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

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

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

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2005

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

10710 S. SAM HOUSTON PARKWAY W.
STE. 100
HOUSTON, TX 77031

2b Employer Identification Number (EIN)
76-0409302

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

2d Business code (see instructions)
541330

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/17/2015	CINDY LO
	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	**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:	**4b** EIN	
a Sponsor's name	**4c** PN	
5 Total number of participants at the beginning of the plan year	**5**	202
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	182
a(2) Total number of active participants at the end of the plan year	**6a(2)**	260
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	9
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	269
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	269
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	90
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	2
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:
2A 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)	[X]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....…… ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ……..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

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

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

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

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
76-0409302

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

1 Coverage Information:

(a) Name of insurance carrier

HARTFORD LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0974148	88072	GA-711281	90	01/01/2014	12/31/2014

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
8173	1180

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

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

LINCOLN FINANCIAL SECURITIES
1 GRANITE PLACE PO BOX 2005
CONCORD, NH 03301-3258

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
8173			4

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

LOREN D. STARK COMPANY
10750 ROCKLEY ROAD
HOUSTON, TX 77099

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	1180	ADMINISTRATION	5

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	**4**	91876
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	2614130

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 ▶

b	Balance at the end of the previous year			**7b**	83250
c	Additions: (1) Contributions deposited during the year	**7c(1)**	14167		
	(2) Dividends and credits	**7c(2)**	0		
	(3) Interest credited during the year	**7c(3)**	1740		
	(4) Transferred from separate account	**7c(4)**	2147		
	(5) Other (specify below)	**7c(5)**	12560		
	▶ LOAN PYMT				
	(6) Total additions			**7c(6)**	30614
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	113864
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**	0		
	(2) Administration charge made by carrier	**7e(2)**	310		
	(3) Transferred to separate account	**7e(3)**	0		
	(4) Other (specify below)	**7e(4)**	21678		
	▶ LOAN W/D				
	(5) Total deductions			**7e(5)**	21988
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	91876

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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

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

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
76-0409302

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT 401

b Name of sponsor of entity listed in (a): HARTFORD LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
06-0974148-000	P	2614130

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

Part II Information on Participating Plans (to be completed by DFEs)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

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

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
76-0409302

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(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)	91932	103995
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	2154211	2614130
(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)	83250	91876
(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	2329393	2810001
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	2329393	2810001

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)	76447	
	(B) Participants	2a(1)(B)	379757	
	(C) Others (including rollovers)	2a(1)(C)	1801	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		458005
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)	4552	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		4552
	(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)		
	(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)		60368
(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		522925
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	38968	
(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)		38968
f Corrective distributions (see instructions)	2f		1833
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)	1516	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		1516
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		42317
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		480608
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: FITTS, ROBERTS & CO., P.C. **(2)** EIN: 74-1699466

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 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	
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		250000
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

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

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

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
76-0409302

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 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): 06-0974148

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

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

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

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

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

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

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

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

Financial Statements and

Independent Auditor's Report

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

December 31, 2014 and 2013

CONTENTS

Page

Independent Auditor's Report....3

Statements of Net Assets Available for Benefits –
As of December 31, 2014 and 2013....6

Statements of Changes in Net Assets Available for Benefits –
Years Ended December 31, 2014 and 2013....7

Notes to Financial Statements....8

SUPPLEMENTAL SCHEDULE

Schedule H, line 4i – Schedule of Assets (Held at End of Year) –
December 31, 2014....20

FR CO FITTSROBERTS & CO. P.C.
Certified Public Accountants & Consultants

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5718 Westheimer I Suite 800
Houston, Texas 77057
Phone I 713.260.5230
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Four Sugar Grove Building
4800 Sugar Grove Blvd. I Suite 100
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Phone I 281.494.5151

INDEPENDENT AUDITOR'S REPORT

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Tolunay-Wong Engineers, Inc. 401(K) Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statements of changes in net assets available for benefits for the years ended December 31, 2014 and 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 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 C, which was certified or provided by Massachusetts Mutual Life Insurance Company ("MassMutual"), the trustee of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustee holds the Plan's assets and executes transactions. The Plan Administrator has obtained certifications from the trustee as of December 31, 2014 and 2013, and for the years ended December 31, 2014 and 2013, that the information provided to the Plan Administrator by the trustee is complete and accurate.

