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
THE CBM GROUP, INC. 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2006

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

1010 RACQUET CLUB DRIVE
SUITE 108
AUBURN, CA 95603

2b Employer Identification Number (EIN)
94-2871872

2c Sponsor's telephone number
530-745-3255

2d Business code (see instructions)
531310

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.	10/14/2011	CAMEO TOWNZEN
	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")

THE CBM GROUP, INC.

1010 RACQUET CLUB DRIVE
SUITE 108
AUBURN, CA 95603

3b Administrator's EIN: 94-2871872

3c Administrator's telephone number: 530-745-3255

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**	171
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**	135
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	10
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	145
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	145
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	56
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 2G 2J 2K 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)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

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
THE CBM GROUP, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500.
THE CBM GROUP, INC.

D Employer Identification Number (EIN)
94-2871872

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

1 Coverage Information:

(a) Name of insurance carrier
ING LIFE INSURANCE & ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year (f) From	(g) To
71-0294708	86509	PH9068	69	01/01/2010	12/31/2010

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
1231	0

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

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

AMERITAS INVESTMENT CORPORATION
P.O. BOX 5507
LINCOLN, NE 68505

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	(d) Purpose	(e) Organization code
1231			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP PENSION FUNDING

b	Balance at the end of the previous year			7b	38179
c	Additions: (1) Contributions deposited during the year	7c(1)	61490		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	1113		
	(4) Transferred from separate account	7c(4)	35532		
	(5) Other (specify below)	7c(5)	0		
	▶				
	(6) Total additions			7c(6)	98135
d	Total of balance and additions (add **b** and **c(6)**).			7d	136314
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	44557		
	(2) Administration charge made by carrier	7e(2)	0		
	(3) Transferred to separate account	7e(3)	56955		
	(4) Other (specify below)	7e(4)	0		
	▶				
	(5) Total deductions			7e(5)	101512
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	34802

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE 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
THE CBM GROUP, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
THE CBM GROUP, INC.

D Employer Identification Number (EIN)
94-2871872

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	154421	196144
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	38179	34802
(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	192600	230946
	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	192600	230946

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)	7185	
	(B) Participants	2a(1)(B)	54305	
	(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)		61490
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(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)		
(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)		21413
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		82903
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	44557	
(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)		44557
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)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		0
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		44557
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		38346
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: PROPP CHRISTENSON CANIGLIA LLP (2) EIN: 26-2363334

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		1000000
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
THE CBM GROUP, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
THE CBM GROUP, INC.

D Employer Identification Number (EIN)
94-2871872

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**

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): 71-0294708

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):

THE CBM GROUP, INC.
401(k) PLAN

FINANCIAL STATEMENTS
December 31, 2010 and 2009

THE CBM GROUP, INC.
401(k) PLAN

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INDEPENDENT AUDITORS' REPORT

To the Trustees of
The CBM Group, Inc. 401(k) Plan
Auburn, California

We were engaged to audit the accompanying statements of net assets available for benefits of The CBM Group, Inc. 401(k) Plan (the "Plan") as of December 31, 2010 and 2009, the related statements of changes in net assets available for benefits for the years then ended, and the supplemental schedule as of December 31, 2010. These financial statements and the 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 Employment Retirement Income Security Act of 1974, the custodian instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 9, which was certified by ING Life Insurance and Annuity Company ("ING"), the custodian of the Plan's assets as an agent for John Casper and Cameo Townzen, the trustees of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan Administrator that the custodian holds the Plan's investment assets and executes investment transactions. The custodian has certified as of December 31, 2010 and 2009, and for the years then ended, that the information provided 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 the supplemental schedule taken as a whole. The form and content of the information included in the financial statements and the supplemental schedule, other than that derived from the information certified by ING, have been audited by us in accordance with auditing standards generally accepted in the United States of America, and in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Security Income Act of 1974.

As explained in Note 9, information certified by ING and presented in the Supplementary Schedule of Assets (Held at End of Year) does not disclose the historical cost of certain investments. Disclosure of this information is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Propp Christensen Caniglia LLP

September 28, 2011
Roseville, California

THE CBM GROUP, INC.
401(k) PLAN

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

ASSETS

	2010	2009
Investments at fair value:		
Pooled separate accounts	$ 196,144	$ 154,421
Insurance company general account	34,802	38,179
Total investments	230,946	192,600
Net assets available for benefits	$ 230,946	$ 192,600

