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

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
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
ALFA TECH CONSULTING ENGINEERS, INC 401(K) PLAN

1b Three-digit plan number (PN) ▶ 333

1c Effective date of plan 01/01/1992

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

ALFA TECH CONSULTING ENGINEERS, INC.

1321 RIDDER PARK DR., STE. 50
SAN JOSE, CA 95131

2b Employer Identification Number (EIN)
77-0211171

2c Sponsor's telephone number
408-497-1200

2d Business code (see instructions)
541330

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2014	SUZANNE HILL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number (optional)

3a Plan administrator's name and address [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	146
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**	123
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	21
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	144
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	144
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	139
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)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] 0 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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 ALFA TECH CONSULTING ENGINEERS, INC 401(K) PLAN	**B** Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 ALFA TECH CONSULTING ENGINEERS, INC.	**D** Employer Identification Number (EIN) 77-0211171

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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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)

HORIZON INVESTMENTS, LLC

13024 BALLANTYNE CORPORATE PLACE
SUITE 225
CHARLOTTE, NC 28277

27-1972251

(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?
27 28	MONEY MANAGER	78413	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LINCOLN TRUST COMPANY

1675 BROADWAY ST. STE. 500
DENVER, CO 80202

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 64 65	RECORD KEEPER	26288	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

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
ALFA TECH CONSULTING ENGINEERS, INC 401(K) PLAN

B Three-digit plan number (PN) ▶ 333

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

D Employer Identification Number (EIN)
77-0211171

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	2930	20
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	800	0
(2) Participant contributions	1b(2)	22425	0
(3) Other	1b(3)	0	16634
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)	109877	104834
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	7615407	9378194
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	7751439	9499682
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	0	20
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	20
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	7751439	9499662

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	54471	
	(B) Participants	2a(1)(B)	498272	
	(C) Others (including rollovers)	2a(1)(C)	655	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		553398
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)	5703	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		5703
	(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)	156225	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		156225
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1426734
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		2142060
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	273065	
(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)		273065
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)	26288	
(3) Investment advisory and management fees	2i(3)	78719	
(4) Other	2i(4)	15765	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		120772
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		393837
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1748223
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

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

(1) Name: SHEA LABAGH DOBBERSTEIN **(2)** EIN: 94-2290202

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a	X		43913
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

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

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

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
ALFA TECH CONSULTING ENGINEERS, INC 401(K) PLAN

B Three-digit plan number (PN) ▶ 333

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

D Employer Identification Number (EIN)
77-0211171

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 45-0404698

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

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

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

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

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

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

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

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

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

FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULES

Year Ended December 31, 2013

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

Year Ended December 31, 2013

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SHEA LABAGH DOBBERSTEIN

Certified Public Accountants, Inc.

INDEPENDENT AUDITORS' REPORT

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of ALFA TECH CONSULTING ENGINEERS, INC. 401(k) PLAN (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, 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

Plan 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.

Auditors' 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, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Lincoln Trust Company, trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. The plan administrator has obtained a certification from the trustee as of December 31, 2013 and 2012, and for the year ended December 31, 2013, that the information provided to the plan administrator by them 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 – Supplemental Schedules

The supplemental Schedule H – Line 4a: Schedule of Delinquent Participant Contributions for the Year Ended December 31, 2013 and Schedule H – Line 4i: Schedule of Assets (Held at End of Year) as of December 31, 2013 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 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 referred to above.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

SHEA LABAGH DOBBERSTEIN
Certified Public Accountants, Inc.



