Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

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
SHAW SYSTEMS ASSOCIATES, INC. PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 05/15/1970

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
SHAW SYSTEMS ASSOCIATES, INC.

6200 SAVOY DRIVE #600
HOUSTON, TX 77036

2b Employer Identification Number (EIN)
74-1597342

2c Sponsor's telephone number
713-782-7730

2d Business code (see instructions)
541512

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.	08/01/2011	KIRSTEN HERRSCHER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
SHAW SYSTEMS ASSOCIATES, INC.

6200 SAVOY DRIVE #600
HOUSTON, TX 77036

3b Administrator's EIN
74-1597342

3c Administrator's telephone number
713-782-7730

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**	121
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**	87
b	Retired or separated participants receiving benefits	**6b**	2
c	Other retired or separated participants entitled to future benefits	**6c**	20
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	109
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	109
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	105
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 2K 2T 3D

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2010** **This Form is Open to Public Inspection.**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan	**B** Three-digit plan number (PN) ▶	
SHAW SYSTEMS ASSOCIATES, INC. PROFIT SHARING PLAN		001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
SHAW SYSTEMS ASSOCIATES, INC.	74-1597342	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

CAPITAL RESEARCH & MANAGMENT CO.

95-1411037

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

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

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

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

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

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

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

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

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

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

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

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

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

CAPITAL RESEARCH & MANAGMENT CO.

95-1411037

(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?
64 52 60 62 25 49 72 37	RECORDKEEPER	431	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
SHAW SYSTEMS ASSOCIATES, INC. PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SHAW SYSTEMS ASSOCIATES, INC.

D Employer Identification Number (EIN)
74-1597342

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1150896	1143418
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	182262	138516
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	13763371	11530537
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	15096529	12812471
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h		
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
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	15096529	12812471

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)	100741	
(B) Participants	2a(1)(B)	588367	
(C) Others (including rollovers)	2a(1)(C)	87722	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		776830
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	10319	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		10319
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	264285	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		264285
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1425161
c Other income	2c		1
d Total income. Add all **income** amounts in column (b) and enter total	2d		2476596
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4752974	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		4752974
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		7249
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	431	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		431
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		4760654
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-2284058
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: EVANS AND CHASTAIN (2) EIN: 76-0379066

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		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		X	

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
SHAW SYSTEMS ASSOCIATES, INC. PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SHAW SYSTEMS ASSOCIATES, INC.

D Employer Identification Number (EIN)
74-1597342

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): 20-3691658

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

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

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

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

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

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

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

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

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

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

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

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

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

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

SHAW SYSTEMS ASSOCIATES, INC.
PROFIT SHARING PLAN

Financial Statements
December 31, 2010 and 2009
(Audited With Limited Scope)

EVANS & CHASTAIN, L.L.P.

10700 Richmond Avenue, Suite 101
Houston, TX 77042
Office (713) 334-1200 • Fax (713) 334-1208
EvansChast@aol.com

REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

To the Plan Administrator of the
Shaw Systems Associates, Inc. Profit Sharing Plan:

We were engaged to audit the accompanying financial statements and supplemental schedule of Shaw Systems Associates, Inc. Profit Sharing Plan (the Plan) as of December 31, 2010 and 2009 and for the years then ended. These financial statements and supplemental schedule are the responsibility of the Plan Administrator.

As permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by Capital Bank and Trust (the Trustee) of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan Administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the Trustee as of and for the years ended December 31, 2010 and 2009, that the information provided to the Plan Administrator by the Trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the Trustee, have been audited by us in accordance with generally accepted auditing standards and, in our opinion, are presented in compliance with the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA.

Evans & Chastain, L.L.P.

