# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

**2010**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

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

**A** This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

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

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

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

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
STEVEN ENGINEERING, INCORPORATED PROFIT SHARING AND EMPLOYEE SAVINGS PLAN

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

**1c** Effective date of plan 01/01/1984

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

230 RYAN WAY
SOUTH SAN FRANCISCO, CA 94080-6370

**2b** Employer Identification Number (EIN)
94-2418192

**2c** Sponsor's telephone number
650-588-9200

**2d** Business code (see instructions)
423990

**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. | 10/11/2011 | DENISE REDER |
| | **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")
STEVEN ENGINEERING, INCORPORATED

230 RYAN WAY
SOUTH SAN FRANCISCO, CA 94080-6370

**3b** Administrator's EIN
94-2418192

**3c** Administrator's telephone number
650-588-9200

**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** | 91 |
| **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** | 92 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 11 |
| **d** | Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 103 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e** | **6f** | 103 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 92 |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 0 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

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

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

**9a** Plan funding arrangement (check all that apply)

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

**9b** Plan benefit arrangement (check all that apply)

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

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

**a Pension Schedules**

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

**b General Schedules**

| | | |
|---|---|---|
| **(1)** | X | **H** (Financial Information) |
| **(2)** | | **I** (Financial Information – Small Plan) |
| **(3)** | | **A** (Insurance Information) |
| **(4)** | X | **C** (Service Provider Information) |
| **(5)** | X | **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<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2010**<br>**This Form is Open to Public Inspection.** |

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

| **A** Name of plan | **B** Three-digit plan number (PN) ▶ | |
|---|---|---|
| STEVEN ENGINEERING, INCORPORATED PROFIT SHARING AND EMPLOYEE SAVINGS PLAN | | 001 |
| **C** Plan sponsor's name as shown on line 2a of Form 5500<br>STEVEN ENGINEERING, INCORPORATED | **D** Employer Identification Number (EIN)<br>94-2418192 | |

## Part I Service Provider Information (see instructions)

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

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

NEWPORT RETIREMENT SERVICES, INC.

62-1868111

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 15 60 | NONE | 35 | Yes [X] No [ ] | Yes [X] No [ ] | 13329 | Yes [ ] No [X] |

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

JOCELYN INVESTMENT MANAGEMENT, LLC

26-0674586

| (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? |
|---|---|---|---|---|---|---|
| 28 51 | NONE | 5250 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

CHARLES SCHWAB TRUST COMPANY

42-1558009

| (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? |
|---|---|---|---|---|---|---|
| 19 65 | NONE | 0 | Yes [X] No [ ] | Yes [ ] No [X] | 7991 | Yes [ ] No [X] |

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

CHARLES SCHWAB & CO., INC.

94-1737782

| (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? |
|---|---|---|---|---|---|---|
| 19 59 | NONE | 0 | Yes [X] No [ ] | Yes [ ] No [X] | 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 [ ] |

## 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 |
|---|---|---|
| NEWPORT RETIREMENT SERVICES, INC. | 15 60 | 13329 |

| **(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. |
|---|---|
| CHARLES SCHWAB & CO., INC.<br><br>94-1737782 | REVENUE SHARE CREDITS APPLIED TO INVOICES FROM 01/01/2010 TO 12/31/2010 |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| CHARLES SCHWAB TRUST COMPANY | 19 65 | 7991 |

| **(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. |
|---|---|
| NEWPORT GROUP RETIREMENT SERVICES,<br><br>62-1868111 | PAYMENT FOR TRUST AND CUSTODIAL SERVICES |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| CHARLES SCHWAB & CO., INC. | 19 59 | 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. |
|---|---|
| AMERICAN CENTURY INVESTMENTS<br><br>44-6006315 | RANGE OF 0.00-0.02% OF AVERAGE DAILY BALANCE OF ASSETS |

## 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 |
|---|---|---|
| CHARLES SCHWAB & CO., INC. | 19 59 | 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. |
|---|---|
| COLUMBIA<br><br>93-0577450 | RANGE OF 0.00-0.02% OF AVERAGE DAILY BALANCE OF ASSETS |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| CHARLES SCHWAB & CO., INC. | 19 59 | 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. |
|---|---|
| DODGE & COX<br><br>94-1441976 | RANGE OF 0.00-0.02% OF AVERAGE DAILY BALANCE OF ASSETS |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| CHARLES SCHWAB & CO., INC. | 19 59 | 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. |
|---|---|
| FIRST EAGLE<br><br>13-3392291 | RANGE OF 0.00-0.02% OF AVERAGE DAILY BALANCE OF ASSETS |

## 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 |
|---|---|---|
| CHARLES SCHWAB & CO., INC. | 19 59 | 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. |
|---|---|
| HARBOR<br><br>04-2679462 | RANGE OF 0.00-0.02% OF AVERAGE DAILY BALANCE OF ASSETS |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| CHARLES SCHWAB & CO., INC. | 19 59 | 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. |
|---|---|
| ING FUNDS<br><br>95-4516049 | RANGE OF 0.00-0.02% OF AVERAGE DAILY BALANCE OF ASSETS |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| CHARLES SCHWAB & CO., INC. | 19 59 | 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. |
|---|---|
| JANUS<br><br>43-1804048 | RANGE OF 0.00-0.02% OF AVERAGE DAILY BALANCE OF ASSETS |

## 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 |
|---|---|---|
| CHARLES SCHWAB & CO., INC. | 19 59 | 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. |
|---|---|
| JENSEN<br><br>93-0978027 | RANGE OF 0.00-0.02% OF AVERAGE DAILY BALANCE OF ASSETS |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| CHARLES SCHWAB & CO., INC. | 19 59 | 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. |
|---|---|
| KEELEY<br><br>36-3160361 | RANGE OF 0.00-0.02% OF AVERAGE DAILY BALANCE OF ASSETS |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| CHARLES SCHWAB & CO., INC. | 19 59 | 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. |
|---|---|
| NATIXIS FUNDS<br><br>04-3200027 | RANGE OF 0.00-0.02% OF AVERAGE DAILY BALANCE OF ASSETS |

## 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 |
|---|---|---|
| CHARLES SCHWAB & CO., INC. | 19 59 | 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. |
|---|---|
| PARNASSUS<br><br>94-6579180 | RANGE OF 0.00-0.02% OF AVERAGE DAILY BALANCE OF ASSETS |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| CHARLES SCHWAB & CO., INC. | 19 59 | 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. |
|---|---|
| RAINIER<br><br>91-1457076 | RANGE OF 0.00-0.02% OF AVERAGE DAILY BALANCE OF ASSETS |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| CHARLES SCHWAB & CO., INC. | 19 59 | 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<br><br>52-2343049 | RANGE OF 0.00-0.02% OF AVERAGE DAILY BALANCE OF ASSETS |