San Francisco, California
October 9, 2014

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

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31, 2013	December 31, 2012
ASSETS		
CASH - NON INTEREST BEARING	$ 20	$ 2,930
INVESTMENTS, AT FAIR VALUE		
Mutual Funds	1,176,007	913,764
Exchange Traded Funds	8,202,187	6,701,643
INVESTMENTS, AT FAIR VALUE	9,378,194	7,615,407
RECEIVABLES		
Notes Receivable from Participants	104,834	109,876
Participant Contributions Receivable	-	22,426
Employer Contributions Receivable	-	800
Dividend Receivable	16,634	-
TOTAL RECEIVABLES	121,468	133,102
TOTAL ASSETS	9,499,682	7,751,439
LIABILITIES		
ADMINISTRATIVE EXPENSES PAYABLE	20	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 9,499,662	$ 7,751,439

See accompanying notes to financial statements.

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

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year Ended December 31, 2013

ADDITIONS

ADDITIONS TO NET ASSETS ATTRIBUTED TO:	
INVESTMENT INCOME	
Net Appreciation In Fair Value of Investments	$ 1,426,734
Dividend Income	156,225
TOTAL INVESTMENT INCOME	1,582,959
INTEREST INCOME ON NOTES RECEIVABLE FROM PARTICIPANTS	5,703
CONTRIBUTIONS	
Participants	498,272
Employer	54,471
Rollover	655
TOTAL CONTRIBUTIONS	553,398
TOTAL ADDITIONS	2,142,060

DEDUCTIONS

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
BENEFITS PAID TO PARTICIPANTS	273,065
ADMINISTRATIVE FEES	120,772
TOTAL DEDUCTIONS	393,837
NET INCREASE IN NET ASSETS	1,748,223
NET ASSETS AVAILABLE FOR BENEFITS AT BEGINNING OF YEAR	7,751,439
NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR	$ 9,499,662

See accompanying notes to financial statements.

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

NOTES TO FINANCIAL STATEMENTS

December 31, 2013

NOTE 1 – DESCRIPTION OF THE PLAN

The following description of the ALFA TECH CONSULTING ENGINEERS, INC. 401(k) PLAN (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

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

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

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

Participant Contributions – Participant contributions are made in the form of pre-tax deferred and/or after-tax ("Roth" deferrals) salary reductions. Participant contributions are limited to a maximum of $17,500 for the year ended December 31, 2013 plus annual catch-up contributions of $5,500 for participants who are at least 50 years of age during the year. Participants may rollover amounts representing distributions from an eligible retirement plan.

Employer Contributions – The Company may make discretionary matching contributions equal to a percentage of the participant's elective deferrals. Additionally, profit-sharing contributions may be made at the option of the Company to participants who are at least 21 years of age, subject to limitations imposed by applicable provisions of the IRC. For the year ended December 31, 2013, the Company provided matching contributions of $0.25 per $1.00 of participant contributions up to a maximum of $1,000 per year. There were no profit-sharing contributions to the Plan during 2013.

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

Participant Accounts – Each participant's account is credited or charged for the participant's and employer matching contributions and allocations of (a) the Company's profit sharing contributions (b) Plan investment earnings or losses and (c) administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting – Participants are immediately vested in their voluntary contributions, rollover contributions and matching contributions from the Company plus actual earnings thereon.

The Company's discretionary profit sharing contributions and earnings thereon vest over a three-year graded vesting schedule as follows:

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

Investment Options – Upon enrollment in the Plan, a participant is allowed to direct the investments of his or her account balance into various investment funds offered through Lincoln Trust Company ("Lincoln Trust").

Notes Receivable from Participants – The Plan allows participants to borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or fifty percent of the vested portion of their account balance. Loan terms range from one to five years, except for loans to purchase a primary residence. The loans are secured by the balance in the participant's account and the interest rate is set at 5.25% until revised by the Plan administrator. At December 31, 2013, the interest rate on all outstanding loans was 5.25% and maturity dates ranged from March 2014 to August 2018. Principal and interest are repaid ratably through semi-monthly payroll deductions. Participants are allowed to repay the entire outstanding balance of the loan (including any accrued interest) within a reasonable period following termination of employment. The terminated participants' vested account balance will be reduced for any remaining unpaid loan balances. Alternatively, a participant may rollover any unpaid loan to a qualified plan maintained by another employer, provided such employer will accept a loan rollover.