Houston, Texas

July 18, 2011

SHAW SYSTEMS ASSOCIATES, INC.
PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
As of December 31, 2010 and 2009

	2010	2009
ASSETS		
Investments, at fair value	$ 12,673,955	$ 14,914,267
Receivables:		
Employer's contributions	380,000	-
Participants' contributions	-	-
Notes receivable from participants	138,516	182,262
Total receivables	518,516	182,262
Total assets	13,192,471	15,096,529
LIABILITIES		
Liabilities	-	-
Total liabilities	-	-
Net assets available for plan benefits	$ 13,192,471	$ 15,096,529

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

SHAW SYSTEMS ASSOCIATES, INC.
PROFIT SHARING PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
For the Years Ended December 31, 2010 and 2009

	2010	2009
Increases in net assets:		
Investment income:		
Net appreciation in fair value of investments	$ 1,425,161	$ 3,437,113
Dividends and interest	274,605	12,297
	1,699,766	3,449,410
Contributions:		
Participants	676,089	570,289
Employer	480,741	48,468
	1,156,830	618,757
Total additions	2,856,596	4,068,167
Deductions from net assets:		
Benefits paid to participants	4,760,223	238,375
Administrative expenses	431	394
Total deductions	4,760,654	238,769
Increase (decrease) in net assets	(1,904,058)	3,829,398
Net assets available for plan benefits:		
Beginning of year	15,096,529	11,267,131
End of year	$ 13,192,471	$ 15,096,529

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

SHAW SYSTEMS ASSOCIATES, INC.
PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
December 31, 2010 and 2009
(Audited With Limited Scope)

1. Description of Plan

The following description of the Shaw Systems Associates, Inc. Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more comprehensive description of the Plan's provisions.

General. The Plan is a prototype plan established on May 15, 1970 for employees of Shaw Systems Associates, Inc. (the Company). The Plan is a defined contribution plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The operation, control and overall administration of the Plan are performed by the Company's human resources manager (Plan Administrator). Capital Bank and Trust (the Trustee) holds all Plan assets.

All employees are eligible to participate in the Plan on the entry date coincident with or next following the completion of six (6) months of service and the attainment of 21 years of age.

Contributions. Each year, participants may make salary deferral contributions of up to 100% of pretax annual compensation, as defined in the Plan, but not more than $16,500 pursuant to Section 402(g)(5) of the Internal Revenue Code (IRC). In 2010 and 2009, participants age 50 and above can contribute an additional $5,500 as "catch-up" contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. The Company may make discretionary matching contributions. Participants may change their contribution rates or may suspend contributions at any time.

Company profit sharing contributions may be made at the discretion of the Company. No profit sharing contributions were made for 2009; in 2011, the Company made $380,000 in profit sharing contributions related to Plan year 2010. These contributions were accrued as of December 31, 2010 and are reflected in the 2010 financial statements as a receivable.

Participants' Accounts. Each participant's account is credited with or reduced by the participant's contributions, earnings of the investment funds and realized gains or losses in the value of the investment funds. The benefit to which a participant is entitled is the balance of his or her vested account.

Investment Options. A participant may direct that contributions be invested in increments of 1% in any of the investment options. These were as follows as of December 31, 2010:

American Funds EuroPacific Growth Fund – The Fund's goal is to provide long-term growth of capital by investing in companies based outside the United States.

American Funds The Growth Fund of America – The Fund's goal is to provide long-term growth of capital through a diversified portfolio of common stocks.

American Funds The New Economy Fund – The Fund's goal is to provide long-term growth of capital through investments in services and information industries in the United States and around the world.

American Funds New Perspective Fund – The Fund's goal is to provide long-term growth of capital through investments all over the world, including the United States.

American Funds New World Fund – The Fund's goal is to provide long-term growth of capital by investing in stocks and bonds with significant exposure to countries with developing economies and/or markets.

American Funds SMALLCAP World Fund – The Fund's goal is to provide long-term growth of capital by investing in the stocks of smaller companies in the United States and around the world.

American Funds American Mutual Fund – The Fund's goal is to strive for the balanced accomplishment of three objectives – current income, capital growth and conservation of principal.

American Funds Fundamental Investors Fund – The Fund's goal is to provide long-term growth of capital and income primarily through investments in common stocks.

American Funds The Income Fund of America – The Fund's goal is to provide current income and, secondarily, growth of capital through a flexible mix of equity and debt instruments.

