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;
- [X] 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. . . . . ▶ [X]

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
FUSCOE ENGINEERING, INC. 401K PROFIT SHARING PLAN & TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 12/01/1993

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

16795 VON KARMAN AVE SUITE 100
IRVINE, CA 92606

16795 VON KARMAN AVE SUITE 100
IRVINE, CA 92606

2b Employer Identification Number (EIN)
33-0531135

2c Sponsor's telephone number
949-474-1960

2d Business code (see instructions)
541330

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2011	JILL LITTLEY
	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")

FUSCOE ENGINEERING INC

16795 VON KARMAN AVE SUITE 100
IRVINE, CA 92606

3b Administrator's EIN: 33-0531135

3c Administrator's telephone number: 949-474-1960

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**	141
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**	88
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	35
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	123
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	123
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	101
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 2S 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
FUSCOE ENGINEERING, INC. 401K PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FUSCOE ENGINEERING INC

D Employer Identification Number (EIN)
33-0531135

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

FIDELITY INVESTMENTS INST. OPS. CO.

04-2647786

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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 37 65 60	RECORDKEEPER	1050	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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
ABF LG CAP VAL INV - BOSTON FINANCI 52-1184650	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
AF GRTH FUND AMER R4 - AMERICAN FUN 95-2566717	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
COL/ACORN SELECT Z - COLUMBIA MGT I 04-2838628	0.35%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
DAVIS NY VENTURE A - BOSTON FINANCI 04-2526037	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
NORTHERN SM CAP VAL - NORTHERN TRUS 801 SOUTH CANAL STREET CHICAGO, IL 60607	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
ROYCE VALUE PLUS SER - BOSTON FINAN 04-2526037	0.45%

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

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
FUSCOE ENGINEERING, INC. 401K PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FUSCOE ENGINEERING INC

D Employer Identification Number (EIN)
33-0531135

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)	1095813	1084217
(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)	136794	168231
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	7260648	7266447
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	8493255	8518895
	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	8493255	8518895

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
	(B) Participants	2a(1)(B)	320649	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		320649
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	204	
	(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)	14044	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		14248
	(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)	140990	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		140990
	(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)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		832140
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1308027
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1281334	
(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)		1281334
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	1053	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1053
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1282387
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		25640
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) [X] 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 [X] No

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

(1) Name: DIEHL, EVANS & COMPANY LLP (2) EIN: 95-3797193

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		650000
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
FUSCOE ENGINEERING, INC. 401K PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FUSCOE ENGINEERING INC

D Employer Identification Number (EIN)
33-0531135

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): 04-6568107

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):

FUSCOE ENGINEERING, INC. 401(k)
PROFIT SHARING PLAN & TRUST

FINANCIAL STATEMENTS

WITH REPORT ON AUDIT
BY INDEPENDENT
CERTIFIED PUBLIC ACCOUNTANTS

DECEMBER 31, 2010 AND 2009

FUSCOE ENGINEERING, INC. 401(k) PROFIT SHARING PLAN & TRUST

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December 31, 2010 and 2009

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Statement of Changes in Net Assets Available for Benefits	3
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Schedule of Assets Held for Investment Purposes at End of Year	11

DIEHL, EVANS & COMPANY, LLP
CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS

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*A PROFESSIONAL CORPORATION

INDEPENDENT AUDITORS' REPORT

The Trustees of
Fuscoe Engineering, Inc. 401(k)
Profit Sharing Plan & Trust
Irvine, California

We were engaged to audit the financial statements of Fuscoe Engineering, Inc. 401(k) Profit Sharing Plan & Trust (the Plan) as of December 31, 2010 and 2009 and for the year ended December 31, 2010, and the supplemental schedule as of December 31, 2010 as listed in the table of contents. These financial statements and schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Notes 3 and 4, which was certified by Fidelity Management Trust Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the custodian as of and for the years ended December 31, 2010 and 2009, that the information provided to the plan administrator by the custodian 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 schedule taken as a whole. The form and content of the information included in the financial statements and schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Diehl, Evans and Company, LLP

September 2, 2011
Irvine, California

OTHER OFFICES AT:

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FUSCOE ENGINEERING, INC. 401(k) PROFIT SHARING PLAN & TRUST

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2010 and 2009

	2010	2009
ASSETS:		
Participant-directed investments	$ 8,350,664	$ 8,356,461
Notes receivable from participants	168,231	136,794
NET ASSETS AVAILABLE FOR BENEFITS	$ 8,518,895	$ 8,493,255

See independent auditors' report and notes to financial statements.