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

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

Forfeited Accounts – The non-vested portion of a terminated participant's account balance is forfeited. Forfeitures may be applied to pay for plan expenses and to reduce future employer contributions at the discretion of the Company. The forfeiture balance was $0 and $1 at December 31, 2013 and 2012, respectively.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

Reclassifications – Certain amounts in the 2012 financial statements have been reclassified to conform to the 2013 presentation. These reclassifications had no effect on previously reported net assets available for benefits.

Use of Estimates – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and the disclosure of contingent assets and liabilities at the date of the financial statements. Actual results may differ from those estimates.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investment Valuation and Income Recognition – Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The plan administrator determines the Plan's valuation policies utilizing information provided by the investment advisor and the trustee. See Note 3 for discussion of fair value measurements.

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

Notes Receivable from Participants – Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2013 and 2012. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Payments of Benefits – Benefits are recorded when paid.

Administrative Expenses – Any fees related to the administration of the Plan or associated with the investment of Plan assets may be paid by the Plan or by the Company. If the Company does not elect to pay the Plan-related expenses, such expenses will generally be allocated to the participant's accounts either proportionally based on the value of account balances or as an equal dollar amount based on the number of participants in the Plan. Other administrative fees related to participant-directed transactions, such as loan and distribution processing fees, may be charged directly to the participant's account initiating the transaction. Investment related expenses are included in net appreciation of fair value of investments.

NOTE 3 – FAIR VALUE MEASUREMENTS

The *Fair Value Measurements and Disclosures* topic of the FASB ASC provides a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level l) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under this standard are described as follows:

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

Level 2: Inputs to the valuation methodology include:

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

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

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

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

NOTE 3 – FAIR VALUE MEASUREMENTS (Continued)

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2013 and 2012.

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

Exchange Traded Funds (ETF): Valued at the closing price reported on the active market on which the individual securities are traded.

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

NOTE 3 – FAIR VALUE MEASUREMENTS (Continued)

The Plan administrator has determined that the Plan's investments are all Level 1 within the fair value hierarchy. The fair value of these investments by class as of December 31, 2013 and 2012 are as follows:

	2013	2012
Mutual Funds:		
Money Market Funds	$ 12,812	$ 35
Equity Funds	593,531	302,221
Fixed Income Funds	292,842	195,012
Balanced Funds	45,481	62,445
International Funds	62,466	38,061
Specialty Funds	16,512	134,408
World Stock Funds	152,363	181,582
Total Mutual Funds	1,176,007	913,764
Exchange Traded Funds:		
Equity Funds	1,451,088	428,964
Fixed Income Funds	2,272,860	2,315,886
Balanced Funds	3,372,243	1,426,493
International Funds	49,408	1,006,979
Specialty Funds	154,481	711,741
World Stock Funds	815,089	703,332
Diversified Emerging Markets Funds	87,018	108,248
Total Exchange Traded Funds	8,202,187	6,701,643
Total Investments at Fair Value	$ 9,378,194	$ 7,615,407

NOTE 4 – INFORMATION CERTIFIED BY THE TRUSTEE OF THE PLAN

The plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Lincoln Trust, the trustee of the Plan, has certified to the completeness and accuracy of the investment information reflected on the accompanying Statements of Net Assets Available for Benefits and the supplemental Schedule H, line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2013 and 2012, and the investment information included in the notes to financial statements and the related investment activity reflected in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2013.

The following table represents the fair value of assets that was certified by Lincoln Trust as of December 31, 2013 and 2012. Assets representing greater than 5% of net assets are individually identified, except cash.