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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

The supplemental schedule "Schedule H, line 4i – Schedule of Assets (Held at End of Year)" as of December 31, 2014, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purposes of additional analysis and is not a required part of the financial statements. This supplemental schedule is the responsibility of the Plan's management. 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 schedule.

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 or provided 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.

Fitts, Roberts & Co., P.C.

Houston, Texas
August 21, 2015

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

	2014	2013
ASSETS		
Investments at fair value	$ 2,715,804	$ 2,247,623
Receivables:		
Participant contributions	14,086	10,163
Company matching contributions	2,826	-
Notes receivable from participants	103,995	91,932
Total receivables	120,907	102,095
TOTAL ASSETS	2,836,711	2,349,718
LIABILITIES		
Excess contributions to be refunded	41,390	-
NET ASSETS AVAILABLE FOR PLAN BENEFITS, AT FAIR VALUE	2,795,321	2,349,718
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	(9,799)	(10,162)
NET ASSETS AVAILABLE FOR PLAN BENEFITS	$ 2,785,522	$ 2,339,556

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

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

	2014	2013
ADDITIONS		
Additions to net assets attributed to:		
Net appreciation in fair value of investments	$ 60,189	$ 325,137
Interest income on notes receivable from participants	4,552	3,784
Participant contributions	344,090	242,474
Company contributions	79,273	-
TOTAL ADDITIONS	488,104	571,395
DEDUCTIONS		
Deductions from net assets attributed to:		
Benefits paid to participants	40,801	88,180
Administrative expenses	1,337	1,650
TOTAL DEDUCTIONS	42,138	89,830
NET INCREASE	445,966	481,565
NET ASSETS AVAILABLE FOR PLAN BENEFITS		
Beginning of year	2,339,556	1,857,991
END OF YEAR	$ 2,785,522	$ 2,339,556

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

NOTE A – Description of Plan

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

General

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

Effective January 1, 2013, Massachusetts Mutual Life Insurance Company ("MassMutual"), became the Plan's certifying trustee after acquiring the retirement plans group business of The Hartford Financial Services Group.

Contributions

Qualified participants may elect to defer a percent of their salary at each pay period. A participant's contribution may not exceed an amount determined by the Internal Revenue Service each calendar year. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified plans. Participants direct the investing of the contributions in any of the Plan's available investment options. Discretionary matching contributions may be made by the Company for each plan year to each active participant in an amount determined by the Company. The Company may also make discretionary profit sharing contributions to the Plan. The matching company contribution and profit sharing contributions are invested at the participant's direction. The Company made matching contributions of $79,273 for the year ending December 31, 2014 and made no matching contributions for the year ending December 31, 2013. The Company made no discretionary profit sharing contributions for the years ended December 31, 2014 and 2013.

Participant Accounts

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

NOTE A – Description of Plan - continued

Vesting

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

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

Payment of Benefits

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

NOTE A – Description of Plan - continued

Notes Receivable from Participants

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

Forfeitures

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

NOTE B – Summary of Accounting Policies

Basis of Accounting

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

Use of Estimates

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

Expenses

Administrative expenses are paid by each participant (through an allocation to each individual's account). Total administrative fees paid out of the Plan during 2014 and 2013 were $1,337 and $1,650, respectively. The Company incurs expenses for additional administration, audit and tax return preparation for the Plan as discussed in Note F.

NOTE B – Summary of Accounting Policies - continued

Investment Valuation

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note I for discussion of fair value measurements.

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The statement of net assets available for benefits presents the fair value of the Plan's investment contract, as well as the adjustment from fair value to contract value. The statement of changes in net assets available for benefits is prepared on a contract basis.

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.

Benefit Payments

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

Benefits are recorded when paid. As of December 31, 2014 and 2013, there were no benefit claims that had been processed and approved for payment, but not yet paid at that date.