FUSCOE ENGINEERING, INC. 401(k) PROFIT SHARING PLAN & TRUST

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the year ended December 31, 2010

ADDITIONS:	
Investment income (loss):	
Net appreciation (depreciation) in fair value of investments in mutual funds	$ 832,140
Interest and dividends	141,194
Total investment income (loss)	973,334
Investment income on notes receivable from participants	14,044
Contributions:	
Participants	320,649
TOTAL ADDITIONS	1,308,027
DEDUCTIONS:	
Benefits paid to participants	(1,281,334)
Administrative expenses	(1,053)
TOTAL DEDUCTIONS	(1,282,387)
NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	25,640
NET ASSETS AVAILABLE FOR BENEFITS:	
JANUARY 1, 2010	8,493,255
DECEMBER 31, 2010	$ 8,518,895

See independent auditors' report and notes to financial statements.

1. PLAN DESCRIPTION:

The following description of Fuscoe Engineering, Inc. 401(k) Profit Sharing Plan & Trust (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

a. General:

Effective December 1, 1993, Fuscoe Engineering, Inc. (the Company) adopted the Plan. The Plan is a deferred profit-sharing plan covering all full-time employees of the Company who are age eighteen or older. The Plan does not have a service requirement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The trustees of the Plan are certain Company officers. The custodian of the plan is Fidelity Management Trust Company. The Plan was restated effective January 1, 2003 to incorporate changes required by ERISA and to change the Plan's name from Fuscoe Engineering, Inc. Retirement Savings Plan to Fuscoe Engineering, Inc. 401(k) Profit Sharing Plan & Trust.

b. Contributions:

Participants can contribute up to the lesser of 25% of pretax annual compensation or the maximum allowable under the Internal Revenue Code. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers twenty-four mutual funds as investment options for participants. Matching and profit sharing contributions may be made at the option of the Company's Board of Directors. The Company did not make matching contributions for the years ended December 31, 2010 and 2009.

c. Participant Accounts:

Each participant's account is credited with the participant's contribution and allocations of (a) the employer matching contributions and, (b) Plan earnings (losses), and charged with administrative expenses that are specific to the participant's account. General Plan administrative expenses are paid by the Company. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

1. PLAN DESCRIPTION (CONTINUED):

d. Vesting:

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's matching contribution portion of their accounts plus actual earnings thereon is also immediate.

e. Payment of Benefits:

On termination of service, a participant will receive an amount equal to the value of the participant's vested interest in his or her account in one lump sum distribution.

f. Notes Receivable from Participants:

Participants may borrow from their vested account balance a minimum of $1,000 up to a maximum of $50,000 or 50% of their vested account balance, whichever is less. The loans are secured by the balance in the participant's account and bear interest at a rate determined by the Company. Principal and interest is paid ratably through payroll deductions.

g. Plan Amendments:

In January 2003, the Plan was restated to comply with the Uruguay Round Agreements, the Uniformed Services Employment and Reemployment Rights Act of 1994, the Small Business Job Protection Act of 1996, the Taxpayer Relief Act of 1997, the Internal Revenue Restructuring and Reform Act of 1998 and the Community Renewal Tax Relief Act of 2000.

In March 2005, the Plan was amended to include automatic rollover provisions. Under these new provisions, the Plan can make automatic rollovers of vested account balances that are not more than $5,000.

On April 26, 2007, the Company adopted a merger and transfer agreement in which the Fuscoe Engineering, Inc. - San Diego 401(k) Profit Sharing Plan and Trust (the San Diego Plan) was merged with the Plan, effective January 1, 2008.

Effective July 1, 2007, the Plan was amended and restated for the purpose of transferring assets to a new Plan custodian and third party administrator, Fidelity Management Trust Company.

1. PLAN DESCRIPTION (CONTINUED):

   h. Reconciliation to Form 5500:

      For the years ended December 31, 2010 and 2009, there were no adjustments necessary to reconcile the financial statements to Form 5500.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

   a. Basis of Accounting:

      The accompanying financial statements of the Plan are prepared using the accrual method of accounting.

   b. Accounting Estimates:

      The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that effect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

   c. Notes Receivable from Participants:

      Loans to participants are reported at their unpaid principal balances plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

   d. Investment Valuation and Income Recognition:

      The Plan's investments are stated 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 4 for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

   e. Administrative Expenses:

      The Plan's administrative expenses are paid by the Company. Expenses related to the Plan's investment activities are paid by the Plan.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED):

f. Plan Termination:

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA.

g. Tax Status:

The Plan obtained its latest determination letter on December 19, 1994, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been restated since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

h. Risks and Uncertainties:

The Plan provides for investments held in various mutual funds. Mutual funds are exposed to various risks such as interest rate, market and credit. Due to the level of uncertainty related to changes in the value of mutual funds, it is at least reasonably possible that changes in the various risk factors, in the near term, could materially affect participants' account balances and the amounts reported in the financial statements.