	2013	2012
Cash:		
Non-Interest Bearing	$ 20	$ 2,930
Investments:		
Mutual Funds:	$ 1,176,007	$ 913,764
Exchange Traded Funds:		
iShares Core S&P 500 ETF	$ 2,014,156	$ 1,426,488
SPDR S&P 500 ETF Trust	1,363,199	-
Powershares 100 Trust Series 1 BE	1,358,087	-
iShares Core Total U.S. Bond Market ETF	1,021,911	1,265,102
iShares 7-10 Year Treasury Bond ETF	824,538	-
iShares MSCI ACWI Index Fund	815,089	703,332
iShares MSCI Pacific ex-Japan Index Fund	-	662,486
iShares Russell MidCap Value Index	-	427,842
iShares iBoxx High Yield Corporate Bond	497 *	536,492
All Other Exchange Traded Funds	804,710	1,679,901
Total Exchange Traded Funds	8,202,187	6,701,643
Total Investments	$ 9,378,194	$ 7,615,407
Notes Receivable from Participants	$ 104,834	$ -

* Individual asset is not greater than 5% of net assets but is included for comparative purposes.

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

The following is a summary of investment income information certified by Lincoln Trust for the year ended December 31, 2013:

Investment Income:	
Net Appreciation in Fair Value of:	
Mutual Funds	$ 184,220
Exchange Traded Funds	1,242,514
	1,426,734
Dividends	
Mutual Funds	26,934
Exchange Traded Funds	129,291
	156,225
Interest Income on Notes Receivable from Participants	5,703
Total Investment Income	$ 1,588,662

NOTE 5 – TAX STATUS

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

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the federal and state taxing authorities. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2013, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2010.

NOTE 6 – RELATED PARTY TRANSACTIONS

Certain Plan investments are in the cash account and money market fund of Lincoln Trust Company, trustee of the Plan. These transactions qualify as party-in-interest transactions.

NOTE 7 – PLAN TERMINATION

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

NOTE 8 – RISKS AND UNCERTAINTIES

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

NOTE 9 – DELINQUENT PARTICIPANT CONTRIBUTIONS

During the years ended December 31, 2013 and 2012, there were unintentional delays in remitting employee contributions to the trustee amounting to $20,687 and $23,226, respectively, within the period prescribed by Department of Labor regulations. The Company is currently calculating the amount of lost earnings arising from these delays, which will be contributed to the accounts of the affected participants during the year ending December 31, 2014.

NOTE 10 – SUBSEQUENT EVENTS

Effective March 1, 2014, the Plan changed its recordkeeper and custodian from Lincoln Trust Company to Touchstone Retirement Group, LLC and Mid Atlantic Trust Company, respectively. Consequently, the Company restated its plan document and fully adopted the provisions of The Retirement Plan Company, LLC's Volume Submitter Plan and Trust.

The Plan has evaluated subsequent events through October 9, 2014, the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULES

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

SCHEDULE H – LINE 4a: SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

FEIN: 77-0211171

Plan Number: 333

Year Ended December 31, 2013

			Total that Constitute Nonexempt Prohibited Transactions			
Plan Year	Participant Contributions Transferred Late to Plan	Check here if Late Participant Loan Repayments are included:	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
2012	$ 23,226	☐	$ 23,226	-	-	-
2013	$ 20,687	☑	$ 20,687	-	-	-