Forfeitures

Employees possess a completely vested interest in any contributions they make, and the earnings thereupon, to their personal benefit account, and build a vested interest in their employer match and profit sharing contributions and the related earnings through years of service. Upon an employee's withdrawal from the Plan, he or she receives only that portion of the benefit account in which he or she is vested and forfeits any unvested portion. At December 31, 2014 and 2013 the forfeiture account had a balance of $10,906 and $8,268, respectively. In accordance with the Plan, these forfeitures may be used first to pay administrative expenses, and any remaining forfeitures would be used to reduce employer contributions (if any). There were no forfeitures used to reduce employer contributions or to reduce Plan expenses during the years ending December 31, 2014 or 2013.

NOTE B – Summary of Accounting Policies - continued

Notes Receivable From Participants

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

Recently Issued Accounting Standards

Recent accounting pronouncements issued by the Financial Accounting Standards Board (FASB) did not or are not believed by management to have a material impact on the Company's present or future consolidated financial statements.

NOTE C – Information Certified by the Trustee

The following presents the fair value of investments in this Plan that were certified as complete and accurate by MassMutual. Single investments representing more than 5% of the Plan's net assets are as follows:

	2014
American Funds Cap Inc Bldr	$ 210,826
Nuveen Mid	197,291
American Funds Income Fund of Amer R1	196,107
Mutual Shares	186,119
Janus Overseas	184,091
Franklin Strategic Income	183,192
Franklin Income	169,544
Templeton Growth	160,823
Ivy Global Natural Recourses	143,435

	2013
Janus Overseas	$ 180,620
American Funds Cap Inc Bldr	180,381
Franklin Strategic Income	168,043
Ivy Global Natural Recourses	148,028
Franklin Income	144,998
Mutual Shares	159,497
Nuveen Mid	169,020
Templeton Growth	147,670

NOTE C – Information Certified by the Trustee – continued

During the years ended December 31, 2014 and 2013, the Plan's investments (including gains and losses on investments bought and sold, as well as held at year end) appreciated in value as follows:

	2014	2013
Mutual funds	$ 58,630	$ 323,538
Fixed income account	1,559	1,599
Total appreciation	$ 60,189	$ 325,137

NOTE D – Plan Termination

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

NOTE E – Tax Status

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

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the plan, and has concluded that as of December 31, 2014, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2011.

NOTE F – Transactions with Parties-In-Interest

Audit and tax return preparation fees of the Plan are paid by the Company. The Plan may reimburse the Company for these expenses with amounts from participant forfeitures. The Company paid fees on behalf of the Plan of $20,250 and $15,000 during 2014 and 2013, respectively.

NOTE G – Risks and Uncertainties

The Plan invests in various investment options which can be exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment options, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for plan benefits.

NOTE H – Excess Participant Contributions Payable

The plan failed discrimination tests for the years ended December 31, 2014. Excess contributions of $41,390 are recorded as liabilities at December 31, 2014 and as a reduction of participant contributions in the statement of net assets available for benefits for the year then ended. There were excess contributions refunded during 2014 for year ending December 31, 2013.

NOTE I – Fair Value Measurements

Fair value is the price that would be received to sell an asset or paid to transfer a liability (an exit price) in an orderly transaction between market participants on the measurement date. The Plan determines the fair value of its financial instruments based on the fair value hierarchy. The Plan maximizes the use of observable inputs and minimizes the use of unobservable inputs when measuring fair value. Observable inputs are inputs that market participants would use in pricing the asset or liability developed based on market data obtained from sources independent of the Plan. Unobservable inputs are inputs that reflect assumptions that the Plan believes a market participant would use in pricing the asset or liability based on the best information available in the circumstances, including assumptions about risk. Three levels of inputs are used to measure fair value. A financial instrument's level within the fair value hierarchy is based on the lowest level of input significant to the fair value measurement. Transfers between levels are recognized at the end of the reporting period.

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

Level 2 - Inputs to valuation methodology include:

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

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

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

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

NOTE I – Fair Value Measurements – continued

The following is a description of the valuation methodology used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2014 and 2013.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission ("SEC"). 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.

Investment Contract (Fixed Income Account): Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations. See Note J for further discussion.

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

The following tables set forth by level, within the fair value hierarchy, the plan's investment assets at fair value as of December 31, 2014 and 2013.