## 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 |
|---|---|---|
| CHARLES SCHWAB & CO., INC. | 19 59 | 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. |
|---|---|
| RS FUNDS<br><br>94-3321067 | RANGE OF 0.00-0.02% OF AVERAGE DAILY BALANCE OF ASSETS |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| CHARLES SCHWAB & CO., INC. | 19 59 | 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. |
|---|---|
| SCHWAB FUNDS<br><br>94-3106735 | RANGE OF 0.00-0.02% OF AVERAGE DAILY BALANCE OF ASSETS |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| CHARLES SCHWAB & CO., INC. | 19 59 | 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. |
|---|---|
| SOUND SHORE<br><br>06-1332926 | RANGE OF 0.00-0.02% OF AVERAGE DAILY BALANCE OF ASSETS |

## 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 |
|---|---|---|
| CHARLES SCHWAB & CO., INC. | 19 59 | 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. | |
| VIRTUS<br><br>95-4191764 | RANGE OF 0.00-0.02% OF AVERAGE DAILY BALANCE OF ASSETS | |

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

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

## Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

# SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

## DFE/Participating Plan Information

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

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

OMB No. 1210-0110

**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
STEVEN ENGINEERING, INCORPORATED PROFIT SHARING AND EMPLOYEE SAVINGS PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
STEVEN ENGINEERING, INCORPORATED

**D** Employer Identification Number (EIN)
94-2418192

**Part I** **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB MANAGED RT TRUST FD 2010

**b** Name of sponsor of entity listed in (a): CHARLES SCHWAB TRUST COMPANY

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 81-0625169-001 | C | 6724 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB MANAGED RT TRUST FD 2020

**b** Name of sponsor of entity listed in (a): CHARLES SCHWAB TRUST COMPANY

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 81-0625169-002 | C | 3703 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB MANAGED RT TRUST FD 2030

**b** Name of sponsor of entity listed in (a): CHARLES SCHWAB TRUST COMPANY

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 81-0625169-003 | C | 117002 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB MANAGED RT TRUST FD 2040

**b** Name of sponsor of entity listed in (a): CHARLES SCHWAB TRUST COMPANY

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 81-0625169-004 | C | 5559 |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Financial Information

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

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

OMB No. 1210-0110

**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
STEVEN ENGINEERING, INCORPORATED PROFIT SHARING AND EMPLOYEE SAVINGS PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
STEVEN ENGINEERING, INCORPORATED

**D** Employer Identification Number (EIN)
94-2418192

## 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 | 13704 | 68351 |
| **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) | 702377 | 0 |
| **(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) | 190207 | 242738 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | 148206 | 132988 |
| **(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) | 5430168 | 7278517 |
| **(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 | 6484662 | 7722594 |
| | **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 | 6484662 | 7722594 |

## 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) | 16124 | |
| | **(B)** Participants | 2a(1)(B) | 301453 | |
| | **(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) | | 317577 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 77 | |
| | **(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) | 11673 | |
| | **(F)** Other | 2b(1)(F) | | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 11750 |
| | **(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) | 100310 | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 100310 |
| | **(3)** Rents | 2b(3) | | |
| | **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| | **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| | **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |

| | | (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) | | 0 |
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | 20789 |
| (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) | | 870346 |
| c Other income | 2c | | 5028 |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 1325800 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 79520 | |
| (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) | | 79520 |
| 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) | 8348 | |
| (5) Total administrative expenses. Add lines 2i(1) through (4) | 2i(5) | | 8348 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 87868 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 1237932 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

## Part III Accountant's Opinion

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

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

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

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

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

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

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

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

## Part IV Compliance Questions

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

During the plan year:

| | | Yes | No | Amount |
|---|---|---|---|---|
| **a** | Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | 4a | | X | |
| **b** | Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | 4b | | X | |
| **c** | Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | 4c | | X | |
| **d** | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | 4d | | X | |
| **e** | Was this plan covered by a fidelity bond? | 4e | X | | 500000 |
| **f** | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | X | |
| **g** | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4g | | X | |
| **h** | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4h | | X | |
| **i** | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | 4i | X | | |
| **j** | Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) | 4j | | X | |
| **k** | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4k | | X | |
| **l** | Has the plan failed to provide any benefit when due under the plan? | 4l | | X | |
| **m** | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | X | |
| **n** | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | 4n | | | |

**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
STEVEN ENGINEERING, INCORPORATED PROFIT SHARING AND EMPLOYEE SAVINGS PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
STEVEN ENGINEERING, INCORPORATED

**D** Employer Identification Number (EIN)
94-2418192

## 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): 42-1558009

**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):

# STEVEN ENGINEERING, INC. PROFIT SHARING AND EMPLOYEE SAVINGS PLAN

FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULE

Year Ended December 31, 2010

STEVEN ENGINEERING, INC. PROFIT SHARING AND EMPLOYEE SAVINGS PLAN

Year Ended December 31, 2010

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SHEA LABAGH DOBBERSTEIN
*Certified Public Accountants, Inc.*

# INDEPENDENT AUDITORS' REPORT

## TO THE PLAN ADMINISTRATOR AND PARTICIPANTS OF STEVEN ENGINEERING, INC. PROFIT SHARING AND EMPLOYEE SAVINGS PLAN

We were engaged to audit the financial statements and supplemental schedule of the Steven Engineering, Inc. Profit Sharing and Employee Savings Plan (the "Plan") as of December 31, 2010 and 2009, and for the year ended December 31, 2010, as listed in the accompanying table of contents. These financial statements and supplemental 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 Note 4, which was certified by Charles Schwab Trust Company, the trustee 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 trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2010 and 2009, and for the year ended December 31, 2010, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

SHEA LABAGH DOBBERSTEIN
Certified Public Accountants, Inc.

Shea Labagh Dobberstein

September 30, 2011

505 Montgomery Street, 5TH Floor • San Francisco, CA 94111 • Tel 415 397-4444 • Fax 415 981-0898
1700 S. El Camino Real, Suite 500 • San Mateo, CA 94402 • Tel 650 579-7200 • Fax 650 579-1041

STEVEN ENGINEERING, INC. PROFIT SHARING AND
EMPLOYEE SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

| | December 31, 2010 | December 31, 2009 |
|---|---|---|
| **ASSETS** | | |
| INVESTMENTS, AT FAIR VALUE | | |
| Cash | $ 68,351 | $ 13,704 |
| Mutual Funds | 7,278,517 | 6,132,545 |
| Collective Trust Funds | 132,988 | 148,206 |
| TOTAL INVESTMENTS | 7,479,856 | 6,294,455 |
| NOTES RECEIVABLE FROM PARTICIPANTS | 242,738 | 190,207 |
| NET ASSETS AVAILABLE FOR BENEFITS | $ 7,722,594 | $ 6,484,662 |

See accompanying notes to financial statements.