American Funds American Balanced Fund – The Fund's goal is to seek conservation of capital, current income and long-term growth of capital and income by investing in stocks, bonds and other fixed-income securities.

American Funds American High-Income Trust Fund – The Fund's goal is to seek a high level of current income, with capital appreciation as a secondary goal.

American Funds U.S. Government Securities Fund – The Fund's goal is to provide a high level of current income and preservation of capital.

American Funds The Money Market Fund – The Fund's goal is to provide income on cash reserves, while preserving capital and maintaining liquidity, through high-quality money market instruments.

American Funds 2010 Target Date Retirement Fund – The Fund's goal is to provide a balance of growth, income and capital conservation that changes over time. The portfolio becomes more income-oriented as the fund approaches and passes its target date.

American Funds 2015 Target Date Retirement Fund – The Fund's goal is to provide a balance of growth, income and capital conservation that changes over time. The portfolio becomes more income-oriented as the fund approaches and passes its target date.

American Funds 2020 Target Date Retirement Fund – The Fund's goal is to provide a balance of growth, income and capital conservation that changes over time. The portfolio becomes more income-oriented as the fund approaches and passes its target date.

American Funds 2025 Target Date Retirement Fund – The Fund's goal is to provide a balance of growth, income and capital conservation that changes over time. The portfolio becomes more income-oriented as the fund approaches and passes its target date.

American Funds 2030 Target Date Retirement Fund – The Fund's goal is to provide a balance of growth, income and capital conservation that changes over time. The portfolio becomes more income-oriented as the fund approaches and passes its target date.

American Funds 2035 Target Date Retirement Fund – The Fund's goal is to provide a balance of growth, income and capital conservation that changes over time. The portfolio becomes more income-oriented as the fund approaches and passes its target date.

American Funds 2040 Target Date Retirement Fund – The Fund's goal is to provide a balance of growth, income and capital conservation that changes over time. The portfolio becomes more income-oriented as the fund approaches and passes its target date.

American Funds 2045 Target Date Retirement Fund – The Fund's goal is to provide a balance of growth, income and capital conservation that changes over time. The portfolio becomes more income-oriented as the fund approaches and passes its target date.

American Funds 2050 Target Date Retirement Fund – The Fund's goal is to provide a balance of growth, income and capital conservation that changes over time. The portfolio becomes more income-oriented as the fund approaches and passes its target date.

Participants may change their investment options at any time. During 2010, the Plan was amended to allow ROTH deferral contributions to be made by participants.

Vesting. Participants are immediately vested in their contributions, discretionary employer match and the appreciation or depreciation thereon. Vesting in the Company's discretionary profit sharing accounts and the appreciation or depreciation thereon is based on years of credited service. A participant is 100% vested after six years of credited service.

Payment of Benefits. Upon attainment of age 59 1/2, immediate financial necessity or termination of service, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or installments as indicated in the Plan agreement. The method of distribution is subject to the Plan Administrator's approval.

Forfeited Accounts. In 2010 and 2009, employer contributions were reduced by $4,462 and $355, respectively, from forfeited non-vested accounts. Forfeitures result from participants who terminate from the Plan before fully vested in the profit sharing contributions credited to their accounts. In 2010, the forfeiture balances as of December 31, 2009 were allocated to participants based on compensation earned during 2009.

2. Summary of Significant Accounting Policies

Basis of Accounting. The accounting records of the Plan are maintained on the cash basis of accounting; however, the financial statements have been prepared on the accrual basis of accounting.

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 disclosure of contingent assets and liabilities at the dates of the financial statements and the reported amounts of revenues and expenses during the reporting periods. Actual results could differ from those estimates.

Investment Valuation and Income Recognition. The Plan's investments are stated at fair value. Shares of registered investment companies are valued at quoted market prices which represents the net asset value of shares held by the Plan at year end. See Note 4 for discussion of fair value measurements.

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

Notes Receivable from Participants. Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent loans are reclassified as distributions based upon the terms of the Plan document. In accordance with new accounting regulations, notes receivable from participants, formerly called loans to participants, were reclassed from investments to receivables; the 2009 financial statements were revised to reflect this reclassification.

