyle Aggressive	\$	3914818454.44	63.436031	\$ 2603.79
Lifestyle Growth	\$	11345472916.14	1183.869578	\$ 52090.74
Lifestyle Balanced	\$	11814941074.03	132.178269	\$ 5921.44
Lifestyle Moderate	\$	3409936365.56	1782.935034	\$ 81186.46
Lifestyle Conservative	\$	2649102010.24	1001.315756	\$ 45794.33
Russell Equity Growth	\$	41902958.17	.000000	\$ 0.00
Russell Growth	\$	114024306.00	.000000	\$ 0.00
Russell Balanced	\$	131550617.08	.000000	\$ 0.00

*Assets = Liabilities

Note: this report does not reflect transactions processed after December 31, 2013
Cash Basis



STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 103856 THE TRUSTEES OF TORRES ADVANCED
ENTERPRISES 401(K) PROFIT SHARING PLAN
MONEY INVESTED AS OF DECEMBER 31, 2013

Sub-Accounts	John Hancock USA		THE TRUSTEES OF TORRES ADVANCED	
	Total Sub-Accounts		ENTERPRISES 401(K) PROFIT SHARING PLAN	
	Assets	Liabilities*	Total No of Units	Total Value
Russell Moderate	\$	28272100.01	.000000	\$ 0.00
Russell Conservative	\$	17384744.02	.000000	\$ 0.00
Tocqueville Gold Fund	\$	40628.76	.000000	\$ 0.00
Fidelity Advisor Gold Fund	\$	59248959.14	355.285742	\$ 7174.62
Real Est. Securities Fund	\$	439007494.44	379.212941	\$ 22906.16
Natural Resources Fund	\$	117583013.64	323.257550	\$ 12752.06
DFA Emerging Markets Value	\$	221720412.30	357.621228	\$ 14616.81
iShares Gold Trust ETF	\$	73081.69	.000000	\$ 0.00
Royce Opportunity	\$	217999782.94	.000000	\$ 0.00
Intl Small Cap Fund	\$	113913261.18	.000000	\$ 0.00
Fidelity Adv Leveraged Co Stk	\$	66174835.79	.000000	\$ 0.00
Oppenheimer Developing Mkt	\$	668109965.78	.000000	\$ 0.00
PIMCO Commodity Real Return	\$	13331577.23	691.730631	\$ 5015.47
Energy	\$	485486510.80	.000000	\$ 0.00
Dodge & Cox International St	\$	40684724.10	.000000	\$ 0.00
Keeley Small Cap Value	\$	42813061.76	.000000	\$ 0.00
DFA International Value	\$	87691808.28	.000000	\$ 0.00
Aberdeen International Equity	\$	2617509.18	.000000	\$ 0.00
SSgA Mid Growth Index Fund	\$	59392235.90	.000000	\$ 0.00
International Value Fund	\$	271356152.51	.000000	\$ 0.00
DFA US Targeted Value Fund	\$	91588634.37	338.880702	\$ 9086.55
Mid Cap Stock Fund	\$	348311335.30	.000000	\$ 0.00
T. Rowe Price Sci & Tech	\$	363756541.08	117.025151	\$ 7617.88
DFA U.S. Small Cap Fund	\$	223912996.02	234.454659	\$ 8985.42
iShares MSCI EAFE Value ETF	\$	931.10	.000000	\$ 0.00
iShares MSCI EAFE Growth ETF	\$	4040.11	.000000	\$ 0.00

*Assets = Liabilities



STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 103856 THE TRUSTEES OF TORRES ADVANCED
ENTERPRISES 401(K) PROFIT SHARING PLAN
MONEY INVESTED AS OF DECEMBER 31, 2013