	2014			
Mutual Funds	Level 1	Level 2	Level 3	Total
Asset Allocation	$ 576,477			$ 576,477
Target Date	170,635			170,635
Bond	336,382			336,382
International/Global	393,530			393,530
Large Cap	558,405			558,405
Mid Cap	226,269			226,269
Small Cap	83,517			83,517
Specialty	268,914			268,914
Money Market	10,906			10,906
Investment Contract		$ 90,769		90,769
	$ 2,625,035	$ 90,769	$ -	$ 2,715,804

NOTE I – Fair Value Measurements – continued

	2013			
Mutual Funds	Level 1	Level 2	Level 3	Total
Asset Allocation	$ 399,562			$ 399,562
Target Date	164,392			164,392
Bond	276,940			276,940
International/Global	372,752			372,752
Large Cap	451,441			451,441
Mid Cap	189,916			189,916
Small Cap	73,058			73,058
Specialty	226,151			226,151
Money Market	8,268			8,268
Investment Contract		$ 85,143		85,143
	$ 2,162,480	$ 85,143	$ -	$2,247,623

NOTE J – Investment Contract ("Fixed Income Account")

The Plan offers an investment option through a group variable investment contract ("Fixed Income Account"). The object of this investment option is to maintain a competitive fixed interest rate and a minimum guaranteed rate of return. The Fixed Income Account is invested in the general account of MassMutual and is guaranteed by MassMutual's claims paying ability. MassMutual's general account is primarily invested in investment grade fixed income securities.

Because the Fixed Income Account is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of the Plan. Contract value, as reported to the Plan by MassMutual, represents contributions made under the contract, plus earnings less participant withdrawals. Participants may ordinarily direct withdrawals or transfers of all or a portion of their investment at contract value. MassMutual has reported to the Plan that contract value as of December 31, 2014 and 2013 is $80,969 and $74,981, respectively. The investment contract is included in the financial statements at fair value.

MassMutual credits interest on contributions made to the Fixed Income Account at a rate declared for the calendar quarter in which they are received. MassMutual guarantees the declared interest rate to the end of the year in which the rate was applied. MassMutual may change the declared interest rate applicable to contributions made for any subsequent quarter at its discretion. The guaranteed interest rate for a calendar year is determined at the end of the preceding calendar year and will never be less than the minimum interest rate specified in the contract of 3%. The crediting interest rate for the years ending December 31, 2014 and 2013 was 3%. The average yield was 1.72% and 1.88% for the years ending December 31, 2014 and 2013, respectively. There are no reserves against contract value for credit risk of the contract issuer or otherwise.

NOTE J – Investment Contract ("Fixed Income Account") – continued

There are no events identified that limit the ability of the Plan to withdraw at contract value or otherwise transact at contract value with the contract issuer. However, if any transfer or withdrawal request, when added to the sum of all such transfers or withdrawals from the Plan's interest in the Fixed Income Account during the preceding twelve months, should exceed 12% of the Plan's interest in the Fixed Income Account twelve months earlier, such transfer or withdrawal shall not be permitted, except with the consent of the issuer.

NOTE K – Reconciliation of Financial Statements to Form 5500

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

	2014	2013
Net assets available for benefits per Form 5500	$ 2,810,001	$ 2,329,393
Excess contribution to be refunded	(41,390)	-
Participant contributions receivable - current year	14,086	-
Company matching contributions receivable	2,826	10,163
Other	(1)	-
Net assets available for benefits per the financial statements	$ 2,785,522	$ 2,339,556
Net income per Form 5500	$ 480,608	$ 481,630
Participant contributions receivable - current year	14,086	10,163
Participant contributions receivable - prior year	(10,163)	(10,228)
Company matching contributions receivable	2,826	-
Excess contribution to be refunded	(41,390)	-
Other	(1)	-
Increase in net assets available for benefits per the financial statements	$ 445,966	$ 481,565

NOTE L – Subsequent Events

The Company did not have any recognized or non-recognized subsequent events occurring after December 31, 2014. Subsequent events have been evaluated through August 21, 2015 the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULE

Schedule H, line 4i - Schedule of Assets (Held at End of Year)
TOLUNAY-WONG ENGINEERS, INC. 401(K) PLAN
As of December 31, 2014