Payment of Benefits. Benefits are recorded when paid.

Federal Income Taxes. The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated March 7, 2005, that the Plan and related trust are designed in accordance with applicable sections of the IRC. The Company has not requested a separate determination letter for 2010 from the IRS. However, the Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRS.

The Tax Reform Act of 1986 provides that plans such as this one cannot discriminate in favor of highly compensated individuals.

Administrative Expenses. All expenses incident to the administration, termination or protection of the Plan, including, but not limited to, legal, accounting and trustee fees, shall be paid by the Company or shall be paid by the Trustee from Plan assets. During 2010 and 2009, the Company paid or accrued Plan expenses of $8,900 and $8,500, respectively. Investment expenses are paid to the Plan custodian by reducing each fund's daily price by an expense ratio; participant accounts are not charged separately for these costs. Based on estimates from the Plan custodian, investment expenses approximating $100,236 and $106,244 were paid by the Plan for the years ended December 31, 2010 and 2009, respectively.

Date of Management's Review. In accordance with ASC Topic 855, management has evaluated subsequent events and transactions up to and including July18, 2011 which is the date financial statements were available to be issued.

3. Notes Receivable from Participants

Participants may borrow up to 50% of their account balance, but not more than $50,000 nor less than $1,000. Loan terms range from 1-5 years or up to 30 years for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the custodian. Interest rates on outstanding loans range from

5.25% to 10.25%. Principal and interest are paid through monthly payroll deductions. All payments, including interest, are credited to the respective participant's account. If a participant should terminate before a loan is repaid, the unpaid balance becomes immediately due and payable.

As of December 31, 2010, no loans were in default due to termination of employees.

4. Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying statement of net assets available for plan benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair value. Furthermore, although Plan management 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 fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. No Level 2 or 3 inputs were available to the Plan.

Level 1 Fair Value Measurements

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year end. The fair values of common stocks, corporate bonds, and U.S. government securities are based on the closing price reported on the active market where the individual securities are traded.

The following tables set forth, by level with the fair value hierarchy, the Plan's investments at fair value as of December 31, 2010 and 2009:

	Assets at Fair Value as of December 31, 2010			
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Growth funds	$ 5,838,665	$ -	$ -	$ 5,838,665
Growth and income funds	2,249,900	-	-	2,249,900
Money market funds	1,143,418	-	-	1,143,418
Equity income funds	892,711	-	-	892,711
Fixed income funds	837,730	-	-	837,730
Balanced funds	729,696	-	-	729,696
Target date funds	981,835	-	-	981,835
Total assets at fair value	$ 12,673,955	$ -	$ -	$ 12,673,955

	Assets at Fair Value as of December 31, 2009			
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Growth funds	$ 8,027,268	$ -	$ -	$ 8,027,268
Growth and income funds	2,576,887	-	-	2,576,887
Money market funds	1,150,896	-	-	1,150,896
Equity income funds	756,520	-	-	756,520
Fixed income funds	1,109,730	-	-	1,109,730
Balanced funds	724,805	-	-	724,805
Target date funds	568,161	-	-	568,161
Total assets at fair value	$ 14,914,267	$ -	$ -	$ 14,914,267

Gains and losses (realized and unrealized) included in changes in net assets available for Plan benefits for the years ended December 31, 2010 and 2009, respectively, are reported in net appreciation (depreciation) in fair value of investments.

5. Investments

Investments that represent 5% or more of the Plan's assets at December 31, 2010 and 2009 are stated at market value are as follows:

Description of Investment	Market Value 2010	2009
American Funds The Growth Fund of America	$ 1,786,877	$ 2,914,868
American Funds Fundamental Investors Fund	1,477,796	1,802,865
American Funds EuroPacific Growth Fund	1,222,164	2,109,908
American Funds New World Fund	1,171,466	970,192
American Funds The Money Market Fund	1,143,418	1,150,896
American Funds SMALLCAP World Fund	1,117,282	1,531,204
American Funds The Income Fund of America	892,711	756,520
American Funds American Mutual Fund	772,104	774,022
American Funds American Balanced Fund	729,696	-
American Funds U.S. Government Securities Fund	-	805,621