Additionally, many mutual funds provided for investment in the securities of foreign companies, which involves special risks and considerations not typically associated with investing in U.S. Companies. These risks include devaluation of currencies, less reliable information about issuers, and possible adverse political and economic developments. Moreover, securities of many foreign companies and their markets may be less liquid and their prices more volatile than similar types of securities of comparable U.S. companies.

i. Subsequent Events:

Subsequent events have been evaluated through September 2, 2011, which is the date the financial statements were available to be issued.

3. INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN:

The following information as of December 31, 2010, was obtained from data that has been prepared and certified to as complete and accurate by the Plan custodian, Fidelity Management Trust Company.

Participant-directed investment:

Description	Fair Value	
Registered Investment Companies		
American Beacon Advisors - American Beacon Large Cap Value Plan	$ 333,904	
American Funds - The Growth Fund of America R4	156,879	
Columbia Funds - Columbia Acorn Select Fund Z	553,195	*
Davis Funds - Davis New York Venture A	178,761	
Fidelity Investments - Fidelity Value Fund	110,101	
Fidelity Investments - Fidelity Balanced Fund	310,167	
Fidelity Investments - Fidelity International Discovery Fund	545,941	*
Fidelity Investments - Fidelity Freedom Income Fund	26,045	
Fidelity Investments - Fidelity Freedom 2000 Fund	136,654	
Fidelity Investments - Fidelity Freedom 2010 Fund	157,792	
Fidelity Investments - Fidelity Freedom 2020 Fund	602,448	*
Fidelity Investments - Fidelity Freedom 2030 Fund	703,465	*
Fidelity Investments - Fidelity Spartan International Index Inv Fund	99,648	
Fidelity Investments - Fidelity Spartan US Equity Index Inv Fund	22,878	
Fidelity Investments - Fidelity Freedom 2040 Fund	358,142	
Fidelity Investments - Fidelity Total Bond Fund	133,114	
Fidelity Investments - Fidelity Freedom 2015 Fund	638,201	*
Fidelity Investments - Fidelity Freedom 2025 Fund	478,466	*
Fidelity Investments - Fidelity Freedom 2035 Fund	531,752	*
Fidelity Investments - Fidelity Freedom 2045 Fund	200,264	
Fidelity Investments - Fidelity Freedom 2050 Fund	178,244	
Northern Funds - Small Cap Value	187,705	
Royce Funds - Royce Value Plus Service	622,681	*
Money Market Account		
Fidelity Investments - Fidelity Retire Money Market Fund	1,084,217	*
Total participant-directed investments	$ 8,350,664	

* Represents 5% or more of the Plan's net assets

See independent auditors' report.

3. INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN (CONTINUED):

The following information as of December 31, 2009, was obtained from data that has been prepared and certified to as complete and accurate by the Plan custodian, Fidelity Management Trust Company.

Participant-directed investments:

Description	Fair Value	
Registered Investment Companies		
American Beacon Advisors - American Beacon Large Cap Value Plan	$ 304,318	
American Funds - The Growth Fund of America R4	195,273	
Columbia Funds - Columbia Acorn Select Fund Z	456,417	*
Davis Funds - Davis New York Venture A	178,645	
Fidelity Investments - Fidelity Value Fund	94,551	
Fidelity Investments - Fidelity Balanced Fund	261,264	
Fidelity Investments - Fidelity International Discovery Fund	542,652	*
Fidelity Investments - Fidelity Freedom Income Fund	59,806	
Fidelity Investments - Fidelity Freedom 2000 Fund	110,148	
Fidelity Investments - Fidelity Freedom 2010 Fund	178,813	
Fidelity Investments - Fidelity Freedom 2020 Fund	942,434	*
Fidelity Investments - Fidelity Freedom 2030 Fund	644,828	*
Fidelity Investments - Fidelity Spartan International Index Inv Fund	89,452	
Fidelity Investments - Fidelity Spartan US Equity Index Inv Fund	28,254	
Fidelity Investments - Fidelity Freedom 2040 Fund	379,462	
Fidelity Investments - Fidelity Total Bond Fund	210,238	
Fidelity Investments - Fidelity Freedom 2015 Fund	614,585	*
Fidelity Investments - Fidelity Freedom 2025 Fund	434,522	*
Fidelity Investments - Fidelity Freedom 2035 Fund	484,031	*
Fidelity Investments - Fidelity Freedom 2045 Fund	185,110	
Fidelity Investments - Fidelity Freedom 2050 Fund	144,802	
Northern Funds - Small Cap Value	158,470	
Royce Funds - Royce Value Plus Service	562,574	*
Money Market Account		
Fidelity Investments - Fidelity Retire Money Market Fund	1,095,812	*
Total participant-directed investments	$ 8,356,461	

* Represents 5% or more of the Plan's net assets

See independent auditors' report.