Identity of Issuer	Type of investment	Description of Investment	Fair Value
American Funds	Mutual fund	AMERICAN FUNDS CAP INC BLDR	$ 210,826
Nuveen	Mutual fund	NUVEEN MID CAP	197,291
American Funds	Mutual fund	AMERICAN FUNDS INCOME FUND	196,107
Franklin Templeton	Mutual fund	FRANKLIN MUTUAL SHARES	186,119
Janus	Mutual fund	JANUS OVERSEAS	184,091
Franklin Templeton	Mutual fund	FRANKLIN STRATEGIC INCOME	183,192
Franklin Templeton	Mutual fund	FRANKLIN INCOME	169,544
Franklin Templeton	Mutual fund	TEMPLETON GROWTH	160,823
Ivy Funds	Mutual fund	IVY GLOBAL NATURAL RESOURCES	143,435
American Funds	Mutual fund	AMERICAN FUNDS GROWTH FUND	110,520
Clearbridge Investments	Mutual fund	CLEARBRIDGE AGG GRW	102,505
* MassMutual	Guaranteed Interest Contract	FIXED INCOME ACCOUNT	90,768
Ivy Funds	Mutual fund	IVY SCIENCE AND TECHNOLOGY	81,049
Alger	Mutual fund	ALGER SMCAP GRTH INSTITUTIONAL	79,815
Franklin Templeton	Mutual fund	PIMCO REAL RETURN	69,435
JP Morgan	Mutual fund	JP MORGAN SMART RETIREMENT 2030 R2	63,945
* MassMutual	Mutual fund	THE HARTFORD DIVIDEND & GROWTH	60,653
T. Rowe Price	Mutual fund	T. ROWE PRICE RETIREMENT 2040	48,033
JP Morgan	Mutual fund	JP MORGAN SMART RETIREMENT 2020 R2	46,852
Invesco	Mutual fund	INVESCO REAL ESTATE	44,431
American Funds	Mutual fund	AMERICAN FUNDS NEW PRSPCTV	42,876
Davis Funds	Mutual fund	DAVIS NEW YORK VENTURE	41,416
American Funds	Mutual fund	AMERICAN FUNDS BOND FUND AM	40,155
American Funds	Mutual fund	AMERICAN FUNDS INV CO AM	32,356
Fidelity Investments	Mutual fund	FIDELITY ADVISOR LEVERAGED CS	28,978
Franklin Templeton	Mutual fund	FRANKLIN TOTAL RETURN	26,328
* MassMutual	Mutual fund	HIMCO VIT INDEX IB	24,835
Franklin Templeton	Mutual fund	PIMCO TOTAL RETURN	17,273
* MassMutual	Mutual fund	MONEY MARKET	10,906
T. Rowe Price	Mutual fund	T. ROWE PRICE RETIREMENT 2030	7,187
Pioneer Investments	Mutual fund	PIONEER EMERGING MARKETS	5,739
MFS	Mutual fund	MFS NEW DISCOVERY	3,703
T. Rowe Price	Mutual fund	T. ROWE PRICE RETIREMENT 2020	1,565
JP Morgan	Mutual fund	JP MORGAN SMART RETIREMENT 2025 R2	1,366
T. Rowe Price	Mutual fund	T. ROWE PRICE RETIREMENT 2050 R	947
JP Morgan	Mutual fund	JP MORGAN SMART RETIREMENT 2035 R2	740
		TOTAL INVESTMENTS AT FAIR VALUE	2,715,804
		* Notes Receivable from Participants	103,995
			$ 2,819,799

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

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

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

See independent auditor's report.

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

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A This return/report is for: ☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); 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
TOLUNAY-WONG ENGINEERS, INC. 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2005

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

10710 S. Sam Houston Parkway W.
Ste. 100
Houston TX 77031

2b Employer Identification Number (EIN) 76-0409302

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

2d Business code (see instructions) 541330

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

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

SIGN HERE	Signature of plan administrator	Date 8-24-2015	Enter name of individual signing as plan administrator CINDY LO
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	**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:	**4b** EIN	
a Sponsor's name	**4c** PN	
5 Total number of participants at the beginning of the plan year	**5**	202
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	182
a(2) Total number of active participants at the end of the plan year	**6a(2)**	260
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	9
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	269
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	269
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	90
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	2
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:
2A 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)		**9b** Plan benefit arrangement (check all that apply)	
(1) [X]	Insurance	**(1)** [X]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(4)** [ ]	General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