Sub-Accounts	John Hancock USA		THE TRUSTEES OF TORRES ADVANCED	
	Total Sub-Accounts		ENTERPRISES 401(K) PROFIT SHARING PLAN	
	Assets and Liabilities*		Total No of Units	Total Value
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Small Cap Growth Index	\$	398097175.98	111.651414	\$ 3754.72
Intl Equity Index Fund	\$	234516666.78	.000000	\$ 0.00
International Core Fund	\$	40136018.92	.000000	\$ 0.00
SMALLCAP World Fund	\$	50103494.11	.000000	\$ 0.00
New World Fund	\$	52605136.65	.000000	\$ 0.00
Science & Technology Fund	\$	233773646.73	.000000	\$ 0.00
Financial Services Fund	\$	108925314.67	.000000	\$ 0.00
Small Cap Index Fund	\$	267217811.35	.000000	\$ 0.00
American Century Heritage	\$	274514339.41	.000000	\$ 0.00
John Hancock Intl Growth	\$	14635975.52	.000000	\$ 0.00
Explorer	\$	72054617.74	.000000	\$ 0.00
Small Cap Growth Fund	\$	118363529.22	.000000	\$ 0.00
Pru Jennison 20/20 Focus Fund	\$	0.00	.000000	\$ 0.00
Inv Small Cap Growth	\$	182933882.51	.000000	\$ 0.00
Oppenheimer Intl Growth Fund	\$	115595954.08	.000000	\$ 0.00
EuroPacific Growth Fund	\$	810108259.03	.000000	\$ 0.00
Franklin Small-Mid Growth	\$	186046209.03	102.104675	\$ 7111.33
Legg Mason ClearBr Agg Growth	\$	219813686.57	.000000	\$ 0.00
Turner Large Growth Fund	\$	0.00	.000000	\$ 0.00
Thornburg International Value	\$	43934144.28	.000000	\$ 0.00
International Growth Fund	\$	55506958.09	.000000	\$ 0.00
T. Rowe Price Health Sci	\$	783541945.87	988.455552	\$ 77093.55
Vanguard Mid-Cap Growth ETF	\$	25687.92	.000000	\$ 0.00
Vanguard Mid-Cap Value ETF	\$	105720.64	.000000	\$ 0.00
Small Cap Opportunities Fund	\$	76125088.07	.000000	\$ 0.00
SSgA Mid Value Index Fund	\$	46150712.22	.000000	\$ 0.00

*Assets = Liabilities



STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 103856 THE TRUSTEES OF TORRES ADVANCED
ENTERPRISES 401(K) PROFIT SHARING PLAN
MONEY INVESTED AS OF DECEMBER 31, 2013

Sub-Accounts	John Hancock USA		THE TRUSTEES OF TORRES ADVANCED	
	Total Sub-Accounts		ENTERPRISES 401(K) PROFIT SHARING PLAN	
	Assets	Liabilities*	Total No of Units	Total Value
Aston/Fairpointe Mid Cap Fund	\$	64055490.45	.000000	\$ 0.00
Small Company Value Fund	\$	119034943.15	.000000	\$ 0.00
Small Cap Value Index	\$	93611144.74	.000000	\$ 0.00
Royce Pennsylvania Mutual Fund	\$	8861463.96	.000000	\$ 0.00
Columbia Mid Cap Value	\$	78155090.76	.000000	\$ 0.00
Small Cap Value Fund	\$	355527517.57	.000000	\$ 0.00
Blue Chip Growth Fund	\$	803317384.50	.000000	\$ 0.00
Value Fund	\$	373983676.06	.000000	\$ 0.00
Mid Cap Index Fund	\$	566485084.43	.000000	\$ 0.00
T. Rowe Price Sml Cap Val	\$	220883671.44	.000000	\$ 0.00
Oppenheimer Global	\$	246848083.23	.000000	\$ 0.00
JH Disciplined Value Mid Cap	\$	20961933.68	.000000	\$ 0.00
Lord Abbett Value Opps Fund	\$	36866504.43	.000000	\$ 0.00
Fundamental All Cap Core Fund	\$	156308820.08	.000000	\$ 0.00
Mid Value Fund	\$	246094382.36	.000000	\$ 0.00
Capital World Growth & Income	\$	151171719.29	.000000	\$ 0.00
Capital Appreciation Fund	\$	548824594.09	12.769013	\$ 221.59
Templeton World	\$	175641420.20	.000000	\$ 0.00
Domini Social Equity	\$	72117106.73	.000000	\$ 0.00
All Cap Core Fund	\$	23358233.52	.000000	\$ 0.00
John Hancock Rainier Grow	\$	3167690.07	.000000	\$ 0.00
All Cap Value Fund	\$	0.00	.000000	\$ 0.00
JPM MidCap Value Fund	\$	358902980.80	.000000	\$ 0.00
MFS Utilities	\$	0.00	.000000	\$ 0.00
New Perspective Fund	\$	99587232.43	.000000	\$ 0.00
Pru Jennison Mid Growth Fund	\$	135089758.65	.000000	\$ 0.00