STEVEN ENGINEERING, INC. PROFIT SHARING AND
EMPLOYEE SAVINGS PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year Ended December 31, 2010

| | | |
|---|---|---|
| **ADDITIONS** | | |
| ADDITIONS TO NET ASSETS ATTRIBUTED TO: | | |
| INVESTMENT INCOME | | |
| Net Appreciation in Fair Value of Investments | $ | 896,163 |
| Interest and Dividend Income | | 100,387 |
| NET INVESTMENT INCOME | | 996,550 |
| INTEREST INCOME ON NOTES RECEIVABLE FROM PARTICIPANTS | | 11,673 |
| CONTRIBUTIONS | | |
| Participants | | 301,453 |
| Employer | | 16,124 |
| TOTAL CONTRIBUTIONS | | 317,577 |
| TOTAL ADDITIONS | | 1,325,800 |
| **DEDUCTIONS** | | |
| DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO: | | |
| BENEFITS PAID TO PARTICIPANTS | | 79,520 |
| ADMINISTRATIVE EXPENSES | | 8,348 |
| TOTAL DEDUCTIONS | | 87,868 |
| NET INCREASE IN NET ASSETS | | 1,237,932 |
| NET ASSETS AVAILABLE FOR BENEFITS AT BEGINNING OF YEAR | | 6,484,662 |
| NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR | $ | 7,722,594 |

See accompanying notes to financial statements.

STEVEN ENGINEERING, INC. PROFIT SHARING AND EMPLOYEE SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2010

## NOTE 1 – DESCRIPTION OF THE PLAN

The following description of the Steven Engineering, Inc. Profit Sharing and Employee Savings Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General – The Plan is a defined contribution plan, which was established in 1984 by Steven Engineering, Inc. (the "Company") to provide retirement benefits for its employees. The Plan covers all eligible employees who have completed one year of service and have attained 21 years of age. Eligible participants can enroll in the Plan effective January 1st or July 1st following the date on which the employee meets the eligibility requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA") and certain provisions of the Internal Revenue Code ("IRC"), as amended.

In August 2010, the Company acquired certain assets of Associated of Los Angeles ("ALA") through its subsidiary, SEI Acquisition, LLC dba Associated Los Angeles. In connection with the acquisition, former employees of ALA became employees of the subsidiary. The Plan management resolved to amend the Plan document to include years of service with ALA for purposes of determining participants' eligibility and vesting. The former employees of ALA, who became employees of the subsidiary as a result of the acquisition, are eligible to participate in the Plan and are 100% vested in their account balances as of the date of the acquisition.

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

The Basic Plan Document of the Plan was restated effective January 1, 2009 to comply with certain regulatory requirements. The restatement includes all amendments to the Plan document from the last restatement date. There were no significant changes to the provisions of the Plan as a result of the restatement.

Participant Contributions – Participants may voluntarily contribute a portion of their pretax annual compensation, as defined by the Plan, limited to an annual maximum amount ($16,500 for the year ended December 31, 2010). Participants who have attained age 50 before the end of the Plan year are eligible to make additional catch up contributions limited to an annual maximum amount ($5,500 for the year ended December 31, 2010). Participants may also make "rollover" contributions representing distributions from other qualified retirement plans.

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

Employer Contributions – The Company may elect to make discretionary employer-matching contributions and profit sharing contributions to the Plan, subject to limitations imposed by applicable provisions of the IRC. The Company's matching contribution amounted to $16,124 for the year ended December 31, 2010. There was no profit sharing contributions to the Plan for the year ended December 31, 2010.

Participant Accounts – The Plan maintains an account for each participant which is credited with the participant's and Company's matching contributions and allocations of (a) the Company's profit sharing contributions, if any, and, (b) Plan investment earnings and losses, and charged with an allocation of administrative fees. Allocations are based on participant earnings or account balances, as defined in the Plan agreement. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting – The value of each participant's account is fully vested and non-forfeitable at all times, including participant contributions, employer contributions, rollover contributions and the interest and earnings thereon.

Investment Options – Upon enrollment in the Plan, a participant may direct the investment of his or her account balance into various investment funds available through the Charles Schwab Trust Company ("Charles Schwab"), the trustee of the Plan.

Notes Receivable from Participants – Participants may borrow from their vested account balances a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account. The loan term is not to exceed five years, except for loans used to finance the purchase of a primary residence. Interest rates are determined by the Plan administrator and remain fixed throughout the life of the loan. Principal and interest are paid ratably through payroll deductions and loans become due upon termination of employment with the Company. As of December 31, 2010, interest rates on outstanding participant loans ranged from 4.25% to 10.50% with maturity dates through August 2015.

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

Payment of Benefits – Normal retirement age is 65 years old; however, upon reaching age 59½ or, upon termination of service, death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or annual installments equal to the value of the participant's vested interest in their account, over a period of time not to exceed the participant's assumed life expectancy. Lump sum payments may be in cash or in property allocated to the participant's account. A participant may also elect to receive payments in the form of a life annuity as defined under the Plan agreement. The Company will roll over a terminated participant's account balance between $1,000 and $5,000 to an individual retirement account unless directed otherwise by the terminated participant. A terminated participant's balance equal to or less than $1,000 will be distributed directly to the participant as a lump-sum payment. Minimum required distributions must be made by April 1st following the year the participant reaches age 70½.

Administrative Expenses – The Plan permits the payment of certain expenses to be made from the Plan's assets unless the Company elects to pay for such expenses. Expenses paid from the Plan's assets will be proportionately allocated to the accounts of all participants in the Plan. Such expenses include fees paid to the trustee, investment manager and recordkeeper. Further, certain expenses specifically incurred by and attributable to a participant will be paid out of the related participant's account.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

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

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investment Valuation and Income Recognition – Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for further 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 gains and losses on investments bought and sold, as well as held during the year.

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

Payment of Benefits – Benefits are recorded when paid.