4. FAIR VALUE MEASUREMENTS:

The Plan's investments are reported at fair value in the accompanying Statement of Net Assets Available for Benefits as follows:

December 31, 2010

	Fair Value	Fair Value Measurements Using Quoted Prices in Active Markets for Identical Assets (Level 1)
Mutual Funds	$ 8,350,664	$ 8,350,664

December 31, 2009

	Fair Value	Fair Value Measurements Using Quoted Prices in Active Markets for Identical Assets (Level 1)
Mutual Funds	$ 8,356,461	$ 8,356,461

FASB Accounting Standards Codification 820, Fair Value Measurements and Disclosures, 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 inputs were available to the Plan, and Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

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.

SUPPLEMENTARY INFORMATION

FUSCOE ENGINEERING, INC. 401(k) PROFIT SHARING PLAN & TRUST

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

As of December 31, 2010

Fuscoe Engineering, Inc.'s Employer Identification Number: 33-0531135
Plan Number: 001

Identity of Issue, Borrower, Lessor, or Similar Party	Description	Current Value
	Registered Investment Companies	
American Beacon Advisors	American Beacon Large Cap Value Plan	$ 333,904
American Funds	The Growth Fund of America R4	156,879
Columbia Funds	Columbia Acorn Select Fund Z	553,195
Davis Funds	Davis New York Venture A	178,761
Fidelity Investments	Fidelity Value Fund	110,101
Fidelity Investments	Fidelity Balanced Fund	310,167
Fidelity Investments	Fidelity International Discovery Fund	545,941
Fidelity Investments	Fidelity Freedom Income Fund	26,045
Fidelity Investments	Fidelity Freedom 2000 Fund	136,654
Fidelity Investments	Fidelity Freedom 2010 Fund	157,792
Fidelity Investments	Fidelity Freedom 2020 Fund	602,448
Fidelity Investments	Fidelity Freedom 2030 Fund	703,465
Fidelity Investments	Fidelity Spartan International Index Inv Fund	99,648
Fidelity Investments	Fidelity Spartan US Equity Index Inv Fund	22,878
Fidelity Investments	Fidelity Freedom 2040 Fund	358,142
Fidelity Investments	Fidelity Total Bond Fund	133,114
Fidelity Investments	Fidelity Freedom 2015 Fund	638,201
Fidelity Investments	Fidelity Freedom 2025 Fund	478,466
Fidelity Investments	Fidelity Freedom 2035 Fund	531,752
Fidelity Investments	Fidelity Freedom 2045 Fund	200,264
Fidelity Investments	Fidelity Freedom 2050 Fund	178,244
Northern Funds	Small Cap Value	187,705
Royce Funds	Royce Value Plus Service	622,681
	Money Market Account	
Fidelity Investments	Fidelity Retire Money Market Fund	1,084,217
	Notes Receivable	
Participant Loans	6.50% - 9.25%	168,231

See independent auditors' report.

Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2010** **This Form is Open to Public Inspection**

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning // and ending //

A This return/report is for: (1) ○ a multiemployer plan; (3) ○ a multiple-employer plan; or (4) ○ a DFE (specify)
(2) ◉ a single-employer plan;

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 Plan Basic Information - enter all requested information.

1a Name of Plan
Fuscoe Engineering, Inc. 401K Profit Sharing Plan
& Trust

1(b) Three-digit plan number (PN)
001

1c Effective date of plan
12/01/1993

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
Fuscoe Engineering Inc
16795 Von Karman Ave Suite 100
Irvine
CA
92606

2b Employer Identification Number (EIN)
330531135

2c Sponsor's telephone number
9494741960

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	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")

SAME

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor`s name

4b EIN

4c PN

5 Total number of participants at the beginning of the plan year — 5: 141

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: 88
b	Retired or separated participants receiving benefits	6b: 0
c	Other retired or separated participants entitled to future benefits	6c: 35
d	Subtotal. Add lines 6a, 6b, and 6c	6d: 123
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e: 0
f	Total. Add lines 6d and 6e	6f: 123
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g: 101
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	2S	2T	3D		

8b 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) ☑ Trust

(4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1) ☐ Insurance

(2) ☐ Code section 412(e)(3) insurance contracts

(3) ☑ Trust

(4) ☐ General assets of the sponsor

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

a Pension Schedules

(1) ☑ **R** (Retirement Plan Information)

(2) ☐ **MB** (Multiemployer Defined Benefit and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1) ☑ **H** (Financial Information)

(2) ☐ **I** (Financial Information - Small Plan)

(3) ☐ **A** (Insurance Information)

(4) ☑ **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 // and ending //

A Name of Plan
Fuscoe Engineering, Inc. 401K Profit Sharing Plan

B Three-digit plan number (PN): 001

C Plan sponsor's name as shown on line 2a of Form 5500
Fuscoe Engineering Inc

D Employer Identification Number (EIN)
330531135

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FIDELITY INVESTMENTS INST. OPS