*Assets = Liabilities



STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 103856 THE TRUSTEES OF TORRES ADVANCED
ENTERPRISES 401(K) PROFIT SHARING PLAN
MONEY INVESTED AS OF DECEMBER 31, 2013

Sub-Accounts	John Hancock USA		THE TRUSTEES OF TORRES ADVANCED	
	Total Sub-Accounts		ENTERPRISES 401(K) PROFIT SHARING PLAN	
	Assets	Liabilities*	Total No of Units	Total Value
Fundamental Investors	\$	248566246.34	.000000	\$ 0.00
Utilities Fund	\$	368867623.22	981.787092	\$ 31061.31
Total Stock Market Index Fund	\$	382179878.29	.000000	\$ 0.00
JPMorgan Large Cap Growth	\$	21471630.28	.000000	\$ 0.00
Victory Diversified Stock	\$	13044301.84	.000000	\$ 0.00
John Hancock Disciplined Value	\$	509711964.00	915.652871	\$ 18962.12
Growth Index Fund	\$	193272000.72	.000000	\$ 0.00
The Growth Fund of America	\$	929939480.99	.000000	\$ 0.00
Eaton Vance Large-Cap Value	\$	40644522.91	.000000	\$ 0.00
Fidelity ContraFund	\$	539225328.17	.000000	\$ 0.00
Fidelity Adv New Insights	\$	90763603.74	.000000	\$ 0.00
Mass Investors Fund	\$	65799965.18	.000000	\$ 0.00
Dodge & Cox Stock Fund	\$	44341740.70	.000000	\$ 0.00
Equity Income Fund	\$	346431107.81	.000000	\$ 0.00
Fundamental Large Cap Value	\$	229360295.09	.000000	\$ 0.00
Davis New York Venture	\$	563336881.65	.000000	\$ 0.00
T. Rowe Price Equity Inc	\$	590370190.39	.000000	\$ 0.00
Columbia Equity Value	\$	8528690.73	.000000	\$ 0.00
Value Index Fund	\$	105072719.91	.000000	\$ 0.00
BlackRock Basic Value	\$	24545009.68	.000000	\$ 0.00
500 Index Fund	\$	1441984996.33	.000000	\$ 0.00
Mutual Beacon	\$	354621423.13	.000000	\$ 0.00
FT Founding Allocation	\$	32048641.51	.000000	\$ 0.00
Washington Mutual Investors	\$	387326661.10	.000000	\$ 0.00
Investment Company of America	\$	266761255.17	.000000	\$ 0.00
Parnassus Equity Income	\$	137166643.32	.000000	\$ 0.00

*Assets = Liabilities



STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 103856 THE TRUSTEES OF TORRES ADVANCED
ENTERPRISES 401(K) PROFIT SHARING PLAN
MONEY INVESTED AS OF DECEMBER 31, 2013