New Accounting Pronouncements – In January 2010, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") 2010-06, *Improving Disclosures about Fair Value Measurements*. ASU 2010-06 amended Accounting Standards Codification ("ASC") 820, *Fair Value Measurements and Disclosures*, to clarify certain existing fair value disclosures and to require a number of additional disclosures. The guidance in ASU 2010-06 clarified that disclosures should be presented separately for each "class" of assets and liabilities measured at fair value and provided guidance on how to determine the appropriate classes of assets and liabilities to be presented. ASU 2010-06 also clarified the requirement for entities to disclose information about both the valuation techniques and inputs used in estimating Level 2 and Level 3 fair value measurements. In addition, ASU 2010-06 introduced new requirements to disclose the amounts (on a gross basis) and reasons for any significant transfers between Levels 1, 2, and 3 of the fair value hierarchy and to present information regarding the purchases, sales, issuances, and settlements of Level 3 assets and liabilities on a gross basis. The guidance in ASU 2010-06 is effective for reporting periods beginning after December 15, 2009, with the exception of the requirement to present changes in Level 3 measurements on a gross basis, which is delayed until 2011. The Plan adopted ASU 2010-06 for the plan year ending December 31, 2010. The adoption did not have a material impact on the Plan's net assets available for benefits or its changes in net assets available for benefits, as changes are related to the fair value measurement disclosures.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

New Accounting Pronouncements (Continued) – In September 2010, the FASB issued ASU No. 2010-25, *Reporting Loans to Participants by Defined Contribution Pension Plans*. ASU No. 2010-25 requires participant loans to be classified as notes receivable from participants and measured at their unpaid principal balances plus any accrued but unpaid interest. ASU No. 2010-25 is effective for years ending after December 15, 2010, with early adoption permitted. Previously, loans to participants were classified as investments and measured at fair value. The Plan adopted ASU 2010-25 for the year ended December 31, 2010. Accordingly, participant loans have been reclassified to notes receivable from participants and measured at their unpaid principal plus accrued interest as of December 31, 2010 and 2009.

NOTE 3 – FAIR VALUE MEASUREMENTS

The *Fair Value Measurements and Disclosures* topic of the FASB ASC, provides a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under this standard are described as follows:

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

Level 2: Inputs to the valuation methodology include:

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

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

NOTE 3 – FAIR VALUE MEASUREMENTS (Continued)

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

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

Following is a description of the valuation methodologies used by the Plan for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2010 and 2009.

Cash: Valued at the outstanding balance, which represents fair value.

Mutual Funds: Valued at the net asset value ("NAV") of shares held by the Plan at year-end.

Collective Trust Funds: Valued at the NAV of the units held by the Plan at year-end. The NAV is based on the quoted market value of the underlying investments held by the trusts.

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

NOTE 3 – FAIR VALUE MEASUREMENTS (Continued)

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

| | 2010 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Cash | $ 68,351 | $ - | $ - | $ 68,351 |
| Mutual Funds: | | | | |
| Balanced Fund | 870,068 | - | - | 870,068 |
| Blended Funds | 809,577 | - | - | 809,577 |
| Bond Funds | 537,584 | - | - | 537,584 |
| Emerging Markets Fund | 1,051,156 | - | - | 1,051,156 |
| Growth Funds | 880,974 | - | - | 880,974 |
| International Funds | 853,846 | - | - | 853,846 |
| Money Market Fund | 807,328 | - | - | 807,328 |
| Specialty Funds | 1,346,127 | - | - | 1,346,127 |
| Value Fund | 121,857 | - | - | 121,857 |
| Total Mutual Funds | 7,278,517 | - | - | 7,278,517 |
| Collective Trust Funds | - | 132,988 | - | 132,988 |
| Total Investments at Fair Value | $ 7,346,868 | $ 132,988 | $ - | $ 7,479,856 |

NOTE 3 – FAIR VALUE MEASUREMENTS (Continued)

| | 2009 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Cash | $ 13,704 | $ - | $ - | $ 13,704 |
| Mutual Funds: | | | | |
| Balanced Fund | 773,727 | - | - | 773,727 |
| Blended Funds | 671,006 | - | - | 671,006 |
| Bond Funds | 480,313 | - | - | 480,313 |
| Emerging Markets Fund | 714,049 | - | - | 714,049 |
| Growth Funds | 889,992 | - | - | 889,992 |
| International Funds | 829,203 | - | - | 829,203 |
| Money Market Fund | 702,377 | - | - | 702,377 |
| Specialty Funds | 962,990 | - | - | 962,990 |
| Value Fund | 108,888 | - | - | 108,888 |
| Total Mutual Funds | 6,132,545 | - | - | 6,132,545 |
| Collective Trust Funds | - | 148,206 | - | 148,206 |
| Total Investments at Fair Value | $ 6,146,249 | $ 148,206 | $ - | $ 6,294,455 |

NOTE 4 – INFORMATION CERTIFIED BY THE TRUSTEE OF THE PLAN

All investment information disclosed in the accompanying financial statements and supplemental schedule, including investments held at December 31, 2010 and 2009, and net appreciation in fair value of investments and interest and dividend income for the year ended December 31, 2010, has been obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by Charles Schwab, the trustee of the Plan.

The following is a summary of the certified investment information presented at fair value as of December 31, 2010 and 2009, furnished to the Plan administrator by Charles Schwab and included in the Plan's financial statements and supplemental schedule. Individual investments that represent 5% or more of the Plan's net assets are separately identified (*):

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

| | 2010 | 2009 |
|---|---|---|
| Cash | $ 68,351 | $ 13,704 |
| Mutual Funds: | | |
| American Century International Discovery Fund | 122,810 | 118,022 |
| Columbia Energy and Natural Resources Fund | 697,840 * | 532,755 * |
| Dodge and Cox Balanced Fund | 870,068 * | 773,727 * |
| First Eagle Fund of America | 70,446 | 57,470 |
| Harbor Bond Fund | 117,120 | 100,039 |
| ING Global Real Estate Fund | 14,877 | 93,124 |
| Janus Twenty Class T Fund | 159,602 | 261,683 |
| Jensen Portfolio Class J Fund | 52,157 | 42,046 |
| Keeley Small Cap Value Fund | 100,194 | 74,152 |
| Laudus International Marketmasters Fund | 731,036 * | 711,181 * |
| Loomis Sayles Bond Fund | 420,464 * | 380,274 * |
| Parnassus Equity Fund | 80,987 | 84,441 |
| Rainier Small/Mid-Cap Equity Portfolio Fund | 669,215 * | 586,263 * |
| Royce Premier Fund | 285,487 | 223,168 |
| RS Emerging Markets A | 1,051,156 * | 714,049 * |
| Schwab Retirement Money Fund | 807,328 * | 702,377 * |
| Schwab S&P 500 Index Fund | 272,463 | 231,775 |
| Sound Shore Fund | 121,857 | 108,888 |
| Virtus Real Estate Securities Fund | 633,410 * | 337,111 * |
| | 7,278,517 | 6,132,545 |
| Collective Trust Funds: | | |
| Schwab Managed Retirement Trust Fund 2010 | 3,703 | 3,581 |
| Schwab Managed Retirement Trust Fund 2020 | 117,002 | 39,402 |
| Schwab Managed Retirement Trust Fund 2030 | 5,559 | 104,345 |
| Schwab Managed Retirement Trust Fund 2040 | 6,724 | 878 |
| | 132,988 | 148,206 |
| | $ 7,479,856 | $ 6,294,455 |

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

The following is a summary of investment income information certified by Charles Schwab for the year ended December 31, 2010:

| | |
|---|---|
| Net Appreciation in Fair Value of: | |
| Mutual Funds | $ 875,374 |
| Collective Trust Funds | 20,789 |
| | $ 896,163 |
| Interest and Dividend Income: | $ 100,387 |

NOTE 5 – TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated November 26, 2010 that the Plan and related trust are designed in accordance with the applicable sections of the IRC. Accordingly, no provisions for federal or state income taxes is included the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the federal and state taxing authorities. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2007.