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

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

FEIN: 77-0211171

Plan Number: 333

December 31, 2013

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value		(d) Cost	(e) Current Value
		Cash and Cash Equivalents:			
*	Lincoln Trust Company	Cash		^	$ 20
		Mutual Funds:			
	American Funds	AmFunds EuroPacific R6	1,274 Shares	^	62,466
	Cohen & Steers	Cohen & Steers Realty Shares	263 Shares	^	16,512
	Fidelity Investments	Fidelity Contrafund	1,044 Shares	^	100,407
	Gabelli	Gabelli US Treasury MMkt AAA	11,896 Shares	^	11,896
*	Lincoln Trust Company	Lincoln - Citibank MMkt	916 Shares	^	916
	Lord Abbett	Lord Abbett High Yield Fund A	3,949 Shares	^	30,840
	Oppenheimer Funds	Oppenheimer Global A	1,934 Shares	^	152,363
	ProFunds	Mid Cap Value Inv	10 Shares	^	654
	Principal Funds	Principal High Yield A	3,946 Shares	^	30,623
	Russell	Russell Emerging Markets S	18 Shares	^	319
	Rydex Funds	Rydex Nasdaq 100 ADV Shares	22 Shares	^	434
	Rydex Funds	Rydex S&P 500 Fund H Class	18 Shares	^	655
	ProFunds	Small Cap Value Inv	11 Shares	^	750
	ProFunds	Ultrainternational Inv	10 Shares	^	170
	Vanguard	Vanguard 500 Index Inv	35 Shares	^	6,039
	Vanguard	Vanguard Growth Index Inv	1,434 Shares	^	68,670
	Vanguard	Vanguard High-Yield Corporate Inv	206 Shares	^	1,241
	Vanguard	Vanguard Mid Cap Index Inv	74 Shares	^	2,226
	Vanguard	Vanguard Mid-Cap Growth Index Inv	2,205 Shares	^	78,203
	Vanguard	Vanguard Mid-Cap Value Index Inv	2,431 Shares	^	76,293
	Vanguard	Vanguard Small Cap Growth Index Inv	3,149 Shares	^	108,215
	Vanguard	Vanguard Small Cap Index Inv	706 Shares	^	37,216
	Vanguard	Vanguard Small Cap Value Index Inv	1,209 Shares	^	28,199
	Vanguard	Vanguard Total Bond Market Index Inv	21,793 Shares	^	230,137
	Vanguard	Vanguard Value Index Inv	4,384 Shares	^	130,563
					1,176,007
		Exchange Traded Funds (ETF):			
	Guggenheim Investments	Guggenheim Enhanced Short Duration ETF	1 Shares	^	$ 1
	Guggenheim Investments	Rydex S&P Equal Weight Technology ETF	39 Shares	^	2,989
	Guggenheim Investments	Guggenheim Shipping ETF	114 Shares	^	2,465
	BlackRock Fund Advisors	iShares CORE S&P 500 ETF	10,849 Shares	^	2,014,156
	BlackRock Fund Advisors	iShares 1-3 Year Treasury Bond ETF	1 Shares	^	113
	BlackRock Fund Advisors	iShares 7-10 Year Treasury Bond ETF	8,309 Shares	^	824,538
	BlackRock Fund Advisors	iShares Core Total U.S. Bond Market ETF	9,602 Shares	^	1,021,911
	BlackRock Fund Advisors	iShares iBoxx Investment Grade Corp Bond ETF	3,308 Shares	^	377,748
	BlackRock Fund Advisors	iShares J.P. Morgan USD Emerging Mrkts Bnd ETF	2 Shares	^	203
	BlackRock Fund Advisors	iShares Lehman 3-7 Year Treasury Bond ETF	1 Shares	^	65
	BlackRock Fund Advisors	iShares MBS ETF	50 Shares	^	5,234
	BlackRock Fund Advisors	iShares S&P National Amt-Free Municipal Bond	4 Shares	^	414
	BlackRock Fund Advisors	iShares iBoxx High Yield Corp Bond ETF	5 Shares	^	497
	BlackRock Fund Advisors	iShares MSCI EMU Index Fund	177 Shares	^	7,325
	BlackRock Fund Advisors	iShares MSCI European Financial Sector Index	30 Shares	^	763
	BlackRock Fund Advisors	iShares MSCI UK	137 Shares	^	2,860
	BlackRock Fund Advisors	iShares TR Russell 2000	38 Shares	^	4,391