Sub-Accounts	John Hancock USA		THE TRUSTEES OF TORRES ADVANCED	
	Total Sub-Accounts		ENTERPRISES 401(K) PROFIT SHARING PLAN	
	Assets	Liabilities*	Total No of Units	Total Value
U.S. Equity Fund	\$	54914868.20	.000000	\$ 0.00
Ivy Asset Strategy Fund	\$	224492398.65	438.926632	\$ 14528.99
T. Rowe Price Cap Appreciation	\$	72159321.59	.000000	\$ 0.00
Capital Income Builder	\$	70079257.90	.000000	\$ 0.00
Pax World Balanced Fund	\$	2224116.12	.000000	\$ 0.00
Income Fund of America	\$	72164864.97	.000000	\$ 0.00
Core Global Diversification	\$	29577181.43	.000000	\$ 0.00
American Balanced Fund	\$	649752807.36	.000000	\$ 0.00
BlackRock Global Allocation	\$	443559883.50	315.298585	\$ 7870.27
PIMCO All Asset	\$	200680878.08	.000000	\$ 0.00
PIMCO All Asset All Authority	\$	13177597.50	.000000	\$ 0.00
Mutual Global Discovery	\$	447206849.23	.000000	\$ 0.00
Core Diversified Grwth & Inc	\$	31416005.53	.000000	\$ 0.00
Managers AMG FQ Global Alt	\$	0.00	.000000	\$ 0.00
Core Fundamental Holdings	\$	13311990.36	.000000	\$ 0.00
Alternative Asset Allocation	\$	8863855.03	.000000	\$ 0.00
American High-Income Fund	\$	0.00	.000000	\$ 0.00
MFS Emerging Markets Debt	\$	5075518.30	.000000	\$ 0.00
High Yield Fund	\$	449532788.36	620.619033	\$ 20226.80
U.S. High Yield Bond Fund	\$	87273663.34	.000000	\$ 0.00
Federated High Yield Bond	\$	50014815.24	.000000	\$ 0.00
Floating Rate Income Fund	\$	21273302.31	.000000	\$ 0.00
Global Bond Fund	\$	65393134.92	.000000	\$ 0.00
Real Return Bond Fund	\$	99567954.45	.000000	\$ 0.00
PIMCO Global Bond	\$	147550701.16	.000000	\$ 0.00
Oppenheimer Intl Bond	\$	89749430.83	.000000	\$ 0.00

*Assets = Liabilities



STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 103856 THE TRUSTEES OF TORRES ADVANCED
ENTERPRISES 401(K) PROFIT SHARING PLAN
MONEY INVESTED AS OF DECEMBER 31, 2013

Sub-Accounts	John Hancock USA		THE TRUSTEES OF TORRES ADVANCED	
	Total Sub-Accounts		ENTERPRISES 401(K) PROFIT SHARING PLAN	
	Assets	Liabilities*	Total No of Units	Total Value
DFA Inflation-Protected Sec	\$	26846539.23	.000000	\$ 0.00
PIMCO Real Return	\$	240840642.64	1681.713279	\$ 31072.43
Templeton Global Bond Fund	\$	117752869.31	366.716586	\$ 5791.44
Capital World Bond Fund	\$	14172844.18	.000000	\$ 0.00
T. Rowe Price Spectrum Inc	\$	200995869.13	.000000	\$ 0.00
Payden/Kravitz Cash Balance	\$	13411073.08	.000000	\$ 0.00
Strategic Income Opp Fund	\$	295382294.45	.000000	\$ 0.00
Active Bond Fund	\$	70495983.08	.000000	\$ 0.00
Investment Qual Bond Fund	\$	48387631.63	.000000	\$ 0.00
Total Return Fund	\$	309796994.56	.000000	\$ 0.00
Core Bond Fund	\$	78473748.75	748.701225	\$ 13869.70
PIMCO Total Return	\$	1208128442.46	.000000	\$ 0.00
Total Bond Market Fund	\$	99920628.33	.000000	\$ 0.00
US Government Securities	\$	53171057.63	.000000	\$ 0.00
T. Rowe Price Short Term Bond	\$	42712190.61	.000000	\$ 0.00
Short-Term Federal	\$	352783764.93	.000000	\$ 0.00
Money Market Fund	\$	1846755290.21	.000000	\$ 0.00
John Hancock Stable Val	\$	1956361224.15	.000000	\$ 0.00

*Assets = Liabilities

I hereby certify that this statement, given pursuant to 29 CFR 2520.103-5(c), is complete and accurate.