NOTE 6 – PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by Charles Schwab, who also serves as the trustee of the Plan and therefore, these transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transaction rules under ERISA. Fees paid by the Plan to the trustee for certain investment management fees are netted against the net appreciation in fair value of investments.

## NOTE 7 – PLAN TERMINATION

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

## NOTE 8 – RISKS AND UNCERTAINTIES

The Plan provides for various investment options in any combination from among the funds available through Charles Schwab. Investment securities, in general, are exposed to various risks, such as interest rate, market fluctuation and credit risks. Due to the level of risk associated with these investment securities, it is at least reasonably possible that changes in value of investments will occur in the near term and such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits and the Statement of Changes in Net Assets Available for Benefits.

The underlying securities of the Plan's investments could include securities with contractual cash flows, such as, but not limited to, asset-backed securities, collateralized mortgage obligations, and commercial mortgage-backed securities and real estate. The value, liquidity and related income of these securities may be particularly sensitive to changes in economic conditions, including real estate value, delinquencies or defaults, or both, and may be adversely affected by real or perceived difficulties of the issuers, changes in interest rates and conditions in financial markets.

## NOTE 9 – SUBSEQUENT EVENTS

Subsequent events were evaluated through September 30, 2011, which is the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULE

STEVEN ENGINEERING, INC. PROFIT SHARING AND
EMPLOYEE SAVINGS PLAN

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

FEIN: 94-2418192

Plan Number: 001

December 31, 2010

| (a) | (b) Identity of Issue, Borrower, Lessor, or Similar Party | (c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value | | (d) Cost | (e) Current Value |
|---|---|---|---|---|---|
| * | Charles Schwab | Cash | | ^ | $ 68,351 |
| | | Mutual Funds: | | | |
| | American Century Funds | American Century International Discovery Fund | 11,467 Shares | ^ | 122,810 |
| | Columbia Funds | Columbia Energy and Natural Resources Fund | 30,092 Shares | ^ | 697,840 |
| | Dodge and Cox Funds | Dodge and Cox Balanced Fund | 12,391 Shares | ^ | 870,068 |
| | First Eagle Funds | First Eagle Fund of America | 2,720 Shares | ^ | 70,446 |
| | Harbor Funds | Harbor Bond Fund | 9,679 Shares | ^ | 117,120 |
| | ING International Funds | ING Global Real Estate Fund | 913,854 Shares | ^ | 14,877 |
| | Janus Funds | Janus Twenty Class T Fund | 2,428 Shares | ^ | 159,602 |
| | Jensen Investment Management | Jensen Portfolio Class J Fund | 1,925 Shares | ^ | 52,157 |
| | Keeley Funds | Keeley Small Cap Value Fund | 4,013 Shares | ^ | 100,194 |
| | Laudus Funds | Laudus International Marketmasters Fund | 37,976 Shares | ^ | 731,036 |
| | Loomis, Sayles & Company | Loomis Sayles Bond Fund | 29,465 Shares | ^ | 420,464 |
| | Parnassus Investments | Parnassus Equity Fund | 3,078 Shares | ^ | 80,987 |
| | Rainier Funds | Rainier Small/Mid-Cap Equity Portfolio Fund | 20,490 Shares | ^ | 669,215 |
| | The Royce Funds | Royce Premier Fund | 14,029 Shares | ^ | 285,487 |
| | RS Investments | RS Emerging Markets A | 39,310 Shares | ^ | 1,051,156 |
| * | Charles Schwab | Schwab Retirement Money Fund | 807,328 Shares | ^ | 807,328 |
| * | Charles Schwab | Schwab S&P 500 Index Fund | 13,922 Shares | ^ | 272,463 |
| | Sound Shore Fund | Sound Shore Fund | 3,830 Shares | ^ | 121,857 |
| | Virtus Investment Partners, Inc. | Virtus Real Estate Securities Fund | 22,744 Shares | ^ | 633,410 |
| | | | | | 7,278,517 |
| | | Collective Trust Funds: | | | |
| * | Charles Schwab | Schwab Managed Retirement Trust Fund 2010 | 210 Shares | ^ | 3,703 |
| * | Charles Schwab | Schwab Managed Retirement Trust Fund 2020 | 6,387 Shares | ^ | 117,002 |
| * | Charles Schwab | Schwab Managed Retirement Trust Fund 2030 | 301 Shares | ^ | 5,559 |
| * | Charles Schwab | Schwab Managed Retirement Trust Fund 2040 | 404 Shares | ^ | 6,724 |
| | | | | | 132,988 |
| * | Notes Receivable from Participants | 39 notes receivable bearing interest ranging from 4.25% to 10.50% with maturity dates through August 2015 | | - | 242,738 |
| | | | | | $ 7,722,594 |

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

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

# STEVEN ENGINEERING, INC. PROFIT SHARING AND EMPLOYEE SAVINGS PLAN

FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULE

Year Ended December 31, 2010

STEVEN ENGINEERING, INC. PROFIT SHARING AND EMPLOYEE SAVINGS PLAN

Year Ended December 31, 2010

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SHEA LABAGH DOBBERSTEIN
*Certified Public Accountants, Inc.*

# INDEPENDENT AUDITORS' REPORT

## TO THE PLAN ADMINISTRATOR AND PARTICIPANTS OF STEVEN ENGINEERING, INC. PROFIT SHARING AND EMPLOYEE SAVINGS PLAN

We were engaged to audit the financial statements and supplemental schedule of the Steven Engineering, Inc. Profit Sharing and Employee Savings Plan (the "Plan") as of December 31, 2010 and 2009, and for the year ended December 31, 2010, as listed in the accompanying table of contents. These financial statements and supplemental 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 Note 4, which was certified by Charles Schwab Trust Company, the trustee 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 trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2010 and 2009, and for the year ended December 31, 2010, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

SHEA LABAGH DOBBERSTEIN
Certified Public Accountants, Inc.