042647786

Address1

Address2

City

State

Zip

Country

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)

Name: FIDELITY INVESTMENTS INSTITUTI(

EIN: 042647786

Address1:

Address2:

City:

State:

Zip:

Country:

(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, 37, 65, 60	RECORDKEEI	1,050	(•) Yes ( ) No	(•) Yes ( ) No	0	(•) Yes ( ) No

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation

Name: ABF LG CAP VAL INV - BOSTON FIN

EIN: 521184650

Add1:
Add2:
City:
State:
Zip:
Country:

(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation

Name: AF GRTH FUND AMER R4 - AMERIC

EIN: 952566717

Add1:
Add2:
City:
State:
Zip:
Country:

(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

0.35%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation

Name: COL/ACORN SELECT Z - COLUMBIA
EIN: 042838628
Add1:
Add2:
City:
State:
Zip:
Country:

(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

0.35%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation

Name: DAVIS NY VENTURE A - BOSTON FI
EIN: 042526037
Add1:
Add2:
City:
State:
Zip:
Country:

(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

0.40%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation

Name: NORTHERN SM CAP VAL - NORTHE
EIN:
Add1: 801 SOUTH CANAL STREE
Add2:
City: CHICAGO
State: IL
Zip: 60607
Country: US

(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

0.40%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
☐ Name: ROYCE VALUE PLUS SER - BOSTON	Add1:	0.45%
EIN: 042526037	Add2:	
	City:	
	State:	
	Zip:	
	Country:	

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
☐	Name EIN Add1 Add2 City State Zip Country		

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

(complete as many entries as needed)

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 // and ending //

A Name of Plan
Fuscoe Engineering, Inc. 401K Profit Sharing Plan

B Three-digit plan number (PN) 001

C Plan sponsor's name as shown on line 2a of Form 5500
Fuscoe Engineering Inc

D Employer Identification Number (EIN)
330531135

Part I Asset and Liability Statement

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.

		(a) BOY	(b) EOY
	ASSETS		
a	Total noninterest-bearing cash	0	0
b	Receivables (less allowance for doubtful accounts):		
	(1) Employer contributions	0	0
	(2) Participant contributions	0	0
	(3) Other	0	0
c	General Investments:		
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1,095,813	1,084,217
	(2) U.S. Government Securities	0	0
	(3) Corporate Debt instruments (other than employer securities)		
	(A) Preferred	0	0
	(B) All other	0	0
	(4) Corporate stocks (other than employer securities)		
	(A) Preferred	0	0
	(B) Common	0	0
	(5) Partnership/joint venture interests	0	0
	(6) Real estate (other than employer real property)	0	0
	(7) Loans (other than to participants)	0	0
	(8) Participant loans	136,794	168,231
	(9) Value of interest in common/collective trusts	0	0
	(10) Value of interest in pooled separate accounts	0	0
	(11) Value of interest in master trust investment accounts	0	0
	(12) Value of interests in 103-12 investment entities	0	0
	(13) Value of interest in registered investment companies (e.g. mutual funds)	7,260,648	7,266,447
	(14) Value of funds held in insurance company general account (unallocated contracts.)	0	0
	(15) Other	0	0
d	Employer-related investments:		
	(1) Employer securities	0	0
	(2) Employer real property	0	0
e	Buildings and other property used in plan operation	0	0
f	Total assets (add all amounts in lines 1a through 1e)	8,493,255	8,518,895
	LIABILITIES		
g	Benefit claims payable	0	0
h	Operating payables	0	0
i	Acquisition indebtedness	0	0
j	Other liabilities	0	0
k	Total Liabilities (add all amounts in lines 1g through 1j)	0	0
	NET ASSETS		
l	Net assets (subtract line 1k from line 1f)	8,493,255	8,518,895

Part II Income and Expense Statement

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.