Peter Gordon
President, Retirement Plan Services

Production Date(R): JAN/13/2014

SUPPLEMENTAL SCHEDULES

TORRES AES 401(K) PROFIT SHARING PLAN
SCHEDULE H, LINE 4I – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
PLAN EIN: 02-0629502, PLAN NUMBER: 001

DECEMBER 31, 2013

(a)	(b) Identity of Issue	(c) Description of Investment Including Maturity Dates, Rates of Interest, Par or Maturity Value	(d) Cost	(e) Current Value
*	Retirement Living Fund through 2010	Pooled Separate Account	\$ -	\$ 579
*	Retirement Living Fund through 2015	Pooled Separate Account	-	393,726
*	Retirement Living Fund through 2020	Pooled Separate Account	-	132,972
*	Retirement Living Fund through 2025	Pooled Separate Account	-	159,464
*	Retirement Living Fund through 2030	Pooled Separate Account	-	27,778
*	Retirement Living Fund through 2035	Pooled Separate Account	-	30,377
*	Retirement Living Fund through 2040	Pooled Separate Account	-	76,173
*	Retirement Living Fund through 2045	Pooled Separate Account	-	58,937
*	Retirement Living Fund through 2050	Pooled Separate Account	-	97,126
*	Lifestyle Conservative Fund	Pooled Separate Account	-	45,794
	PIMCO Real Return Fund	Pooled Separate Account	-	31,072
*	Lifestyle Growth Fund	Pooled Separate Account	-	52,091
	T.Rowe Price Health Sciences Fund	Pooled Separate Account	-	77,094
*	Capital Appreciation Fund	Pooled Separate Account	-	222
*	Utilities Fund	Pooled Separate Account	-	31,061
*	Real Estate Securities Fund	Pooled Separate Account	-	22,906
*	High Yield Fund	Pooled Separate Account	-	20,227
	Fidelity Advisor Gold Fund	Pooled Separate Account	-	7,175
*	Disciplined Value Fund	Pooled Separate Account	-	18,962
*	Core Bond Fund	Pooled Separate Account	-	13,870
	Ivy Asset Strategy Fund	Pooled Separate Account	-	14,529
	BlackRock Global Allocation Fund	Pooled Separate Account	-	7,871
	DFA Emerging Markets Value Fund	Pooled Separate Account	-	14,617
	Templeton Global Bond Fund	Pooled Separate Account	-	5,791
*	Natural Resources Fund	Pooled Separate Account	-	12,752
	DFA US Targeted Value Fund	Pooled Separate Account	-	9,087
	DFA U.S. Small Cap Fund	Pooled Separate Account	-	8,985
	PIMCO Commodity Real Return Fund	Pooled Separate Account	-	5,015
	T. Rowe Price Science & Technology Fund	Pooled Separate Account	-	7,618
	Franklin Small-Mid Growth Fund	Pooled Separate Account	-	7,111
*	Lifestyle Balanced Fund	Pooled Separate Account	-	5,921
*	Small Cap Growth Index Fund	Pooled Separate Account	-	3,755
*	Lifestyle Aggressive Fund	Pooled Separate Account	-	2,604
*	Lifestyle Moderate Fund	Pooled Separate Account	-	81,186
	Non-interest bearing cash		-	707
	Total			<u>\$ 1,485,155</u>

* Denotes a party-in-interest

(d) Cost information is not presented as these are participant directed accounts.

The above information has been certified by John Hancock Life Insurance Company (U.S.A.), the custodian, as complete and accurate.

TORRES AES 401(K) PROFIT SHARING PLAN

SCHEDULE H, LINE 4a – SCHEDULE OF DELINQUENT CONTRIBUTIONS

PLAN EIN: 02-0629502, PLAN NUMBER: 001

YEAR ENDED DECEMBER 31, 2013

		Total that Constitute Nonexempt Prohibited Transactions			
Participant Contributions Transferred Late to Plan	Check Here if Late Participant Loan Repayments are Included	Contributions Not Corrected	Contributions Corrected Outside of VFCP	Contributions Pending correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
\$ 27	x		\$ 27		