Shea Labagh Dobberstein

September 30, 2011

505 Montgomery Street, 5TH Floor • San Francisco, CA 94111 • Tel 415 397-4444 • Fax 415 981-0898
1700 S. El Camino Real, Suite 500 • San Mateo, CA 94402 • Tel 650 579-7200 • Fax 650 579-1041

STEVEN ENGINEERING, INC. PROFIT SHARING AND
EMPLOYEE SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

| | December 31, 2010 | December 31, 2009 |
|---|---|---|
| **ASSETS** | | |
| INVESTMENTS, AT FAIR VALUE | | |
| Cash | $ 68,351 | $ 13,704 |
| Mutual Funds | 7,278,517 | 6,132,545 |
| Collective Trust Funds | 132,988 | 148,206 |
| TOTAL INVESTMENTS | 7,479,856 | 6,294,455 |
| NOTES RECEIVABLE FROM PARTICIPANTS | 242,738 | 190,207 |
| NET ASSETS AVAILABLE FOR BENEFITS | $ 7,722,594 | $ 6,484,662 |

See accompanying notes to financial statements.

STEVEN ENGINEERING, INC. PROFIT SHARING AND
EMPLOYEE SAVINGS PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year Ended December 31, 2010

| | | |
|---|---|---|
| **ADDITIONS** | | |
| ADDITIONS TO NET ASSETS ATTRIBUTED TO: | | |
| INVESTMENT INCOME | | |
| Net Appreciation in Fair Value of Investments | $ | 896,163 |
| Interest and Dividend Income | | 100,387 |
| NET INVESTMENT INCOME | | 996,550 |
| INTEREST INCOME ON NOTES RECEIVABLE FROM PARTICIPANTS | | 11,673 |
| CONTRIBUTIONS | | |
| Participants | | 301,453 |
| Employer | | 16,124 |
| TOTAL CONTRIBUTIONS | | 317,577 |
| TOTAL ADDITIONS | | 1,325,800 |
| **DEDUCTIONS** | | |
| DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO: | | |
| BENEFITS PAID TO PARTICIPANTS | | 79,520 |
| ADMINISTRATIVE EXPENSES | | 8,348 |
| TOTAL DEDUCTIONS | | 87,868 |
| NET INCREASE IN NET ASSETS | | 1,237,932 |
| NET ASSETS AVAILABLE FOR BENEFITS AT BEGINNING OF YEAR | | 6,484,662 |
| NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR | $ | 7,722,594 |

See accompanying notes to financial statements.

STEVEN ENGINEERING, INC. PROFIT SHARING AND EMPLOYEE SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2010

## NOTE 1 – DESCRIPTION OF THE PLAN

The following description of the Steven Engineering, Inc. Profit Sharing and Employee Savings Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General – The Plan is a defined contribution plan, which was established in 1984 by Steven Engineering, Inc. (the "Company") to provide retirement benefits for its employees. The Plan covers all eligible employees who have completed one year of service and have attained 21 years of age. Eligible participants can enroll in the Plan effective January 1st or July 1st following the date on which the employee meets the eligibility requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA") and certain provisions of the Internal Revenue Code ("IRC"), as amended.

In August 2010, the Company acquired certain assets of Associated of Los Angeles ("ALA") through its subsidiary, SEI Acquisition, LLC dba Associated Los Angeles. In connection with the acquisition, former employees of ALA became employees of the subsidiary. The Plan management resolved to amend the Plan document to include years of service with ALA for purposes of determining participants' eligibility and vesting. The former employees of ALA, who became employees of the subsidiary as a result of the acquisition, are eligible to participate in the Plan and are 100% vested in their account balances as of the date of the acquisition.

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

The Basic Plan Document of the Plan was restated effective January 1, 2009 to comply with certain regulatory requirements. The restatement includes all amendments to the Plan document from the last restatement date. There were no significant changes to the provisions of the Plan as a result of the restatement.

Participant Contributions – Participants may voluntarily contribute a portion of their pretax annual compensation, as defined by the Plan, limited to an annual maximum amount ($16,500 for the year ended December 31, 2010). Participants who have attained age 50 before the end of the Plan year are eligible to make additional catch up contributions limited to an annual maximum amount ($5,500 for the year ended December 31, 2010). Participants may also make "rollover" contributions representing distributions from other qualified retirement plans.

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

Employer Contributions – The Company may elect to make discretionary employer-matching contributions and profit sharing contributions to the Plan, subject to limitations imposed by applicable provisions of the IRC. The Company's matching contribution amounted to $16,124 for the year ended December 31, 2010. There was no profit sharing contributions to the Plan for the year ended December 31, 2010.

Participant Accounts – The Plan maintains an account for each participant which is credited with the participant's and Company's matching contributions and allocations of (a) the Company's profit sharing contributions, if any, and, (b) Plan investment earnings and losses, and charged with an allocation of administrative fees. Allocations are based on participant earnings or account balances, as defined in the Plan agreement. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting – The value of each participant's account is fully vested and non-forfeitable at all times, including participant contributions, employer contributions, rollover contributions and the interest and earnings thereon.

Investment Options – Upon enrollment in the Plan, a participant may direct the investment of his or her account balance into various investment funds available through the Charles Schwab Trust Company ("Charles Schwab"), the trustee of the Plan.

Notes Receivable from Participants – Participants may borrow from their vested account balances a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account. The loan term is not to exceed five years, except for loans used to finance the purchase of a primary residence. Interest rates are determined by the Plan administrator and remain fixed throughout the life of the loan. Principal and interest are paid ratably through payroll deductions and loans become due upon termination of employment with the Company. As of December 31, 2010, interest rates on outstanding participant loans ranged from 4.25% to 10.50% with maturity dates through August 2015.

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

Payment of Benefits – Normal retirement age is 65 years old; however, upon reaching age 59½ or, upon termination of service, death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or annual installments equal to the value of the participant's vested interest in their account, over a period of time not to exceed the participant's assumed life expectancy. Lump sum payments may be in cash or in property allocated to the participant's account. A participant may also elect to receive payments in the form of a life annuity as defined under the Plan agreement. The Company will roll over a terminated participant's account balance between $1,000 and $5,000 to an individual retirement account unless directed otherwise by the terminated participant. A terminated participant's balance equal to or less than $1,000 will be distributed directly to the participant as a lump-sum payment. Minimum required distributions must be made by April 1st following the year the participant reaches age 70½.

Administrative Expenses – The Plan permits the payment of certain expenses to be made from the Plan's assets unless the Company elects to pay for such expenses. Expenses paid from the Plan's assets will be proportionately allocated to the accounts of all participants in the Plan. Such expenses include fees paid to the trustee, investment manager and recordkeeper. Further, certain expenses specifically incurred by and attributable to a participant will be paid out of the related participant's account.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

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

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investment Valuation and Income Recognition – Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for further 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 gains and losses on investments bought and sold, as well as held during the year.

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

Payment of Benefits – Benefits are recorded when paid.