During 2010 and 2009, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $1,425,161 and $3,437,113, respectively, as follows:

	2010	2009
American Funds EuroPacific Growth Fund	$ 100,356	$ 608,405
American Funds The Growth Fund of America	305,559	795,748
American Funds The New Economy Fund	11,681	26,332
American Funds New Perspective Fund	48,531	108,048
American Funds New World Fund	124,385	285,732
American Funds SMALLCAP World Fund	343,907	654,601
American Funds American Mutual Fund	72,594	123,192
American Funds Fundamental Investors Fund	194,373	407,286
American Funds The Income Fund of America	72,814	138,623
American Funds American Balanced Fund	70,379	108,809
American Funds American High-Income Trust	25,897	13,192
American Funds U.S. Government Securities Fund	10,322	79,128
American Funds The Money Market Fund	-	-
American Funds 2010 Target Date Retirement Fund	6,630	4,529
American Funds 2015 Target Date Retirement Fund	5,878	13,967
American Funds 2020 Target Date Retirement Fund	10,587	2,816
American Funds 2025 Target Date Retirement Fund	10,034	44,645
American Funds 2030 Target Date Retirement Fund	4,022	1,270
American Funds 2035 Target Date Retirement Fund	(3,600)	7,942
American Funds 2040 Target Date Retirement Fund	2,100	3,366
American Funds 2045 Target Date Retirement Fund	8,288	8,877
American Funds 2050 Target Date Retirement Fund	424	605
	$ 1,425,161	$ 3,437,113

6. Information Certified by the Trustee

The Administrator has obtained a certification from the Trustee that all of the information provided to the Administrator by the Trustee is complete and accurate. The Trustee's certification applies to substantially all Plan assets and transactions. The Trustee reports such information primarily on the cash basis while the accompanying financial statements are presented on the accrual basis. There are no differences between cash and accrual basis in the accompanying financial statements.

7. Related Party Transactions

Certain Plan investments are shares of mutual funds managed by American Funds. American Funds is the Custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

8. Termination of the Plan

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

9. 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 the values of investment securities 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.

10. Reconciliation of Financial Statement to Schedule H of Form 5500

The following is a reconciliation of net assets available for benefits per the financial statement to Schedule H of Form 5500.

	2010
Net assets available for Plan benefits per the financial statements	$ 13,192,471
Contributions in transit to Trustee	(380,000)
Net assets available for Plan benefits per Form 5500	$ 12,812,471

The flowing is a reconciliation of contributions per the financial statement to Schedule H of Form 5500.

	2010
Contributions per the financial statements	$ 1,156,830
Contributions in transit to Trustee	(380,000)
Contributions per Form 5500	$ 776,830

SHAW SYSTEMS ASSOCIATES, INC.

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS HELD AT END OF YEAR

December 31, 2010 and 2009

Identity of Issuer	Description	Market Value	
		2010	2009
*American Funds	American Funds EuroPacific Growth Fund	$ 1,222,164	$ 2,109,908
*American Funds	American Funds The Growth Fund of America	1,786,877	2,914,868
*American Funds	American Funds The New Economy Fund	88,052	95,795
*American Funds	American Funds New Perspective Fund	452,824	405,301
*American Funds	American Funds New World Fund	1,171,466	970,192
*American Funds	American Funds SMALLCAP World Fund	1,117,282	1,531,204
*American Funds	American Funds American Mutual Fund	772,104	774,022
*American Funds	American Funds Fundamental Investors Fund	1,477,796	1,802,865
*American Funds	American Funds The Income Fund of America	892,711	756,520
*American Funds	American Funds American Balanced Fund	729,696	724,805
*American Funds	American Funds American High-Income Trust	269,476	304,109
*American Funds	American Funds U.S. Government Securities Fund	568,255	805,621
*American Funds	American Funds The Money Market Fund	1,143,418	1,150,896
*American Funds	American Funds 2010 Target Date Retirement Fund	133,901	116,439
*American Funds	American Funds 2015 Target Date Retirement Fund	126,633	83,253
*American Funds	American Funds 2020 Target Date Retirement Fund	212,741	11,486
*American Funds	American Funds 2025 Target Date Retirement Fund	153,678	88,144
*American Funds	American Funds 2030 Target Date Retirement Fund	50,591	6
*American Funds	American Funds 2035 Target Date Retirement Fund	183,979	190,197
*American Funds	American Funds 2040 Target Date Retirement Fund	22,340	16,056
*American Funds	American Funds 2045 Target Date Retirement Fund	92,736	57,933
*American Funds	American Funds 2050 Target Date Retirement Fund	5,235	4,647
	Total Investments at fair value	12,673,955	14,914,267
	Notes Receivable with interest rates ranging from 5.25% to 10.25%	138,516	182,262
	Total Plan Assets	$ 12,812,471	$ 15,096,529