		(a) Amount	(b) Total
	INCOME		
a	Contributions:		
	(1) Received or receivable in cash from: (A) Employers	2a(1)(A) 0	
	(B) Participants	2a(1)(B) 320,649	
	(C) Others (including rollovers)	2a(1)(C) 0	
	(2) Noncash contributions	2a(2) 0	
	(3) Total contributions. Add lines 2a(1)(A),(B),(C), and line 2a(2)	2a(3)	320,649
b	Earnings on investments:		
	(1) Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A) 204	
	(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) 14,044	
	(F) Other	2b(1)(F) 0	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	14,248
	(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) 140,990	
	(D) Total dividends. Add lines 2b(2)(A),(B), and (C)	2b(2)(D)	140,990
	(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
	(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 invesment companies (e.g. mutual funds)	2b(10)	832,140
c	Other income	2c	0
d	Total income. Add all income amounts in column (b) and enter total	2d	1,308,027
	EXPENSES		
e	Benefit payment and payments to provide benefits:		
	(1) Directly to participants and or beneficiaries, including direct rollovers	2e(1) 1,281,334	
	(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)	1,281,334
f	Corrective distributions (see instructions)	2f	0
g	Certain deemed distributions of participant loans (see instructions)	2g	0
h	Interest expense	2h	0
i	Administration expenses: (1) Professional fees	2i(1) 0	
	(2) Contract administrator fees	2i(2) 0	
	(3) Investment advisory and management fees	2i(3) 0	
	(4) Other fees	2i(4) 1,053	
	(5) Total administrative expenses. Add lines 2i(1) through 2i(4)	2i(5)	1,053
j	Total expenses. Add all expense amounts in column (b) and enter total	2j	1,282,387
	Net Income and Reconciliation		
k	Net income (loss). subtract line 2j from line 2d	2k	25,640
l	Transfers of assets		
	(1) To this plan	2l(1)	0
	(2) From this plan	2l(2)	0

Part III Accountants 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)?

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

953797193 | Diehl, Evans & Company LLP

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 Transactions During Plan Year

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.)	○	◉	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of 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)	○	◉	
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)	○	◉	
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.)	○	◉	
e	Was this plan covered by a fidelity bond?	◉	○	650,000
f	Did the plan have a loss, whether or not reimbursed by the plan`s fidelity bond, that was caused by fraud or dishonesty?	○	◉	
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?	○	◉	
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?	○	◉	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if Yes is checked, and see instructions for format requirements)	◉	○	
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)	○	◉	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	○	◉	
l	Has the plan failed to provide any benefit when due under the plan?	○	◉	
m	If this is an individual account plan, was there a blackout period?(See instructions and 29 CFR 2520.101-3.)	○	◉	
n	If 4m was answered Yes, check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	○	◉	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year ○ ◉

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)

Page instance 1

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 // and ending //

A Name of Plan
Fuscoe Engineering, Inc. 401K Profit Sharing Plan

B Three-digit plan number (PN) 001

C Plan sponsor's name as shown on line 2a of Form 5500
Fuscoe Engineering Inc

D Employer Identification Number (EIN)
330531135

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): 046568107

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

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

Part II Funding Information

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

4 Text should read - 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 — 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.

6a 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

11a Does the ESOP hold any preferred stock? ○ Yes ○ No

11b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" ☐ Yes ☐ No

loan?(See instructions for definition of "back-to-back" loan.)

12 Does the ESOP hold any stock that is not readily tradable on an established securities market?

Yes No

Summary Annual Report Distribution Guidelines

The employer or administrator of employee benefit plans is required by the Employee Retirement Income Security Act of 1974 to provide a summary annual report (SAR) to each plan participant and to each beneficiary receiving benefits under the plan. The SAR is a summary of information from the Form 5500 to inform participants about the financial activities of the plan during a particular plan year.

Who must receive the SAR?
Plan participants required to receive the SAR include employees that are eligible to participate but may not be participating, employees who have separated from employment but have a deferred vested benefit in the plan, active employees participating in the plan, and any beneficiary receiving benefits under the plan.

When must the SAR be distributed?
The SAR must be provided within 9 months after the close of the plan year or within 2 months following the extension period if the plan is filing under an extension.

Methods of Distribution
There are various allowable methods for distributing either paper or electronic versions of the SAR. Whatever the method, the employer or administrator must ensure actual receipt of the document by the participants and any beneficiary receiving benefits under the plan. The Department of Labor link below provides the requirements for distribution.

Reference the Department of Labor website links for specific SAR requirements as well as distribution requirements and distribution methods:

http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&sid=92ae81f3f5c320f7e53abb3a3864abc6&rgn=div8&view=text&node=29:9.1.3.3.3.6.10.5&idno=29

409956

409956

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 // and ending //

A Name of Plan
Fuscoe Engineering, Inc. 401K Profit Sharing Plan

B Three-digit plan number (PN): 001

C Plan sponsor's name as shown on line 2a of Form 5500
Fuscoe Engineering Inc

D Employer Identification Number (EIN)
330531135

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FIDELITY INVESTMENTS INST. OPS

042647786

Address1

Address2

City

State

Zip

Country

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)

Name: FIDELITY INVESTMENTS INSTITUTI(

EIN: 042647786

Address1:

Address2:

City:

State:

Zip:

Country:

(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, 37, 65, 60	RECORDKEE	1,050	(•) Yes ( ) No	(•) Yes ( ) No	0	( ) Yes (•) No

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation

Name: ABF LG CAP VAL INV - BOSTON FIN
EIN: 521184650
Add1:
Add2:
City:
State:
Zip:
Country:

(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation

Name: AF GRTH FUND AMER R4 - AMERIC
EIN: 952566717
Add1:
Add2:
City:
State:
Zip:
Country:

(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

0.35%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation

Name: COL/ACORN SELECT Z - COLUMBIA
EIN: 042838628
Add1:
Add2:
City:
State:
Zip:
Country:

(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

0.35%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation

Name: DAVIS NY VENTURE A - BOSTON FI
EIN: 042526037
Add1:
Add2:
City:
State:
Zip:
Country:

(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

0.40%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation

Name: NORTHERN SM CAP VAL - NORTHE
EIN:
Add1: 801 SOUTH CANAL STREE
Add2:
City: CHICAGO
State: IL
Zip: 60607
Country: US

(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

0.40%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
☐ Name: ROYCE VALUE PLUS SER - BOSTON	Add1		0.45%
EIN: 042526037	Add2		
	City		
	State		
	Zip		
	Country		

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
☐	Name EIN Add1 Add2 City State Zip Country		

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

(complete as many entries as needed)

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 // and ending //

A Name of Plan
Fuscoe Engineering, Inc. 401K Profit Sharing Plan

B Three-digit plan number (PN): 001

C Plan sponsor's name as shown on line 2a of Form 5500
Fuscoe Engineering Inc

D Employer Identification Number (EIN)
330531135

Part I Asset and Liability Statement

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.

		(a) BOY	(b) EOY
	ASSETS		
a	Total noninterest-bearing cash	0	0
b	Receivables (less allowance for doubtful accounts):		
	(1) Employer contributions	0	0
	(2) Participant contributions	0	0
	(3) Other	0	0
c	General Investments:		
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1,095,813	1,084,217
	(2) U.S. Government Securities	0	0
	(3) Corporate Debt instruments (other than employer securities)		
	(A) Preferred	0	0
	(B) All other	0	0
	(4) Corporate stocks (other than employer securities)		
	(A) Preferred	0	0
	(B) Common	0	0
	(5) Partnership/joint venture interests	0	0
	(6) Real estate (other than employer real property)	0	0
	(7) Loans (other than to participants)	0	0
	(8) Participant loans	136,794	168,231
	(9) Value of interest in common/collective trusts	0	0
	(10) Value of interest in pooled separate accounts	0	0
	(11) Value of interest in master trust investment accounts	0	0
	(12) Value of interests in 103-12 investment entities	0	0
	(13) Value of interest in registered investment companies (e.g. mutual funds)	7,260,648	7,266,447
	(14) Value of funds held in insurance company general account (unallocated contracts.)	0	0
	(15) Other	0	0
d	Employer-related investments:		
	(1) Employer securities	0	0
	(2) Employer real property	0	0
e	Buildings and other property used in plan operation	0	0
f	Total assets (add all amounts in lines 1a through 1e)	8,493,255	8,518,895
	LIABILITIES		
g	Benefit claims payable	0	0
h	Operating payables	0	0
i	Acquisition indebtedness	0	0
j	Other liabilities	0	0
k	Total Liabilities (add all amounts in lines 1g through 1j)	0	0
	NET ASSETS		
l	Net assets (subtract line 1k from line 1f)	8,493,255	8,518,895

Part II Income and Expense Statement

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.

		(a) Amount	(b) Total
	INCOME		
a	Contributions:		
	(1) Received or receivable in cash from: (A) Employers	**2a(1)(A)** 0	
	(B) Participants	**2a(1)(B)** 320,649	
	(C) Others (including rollovers)	**2a(1)(C)** 0	
	(2) Noncash contributions	**2a(2)** 0	
	(3) Total contributions. Add lines 2a(1)(A),(B),(C), and line 2a(2)	**2a(3)**	320,649
b	Earnings on investments:		
	(1) Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	**2b(1)(A)** 204	
	(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)** 14,044	
	(F) Other	**2b(1)(F)** 0	
	(G) Total interest. Add lines 2b(1)(A) through (F)	**2b(1)(G)**	14,248
	(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)** 140,990	
	(D) Total dividends. Add lines 2b(2)(A),(B), and (C)	**2b(2)(D)**	140,990
	(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
	(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 invesment companies (e.g. mutual funds)	**2b(10)**	832,140
c	Other income	**2c**	0
d	Total income. Add all income amounts in column (b) and enter total	**2d**	1,308,027
	EXPENSES		
e	Benefit payment and payments to provide benefits:	**2e(1)** 1,281,334	
	(1) Directly to participants and or beneficiaries, including direct rollovers	**2e(2)** 0	
	(2) To insurance carriers for the provision of benefits	**2e(3)** 0	
	(3) Other	**2e(4)**	1,281,334
	(4) Total benefit payments. Add lines 2e(1) through (3)	**2f**	0
f	Corrective distributions (see instructions)	**2g**	0
g	Certain deemed distributions of participant loans (see instructions)	**2h**	0
h	Interest expense	**2i(1)** 0	
i	Administration expenses: (1) Professional fees	**2i(2)** 0	
	(2) Contract administrator fees	**2i(3)** 0	
	(3) Investment advisory and management fees	**2i(4)** 1,053	
	(4) Other fees	**2i(5)**	1,053
	(5) Total administrative expenses. Add lines 2i(1) through 2i(4)	**2j**	1,282,387
j	Total expenses. Add all expense amounts in column (b) and enter total		
	Net Income and Reconciliation		
k	Net income (loss). subtract line 2j from line 2d	**2k**	25,640
l	Transfers of assets	**2l(1)**	0
	(1) To this plan	**2l(2)**	0
	(2) From this plan		