New Accounting Pronouncements – In January 2010, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") 2010-06, *Improving Disclosures about Fair Value Measurements*. ASU 2010-06 amended Accounting Standards Codification ("ASC") 820, *Fair Value Measurements and Disclosures*, to clarify certain existing fair value disclosures and to require a number of additional disclosures. The guidance in ASU 2010-06 clarified that disclosures should be presented separately for each "class" of assets and liabilities measured at fair value and provided guidance on how to determine the appropriate classes of assets and liabilities to be presented. ASU 2010-06 also clarified the requirement for entities to disclose information about both the valuation techniques and inputs used in estimating Level 2 and Level 3 fair value measurements. In addition, ASU 2010-06 introduced new requirements to disclose the amounts (on a gross basis) and reasons for any significant transfers between Levels 1, 2, and 3 of the fair value hierarchy and to present information regarding the purchases, sales, issuances, and settlements of Level 3 assets and liabilities on a gross basis. The guidance in ASU 2010-06 is effective for reporting periods beginning after December 15, 2009, with the exception of the requirement to present changes in Level 3 measurements on a gross basis, which is delayed until 2011. The Plan adopted ASU 2010-06 for the plan year ending December 31, 2010. The adoption did not have a material impact on the Plan's net assets available for benefits or its changes in net assets available for benefits, as changes are related to the fair value measurement disclosures.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

New Accounting Pronouncements (Continued) – In September 2010, the FASB issued ASU No. 2010-25, *Reporting Loans to Participants by Defined Contribution Pension Plans*. ASU No. 2010-25 requires participant loans to be classified as notes receivable from participants and measured at their unpaid principal balances plus any accrued but unpaid interest. ASU No. 2010-25 is effective for years ending after December 15, 2010, with early adoption permitted. Previously, loans to participants were classified as investments and measured at fair value. The Plan adopted ASU 2010-25 for the year ended December 31, 2010. Accordingly, participant loans have been reclassified to notes receivable from participants and measured at their unpaid principal plus accrued interest as of December 31, 2010 and 2009.

NOTE 3 – FAIR VALUE MEASUREMENTS

The *Fair Value Measurements and Disclosures* topic of the FASB ASC, provides a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under this standard are described as follows:

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

Level 2: Inputs to the valuation methodology include:

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

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

NOTE 3 – FAIR VALUE MEASUREMENTS (Continued)

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

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

Following is a description of the valuation methodologies used by the Plan for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2010 and 2009.

Cash: Valued at the outstanding balance, which represents fair value.

Mutual Funds: Valued at the net asset value ("NAV") of shares held by the Plan at year-end.

Collective Trust Funds: Valued at the NAV of the units held by the Plan at year-end. The NAV is based on the quoted market value of the underlying investments held by the trusts.

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

NOTE 3 – FAIR VALUE MEASUREMENTS (Continued)

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

| | 2010 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Cash | $ 68,351 | $ - | $ - | $ 68,351 |
| Mutual Funds: | | | | |
| Balanced Fund | 870,068 | - | - | 870,068 |
| Blended Funds | 809,577 | - | - | 809,577 |
| Bond Funds | 537,584 | - | - | 537,584 |
| Emerging Markets Fund | 1,051,156 | - | - | 1,051,156 |
| Growth Funds | 880,974 | - | - | 880,974 |
| International Funds | 853,846 | - | - | 853,846 |
| Money Market Fund | 807,328 | - | - | 807,328 |
| Specialty Funds | 1,346,127 | - | - | 1,346,127 |
| Value Fund | 121,857 | - | - | 121,857 |
| Total Mutual Funds | 7,278,517 | - | - | 7,278,517 |
| Collective Trust Funds | - | 132,988 | - | 132,988 |
| Total Investments at Fair Value | $ 7,346,868 | $ 132,988 | $ - | $ 7,479,856 |

NOTE 3 – FAIR VALUE MEASUREMENTS (Continued)

| | 2009 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Cash | $ 13,704 | $ - | $ - | $ 13,704 |
| Mutual Funds: | | | | |
| Balanced Fund | 773,727 | - | - | 773,727 |
| Blended Funds | 671,006 | - | - | 671,006 |
| Bond Funds | 480,313 | - | - | 480,313 |
| Emerging Markets Fund | 714,049 | - | - | 714,049 |
| Growth Funds | 889,992 | - | - | 889,992 |
| International Funds | 829,203 | - | - | 829,203 |
| Money Market Fund | 702,377 | - | - | 702,377 |
| Specialty Funds | 962,990 | - | - | 962,990 |
| Value Fund | 108,888 | - | - | 108,888 |
| Total Mutual Funds | 6,132,545 | - | - | 6,132,545 |
| Collective Trust Funds | - | 148,206 | - | 148,206 |
| Total Investments at Fair Value | $ 6,146,249 | $ 148,206 | $ - | $ 6,294,455 |

NOTE 4 – INFORMATION CERTIFIED BY THE TRUSTEE OF THE PLAN

All investment information disclosed in the accompanying financial statements and supplemental schedule, including investments held at December 31, 2010 and 2009, and net appreciation in fair value of investments and interest and dividend income for the year ended December 31, 2010, has been obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by Charles Schwab, the trustee of the Plan.

The following is a summary of the certified investment information presented at fair value as of December 31, 2010 and 2009, furnished to the Plan administrator by Charles Schwab and included in the Plan's financial statements and supplemental schedule. Individual investments that represent 5% or more of the Plan's net assets are separately identified (*):

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

| | 2010 | 2009 |
|---|---|---|
| Cash | $ 68,351 | $ 13,704 |
| Mutual Funds: | | |
| American Century International Discovery Fund | 122,810 | 118,022 |
| Columbia Energy and Natural Resources Fund | 697,840 * | 532,755 * |
| Dodge and Cox Balanced Fund | 870,068 * | 773,727 * |
| First Eagle Fund of America | 70,446 | 57,470 |
| Harbor Bond Fund | 117,120 | 100,039 |
| ING Global Real Estate Fund | 14,877 | 93,124 |
| Janus Twenty Class T Fund | 159,602 | 261,683 |
| Jensen Portfolio Class J Fund | 52,157 | 42,046 |
| Keeley Small Cap Value Fund | 100,194 | 74,152 |
| Laudus International Marketmasters Fund | 731,036 * | 711,181 * |
| Loomis Sayles Bond Fund | 420,464 * | 380,274 * |
| Parnassus Equity Fund | 80,987 | 84,441 |
| Rainier Small/Mid-Cap Equity Portfolio Fund | 669,215 * | 586,263 * |
| Royce Premier Fund | 285,487 | 223,168 |
| RS Emerging Markets A | 1,051,156 * | 714,049 * |
| Schwab Retirement Money Fund | 807,328 * | 702,377 * |
| Schwab S&P 500 Index Fund | 272,463 | 231,775 |
| Sound Shore Fund | 121,857 | 108,888 |
| Virtus Real Estate Securities Fund | 633,410 * | 337,111 * |
| | 7,278,517 | 6,132,545 |
| Collective Trust Funds: | | |
| Schwab Managed Retirement Trust Fund 2010 | 3,703 | 3,581 |
| Schwab Managed Retirement Trust Fund 2020 | 117,002 | 39,402 |
| Schwab Managed Retirement Trust Fund 2030 | 5,559 | 104,345 |
| Schwab Managed Retirement Trust Fund 2040 | 6,724 | 878 |
| | 132,988 | 148,206 |
| | $ 7,479,856 | $ 6,294,455 |