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

Schedule H, line 4i - Schedule of Assets (Held at End of Year)
FOR THE PERIOD ENDING DECEMBER 31, 2014

(a) Party in Interest?	(b) Identity of issue, borrower, leaser, or similar party	(c) Description of investment including maturity date rate of interest, collateral, par, or maturity value		(e) Current Value
*	MassMutual	ALGER SMCAP GRTH INSTITUTIONAL	Pooled Separate Accounts	79,814.81
*	MassMutual	AMERICAN FUNDS BOND FUND AM	Pooled Separate Accounts	40,155.13
*	MassMutual	AMERICAN FUNDS CAP INC BLDR	Pooled Separate Accounts	210,825.75
*	MassMutual	AMERICAN FUNDS GROWTH FUND	Pooled Separate Accounts	110,520.03
*	MassMutual	AMERICAN FUNDS INCOME FUND	Pooled Separate Accounts	196,107.26
*	MassMutual	AMERICAN FUNDS INV CO AM	Pooled Separate Accounts	32,356.42
*	MassMutual	AMERICAN FUNDS NEW PRSPCTV	Pooled Separate Accounts	42,876.31
*	MassMutual	CB AGG GRW	Pooled Separate Accounts	102,504.64
*	MassMutual	DAVIS NEW YORK VENTURE	Pooled Separate Accounts	41,415.94
*	MassMutual	FIDELITY ADVISOR LEVERAGED CS	Pooled Separate Accounts	28,978.04
*	MassMutual	FIXED ACCOUT	Pooled Separate Accounts	91,875.73
*	MassMutual	FRANKLIN INCOME	Pooled Separate Accounts	169,544.19
*	MassMutual	FRANKLIN STRATEGIC INCOME	Pooled Separate Accounts	183,191.59
*	MassMutual	FRANKLIN TOTAL RETURN	Pooled Separate Accounts	26,327.64
*	MassMutual	HIMCO VIT INDEX	Pooled Separate Accounts	24,835.47
*	MassMutual	INVESCO REAL ESTATE	Pooled Separate Accounts	44,431.09
*	MassMutual	IVY GLOBAL NATURAL RESOURCES	Pooled Separate Accounts	143,434.67
*	MassMutual	IVY SCIENCE AND TECHNOLOGY	Pooled Separate Accounts	81,049.39
*	MassMutual	JANUS OVERSEAS	Pooled Separate Accounts	184,091.16
*	MassMutual	JP MORGAN SMART RETIREMENT 2020	Pooled Separate Accounts	46,851.93
*	MassMutual	JP MORGAN SMART RETIREMENT 2025	Pooled Separate Accounts	1,365.64
*	MassMutual	JP MROGAN SMART RETIREMENT 2030	Pooled Separate Accounts	63,944.86
*	MassMutual	JP MROGAN SMART RETIREMENT 2035	Pooled Separate Accounts	740.24
*	MassMutual	LOAN FUND	Loan	103,994.87
*	MassMutual	MFS NEW DI	Pooled Separate Accounts	3,702.50
*	MassMutual	MUTUAL SHARES	Pooled Separate Accounts	186,118.63
*	MassMutual	NUVEEN MID	Pooled Separate Accounts	197,290.83
*	MassMutual	PIMCO REAL RETURN	Pooled Separate Accounts	69,434.82
*	MassMutual	PIMCO TOTAL RETURN	Pooled Separate Accounts	17,273.20
*	MassMutual	PIONEER EMERGING MARKETS	Pooled Separate Accounts	5,739.05
*	MassMutual	SSGA S&P 500 INDEX	Pooled Separate Accounts	947.31
*	MassMutual	T. ROWE PRICE RETIREMENT 2020	Pooled Separate Accounts	1,565.48
*	MassMutual	T. ROWE PRICE RETIREMENT 2030	Pooled Separate Accounts	7,186.59
*	MassMutual	T. ROWE PRICE RETIREMENT 2040	Pooled Separate Accounts	48,032.67
*	MassMutual	TEMPLETON GROWTH	Pooled Separate Accounts	160,823.20
*	MassMutual	THE HARTFORD DIV & GROWTH R3	Pooled Separate Accounts	60,653.46
TOTAL				**2,810,000.54**