Part III Accountants 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)?

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

953797193 | Diehl, Evans & Company LLP

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 Transactions During Plan Year

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.)	○	◉	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of 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)	○	◉	
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)	○	◉	
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.)	○	◉	
e	Was this plan covered by a fidelity bond?	◉	○	650,000
f	Did the plan have a loss, whether or not reimbursed by the plan`s fidelity bond, that was caused by fraud or dishonesty?	○	◉	
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?	○	◉	
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?	○	◉	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if Yes is checked, and see instructions for format requirements)	◉	○	
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)	○	◉	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	○	◉	
l	Has the plan failed to provide any benefit when due under the plan?	○	◉	
m	If this is an individual account plan, was there a blackout period?(See instructions and 29 CFR 2520.101-3.)	○	◉	
n	If 4m was answered Yes, check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	○	◉	

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

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)

Page instance 1

Schedule R (FORM 5500)	Retirement Plan 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 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.**	**2010** **This Form is Open to Public Inspection**

For calendar plan year 2010 or fiscal plan year beginning // and ending //

A Name of Plan
Fuscoe Engineering, Inc. 401K Profit Sharing Plan

B Three-digit plan number (PN): 001

C Plan sponsor's name as shown on line 2a of Form 5500
Fuscoe Engineering Inc

D Employer Identification Number (EIN)
330531135

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): 046568107

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

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

Part II Funding Information

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

4 Text should read - 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 — 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.

6a 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

11a Does the ESOP hold any preferred stock? ○ Yes ○ No

11b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" ☐ Yes ☐ No

loan?(See instructions for definition of "back-to-back" loan.)

12 Does the ESOP hold any stock that is not readily tradable on an established securities market?

Yes No

FUSCOE ENGINEERING, INC. 401(k) PROFIT SHARING PLAN & TRUST

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

As of December 31, 2010

Fuscoe Engineering, Inc.'s Employer Identification Number: 33-0531135
Plan Number: 001

Identity of Issue, Borrower, Lessor, or Similar Party	Description	Current Value
	Registered Investment Companies	
American Beacon Advisors	American Beacon Large Cap Value Plan	$ 333,904
American Funds	The Growth Fund of America R4	156,879
Columbia Funds	Columbia Acorn Select Fund Z	553,195
Davis Funds	Davis New York Venture A	178,761
Fidelity Investments	Fidelity Value Fund	110,101
Fidelity Investments	Fidelity Balanced Fund	310,167
Fidelity Investments	Fidelity International Discovery Fund	545,941
Fidelity Investments	Fidelity Freedom Income Fund	26,045
Fidelity Investments	Fidelity Freedom 2000 Fund	136,654
Fidelity Investments	Fidelity Freedom 2010 Fund	157,792
Fidelity Investments	Fidelity Freedom 2020 Fund	602,448
Fidelity Investments	Fidelity Freedom 2030 Fund	703,465
Fidelity Investments	Fidelity Spartan International Index Inv Fund	99,648
Fidelity Investments	Fidelity Spartan US Equity Index Inv Fund	22,878
Fidelity Investments	Fidelity Freedom 2040 Fund	358,142
Fidelity Investments	Fidelity Total Bond Fund	133,114
Fidelity Investments	Fidelity Freedom 2015 Fund	638,201
Fidelity Investments	Fidelity Freedom 2025 Fund	478,466
Fidelity Investments	Fidelity Freedom 2035 Fund	531,752
Fidelity Investments	Fidelity Freedom 2045 Fund	200,264
Fidelity Investments	Fidelity Freedom 2050 Fund	178,244
Northern Funds	Small Cap Value	187,705
Royce Funds	Royce Value Plus Service	622,681
	Money Market Account	
Fidelity Investments	Fidelity Retire Money Market Fund	1,084,217
	Notes Receivable	
Participant Loans	6.50% - 9.25%	168,231

See independent auditors' report.