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

The following is a summary of investment income information certified by Charles Schwab for the year ended December 31, 2010:

| | |
|---|---|
| Net Appreciation in Fair Value of: | |
| Mutual Funds | $ 875,374 |
| Collective Trust Funds | 20,789 |
| | $ 896,163 |
| Interest and Dividend Income: | $ 100,387 |

NOTE 5 – TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated November 26, 2010 that the Plan and related trust are designed in accordance with the applicable sections of the IRC. Accordingly, no provisions for federal or state income taxes is included the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the federal and state taxing authorities. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2007.

NOTE 6 – PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by Charles Schwab, who also serves as the trustee of the Plan and therefore, these transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transaction rules under ERISA. Fees paid by the Plan to the trustee for certain investment management fees are netted against the net appreciation in fair value of investments.

## NOTE 7 – PLAN TERMINATION

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

## NOTE 8 – RISKS AND UNCERTAINTIES

The Plan provides for various investment options in any combination from among the funds available through Charles Schwab. Investment securities, in general, are exposed to various risks, such as interest rate, market fluctuation and credit risks. Due to the level of risk associated with these investment securities, it is at least reasonably possible that changes in value of investments will occur in the near term and such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits and the Statement of Changes in Net Assets Available for Benefits.

The underlying securities of the Plan's investments could include securities with contractual cash flows, such as, but not limited to, asset-backed securities, collateralized mortgage obligations, and commercial mortgage-backed securities and real estate. The value, liquidity and related income of these securities may be particularly sensitive to changes in economic conditions, including real estate value, delinquencies or defaults, or both, and may be adversely affected by real or perceived difficulties of the issuers, changes in interest rates and conditions in financial markets.

## NOTE 9 – SUBSEQUENT EVENTS

Subsequent events were evaluated through September 30, 2011, which is the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULE

STEVEN ENGINEERING, INC. PROFIT SHARING AND
EMPLOYEE SAVINGS PLAN

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

FEIN: 94-2418192

Plan Number: 001

December 31, 2010

| (a) | (b) Identity of Issue, Borrower, Lessor, or Similar Party | (c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value | | (d) Cost | (e) Current Value |
|---|---|---|---|---|---|
| * | Charles Schwab | Cash | | ^ | $ 68,351 |
| | | Mutual Funds: | | | |
| | American Century Funds | American Century International Discovery Fund | 11,467 Shares | ^ | 122,810 |
| | Columbia Funds | Columbia Energy and Natural Resources Fund | 30,092 Shares | ^ | 697,840 |
| | Dodge and Cox Funds | Dodge and Cox Balanced Fund | 12,391 Shares | ^ | 870,068 |
| | First Eagle Funds | First Eagle Fund of America | 2,720 Shares | ^ | 70,446 |
| | Harbor Funds | Harbor Bond Fund | 9,679 Shares | ^ | 117,120 |
| | ING International Funds | ING Global Real Estate Fund | 913,854 Shares | ^ | 14,877 |
| | Janus Funds | Janus Twenty Class T Fund | 2,428 Shares | ^ | 159,602 |
| | Jensen Investment Management | Jensen Portfolio Class J Fund | 1,925 Shares | ^ | 52,157 |
| | Keeley Funds | Keeley Small Cap Value Fund | 4,013 Shares | ^ | 100,194 |
| | Laudus Funds | Laudus International Marketmasters Fund | 37,976 Shares | ^ | 731,036 |
| | Loomis, Sayles & Company | Loomis Sayles Bond Fund | 29,465 Shares | ^ | 420,464 |
| | Parnassus Investments | Parnassus Equity Fund | 3,078 Shares | ^ | 80,987 |
| | Rainier Funds | Rainier Small/Mid-Cap Equity Portfolio Fund | 20,490 Shares | ^ | 669,215 |
| | The Royce Funds | Royce Premier Fund | 14,029 Shares | ^ | 285,487 |
| | RS Investments | RS Emerging Markets A | 39,310 Shares | ^ | 1,051,156 |
| * | Charles Schwab | Schwab Retirement Money Fund | 807,328 Shares | ^ | 807,328 |
| * | Charles Schwab | Schwab S&P 500 Index Fund | 13,922 Shares | ^ | 272,463 |
| | Sound Shore Fund | Sound Shore Fund | 3,830 Shares | ^ | 121,857 |
| | Virtus Investment Partners, Inc. | Virtus Real Estate Securities Fund | 22,744 Shares | ^ | 633,410 |
| | | | | | 7,278,517 |
| | | Collective Trust Funds: | | | |
| * | Charles Schwab | Schwab Managed Retirement Trust Fund 2010 | 210 Shares | ^ | 3,703 |
| * | Charles Schwab | Schwab Managed Retirement Trust Fund 2020 | 6,387 Shares | ^ | 117,002 |
| * | Charles Schwab | Schwab Managed Retirement Trust Fund 2030 | 301 Shares | ^ | 5,559 |
| * | Charles Schwab | Schwab Managed Retirement Trust Fund 2040 | 404 Shares | ^ | 6,724 |
| | | | | | 132,988 |
| * | Notes Receivable from Participants | 39 notes receivable bearing interest ranging from 4.25% to 10.50% with maturity dates through August 2015 | | - | 242,738 |
| | | | | | $ 7,722,594 |

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

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

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

# 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
- ☒ a single-employer plan;
- ☐ a DFE (specify) ___

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

**C** If the plan is a collectively-bargained plan, check here. . . . . ▶ ☐

**D** Check box if filing under:
- ☒ Form 5558;
- ☐ automatic extension;
- ☐ the DFVC program;
- ☐ special extension (enter description)

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan STEVEN ENGINEERING, INCORPORATED PROFIT SHARING AND EMPLOYEE SAVINGS PLAN

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

**1c** Effective date of plan 01/01/1984

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

230 RYAN WAY

SOUTH SAN FRANCISCO CA 94080-6370

**2b** Employer Identification Number (EIN) 94-2418192

**2c** Sponsor's telephone number (650)588-9200

**2d** Business code (see instructions) 423990

**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 | Bonnie A. Walter | 10/10/11 | BONNIE A. WALTER |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| SIGN HERE | Bonnie A. Walter | 10/10/11 | BONNIE A. WALTER |
| | **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 |