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

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

FEIN: 77-0211171

Plan Number: 333

December 31, 2013

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			(d) Cost	(e) Current Value
		Exchange Traded Funds (ETF): (Continued)				
	BlackRock Fund Advisors	iShares Trust S&P 500 Value Index Fund	329	Shares	^	$ 28,117
	BlackRock Fund Advisors	iShares Dow Jones US Real Estate	1,172	Shares	^	73,934
	BlackRock Fund Advisors	iShares Dow Jones US Home Construction Index Fd	90	Shares	^	2,237
	BlackRock Fund Advisors	iShares S&P N.Amer Tech-Semicndctrs Index Fund	62	Shares	^	4,536
	BlackRock Fund Advisors	iShares S&P N.Amer Tech-Software Index Fund	75	Shares	^	6,183
	BlackRock Fund Advisors	iShares MSCI ACWI Index Fund	14,146	Shares	^	815,089
	PIMCO	Pimco 0-5 year High Yield Corp Bond Index ETF	17	Shares	^	1,855
	Investco Ltd.	Powershares DB Commodty Indx Tracking Fd	86	Shares	^	2,199
	Investco Ltd.	Powershares 100 Trust Series 1 BE	15,440	Shares	^	1,358,087
	SPDR State Street Global Advisors	SPDR Barclays Convertible Securities ETF	787	Shares	^	36,758
	SPDR State Street Global Advisors	SPDR Barclays Short Term Corp Bond ETF	13	Shares	^	414
	SPDR State Street Global Advisors	Consumer Discretionary Select Sector SPDR	158	Shares	^	10,558
	SPDR State Street Global Advisors	Energy Select Sector SPDR Trust	104	Shares	^	9,234
	SPDR State Street Global Advisors	Industrial Select Sector SPDR	201	Shares	^	10,517
	SPDR State Street Global Advisors	SPDR KBW Insurance ETF	78	Shares	^	4,895
	SPDR State Street Global Advisors	SPDR Nuveen Barclays Capital Muni Bond ETF	2	Shares	^	56
	SPDR State Street Global Advisors	Select Sector SPDR TR SBI Cons Stpls	183	Shares	^	7,872
	SPDR State Street Global Advisors	Select Sector SPDR TR SBI Int Finl	241	Shares	^	5,271
	SPDR State Street Global Advisors	SPDR S&P Regional Banking ETF	81	Shares	^	3,299
	SPDR State Street Global Advisors	SPDR S&P 500 ETF Trust	7,381	Shares	^	1,363,199
	SPDR State Street Global Advisors	SPDR Stoxx Europe 50 ETF	784	Shares	^	33,085
	SPDR State Street Global Advisors	Technology Select Sector SPDR	1	Shares	^	48
	Schwab ETFs	Schwab Intermediate-Term U.S. Treasury ETF	59	Shares	^	3,053
	Vanguard	Vanguard Healthcare Vipers ETF	82	Shares	^	8,243
	Vanguard	Vanguard SM-CAP Val	569	Shares	^	55,381
	Vanguard	Vanguard FTSE Emerging Markets ETF	2,115	Shares	^	87,018
	WisdomTree	Wisdomtree Japan Hedged Equity Fund	106	Shares	^	5,376
						8,202,187
*	Notes Receivable from Participants	13 Loans receivable bearing interest at 5.25% maturing between March 2014 to August 2018			-	104,834
						$ 9,483,048

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

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

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

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

FEIN: 77-0211171

Plan Number: 333

December 31, 2013

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	Lord Abbett	Lord Abbett High Yield Fund A	3,949 Shares	^	30,840
	Oppenheimer Funds	Oppenheimer Global A	1,934 Shares	^	152,363
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ALFA TECH CONSULTING ENGINEERS, INC. 401(k) PLAN

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

FEIN: 77-0211171

Plan Number: 333

December 31, 2013

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	SPDR State Street Global Advisors	Select Sector SPDR TR SBI Int Finl	241	Shares	^	5,271
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	Vanguard	Vanguard SM-CAP Val	569	Shares	^	55,381
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