* Indicates Party-In-Interest to the Plan

The information shown on this schedule has been summarized from information provided by the Trustee; this information has been certified by the Trustee as being complete and accurate.

Attachment to 2010 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name SHAW SYSTEMS ASSOCIATES, INC. PROFIT SHARING PLAN **EIN:** 74-1597342
Plan Sponsor's Name SHAW SYSTEMS ASSOCIATES, INC. **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	AMERICAN FUNDS EUROPACIFIC GROWTH F	N/A	1,004,109	1,222,163
	AMERICAN FUNDS GROWTH FUND OF AMERI	N/A	1,429,635	1,786,877
	AMERICAN FUNDS NEW ECONOMY FUND R4	N/A	71,545	88,052
	AMERICAN FUNDS NEW PERSPECTIVE FUND	N/A	412,855	452,824
	AMERICAN FUNDS NEW WORLD FUND R4	N/A	1,170,037	1,171,466
	AMERICAN FUNDS SMALLCAP WORLD FUND	N/A	863,874	1,117,282
	AMERICAN FUNDS AMERICAN MUTUAL FUND	N/A	696,034	772,104

Attachment to 2010 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name _____ **EIN:** _____
Plan Sponsor's Name _____ **PN:** _____

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	AMERICAN FUNDS FUNDAMENTAL INVESTOR	N/A	1,264,965	1,477,796
	AMERICAN FUNDS INCOME FUND OF AMERI	N/A	867,045	892,711
	AMERICAN FUNDS AMERICAN BALANCED FU	N/A	664,578	729,696
	AMERICAN FUNDS HIGH INCOME TRUST R4	N/A	263,750	269,475
	AMERICAN FUNDS US GOVT SECURITIES F	N/A	567,366	568,255
	AMERICAN FUNDS MONEY MARKET FUND R4	N/A	1,143,418	1,143,418
	AMERICAN FUNDS 2010 TARGET DATE FUN	N/A	125,858	133,901

Attachment to 2010 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name _____ **EIN:** _____
Plan Sponsor's Name _____ **PN:** _____

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	AMERICAN FUNDS 2015 TARGET DATE FUN	N/A	121,345	126,633
	AMERICAN FUNDS 2020 TARGET DATE FUN	N/A	201,146	212,741
	AMERICAN FUNDS 2025 TARGET DATE FUN	N/A	142,877	153,678
	AMERICAN FUNDS 2030 TARGET DATE FUN	N/A	46,568	50,591
	AMERICAN FUNDS 2035 TARGET DATE FUN	N/A	180,202	183,979
	AMERICAN FUNDS 2040 TARGET DATE FUN	N/A	18,824	22,342
	AMERICAN FUNDS 2045 TARGET DATE FUN	N/A	85,935	92,736

Attachment to 2010 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name _____ **EIN:** _____
Plan Sponsor's Name _____ **PN:** _____

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	AMERICAN FUNDS 2050 TARGET DATE FUN	N/A	4,320	5,234
	PARTICIPANT LOANS	Interest Rate - 5.250-10.250 Maturity Date - VARIOUS	138,513	138,516
	FORFEITURES	N/A	1	1