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

THE CBM GROUP, INC.
401(k) PLAN

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

	2010	2009
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	21,413	34,741
Contributions:		
Employer	7,185	8,172
Participants	54,305	57,355
Total contributions	61,490	65,527
Total additions	82,903	100,268
Deductions to net assets attributed to:		
Benefits paid to participants	44,557	57,696
Net increase	38,346	42,572
Net assets available for benefits, beginning of year	192,600	150,028
Net assets available for benefits, end of year	$ 230,946	$ 192,600

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

THE CBM GROUP, INC.
401(k) PLAN

NOTES TO FINANCIAL STATEMENTS
December 31, 2010 and 2009

NOTE 1: DESCRIPTION OF PLAN

The following description of The CBM Group, Inc. 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General
The Plan is a defined contribution plan covering all employees of The CBM Group, Inc., (the "Company"), who have one year of service in which they have been credited with 1,000 hours of service and are age 21 or older. The Plan entry dates are the first day of each plan year and the first day of July of the Plan year. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan began in January 2006.

Contributions
Each year participants may contribute any amount of pretax annual compensation, as defined in the Plan, not to exceed the maximum deferral amount of $16,500 for 2010 and 2009. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan.

Funding Plan
Employer contributions to the Plan are discretionary and are based on a percentage of employee salary deferrals. During 2010 and 2009, the employer match was 20% of employee deferrals, not to exceed $200 per eligible employee.

Participant Accounts
Each participant's account is credited with the participant's contributions and the allocations of the Company's contribution and Plan earnings. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting
Participants are immediately vested in their contributions, including rollovers, plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 100% vested after three years of credited service.

Participant Loans
Participant loans are not permitted.

Administration
The Plan Administrator is responsible for filing all reports required of the Plan and the day to day operations of the Plan. The Plan permits the payment of Plan expenses to be made from the Plan's assets. These expenses shall be allocated either proportionately based on the value of the account balances or as an equal dollar amount based on the number of participants in the Plan. There were no administrative fees paid by the Plan during 2010 and 2009.

NOTES TO FINANCIAL STATEMENTS
December 31, 2010 and 2009

NOTE 1: DESCRIPTION OF PLAN (CONTINUED)

Payment of Benefits
On termination of service due to death, disability or retirement, a participant receives a lump-sum amount equal to the value of the participant's vested interest in his or her account. Payments are not permitted if the employee is still employed by the Company, except when the employee reaches age 59 ½ or under certain hardship conditions. For termination of service due to other reasons a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

Forfeited Accounts
Forfeited non-vested amounts are used to reduce administrative fees of the Plan, if any, and then future employer contributions. Forfeitures totaled $112 and $331 for the years ended December 31, 2010 and 2009, respectively.

Separated Participants
Retired or separated participants entitled to receive benefits for the years ended December 31, 2010 and 2009, were 11 and 15 participants, respectively. The amount of benefits associated with these participants for the years ended December 31, 2010 and 2009, was $26,627 and $45,229, respectively.

Corrective Distributions
Corrective distributions may be required in the event that employee contributions exceed contribution limitations of the Plan. There were no corrective distributions paid during the years ended December 31, 2010 and 2009.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting
The financial statements are prepared using the accrual method of accounting.

Investment Valuation and Income Recognition
Investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See discussion of fair value measurements below.

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

Estimates
The preparation of financial statements in conformity with generally accepted accounting principles requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Fair Value Measurements
The Plan has adopted the provisions of Financial Accounting Standards Board Accounting Standards Codification Topic 820, Subtopic 10, *Fair Value Measurements and Disclosures* (FASB ASC 820-10), which defines fair value, establishes a framework for measuring fair value, and expands disclosure requirements for fair value measurements.

FASB ASC 820-10 defines fair value as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. The Plan determines the fair values of its assets and liabilities based on the fair value hierarchy established in FASB ASC 820-10. The standard describes three levels of inputs that may be used to measure fair value (Level 1, Level 2 and Level 3). Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan has the ability to access at the measurement date. An active market is a market in which transactions occur with sufficient frequency and volume to provide pricing information on an on-going basis. Level 2 inputs are inputs other than quoted prices that are observable for the asset or liability, either directly or indirectly. Level 3 inputs are unobservable inputs for the asset or liability. Unobservable inputs reflect the Plan's own assumptions about the assumptions market participants would use in pricing the asset or liability (including assumptions about risk). Unobservable inputs are developed based on the best information available in the circumstances and may include the Plan's own data.

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

Pooled separate accounts: Valued at the net asset value (NAV), or price per share, of the underlying mutual funds at year end.

Insurance company general account (group pension funding contract): Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer (See Note 6).

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.

Payment of Benefits
Benefit payments are recorded when paid.

Subsequent Events
In preparing the financial statements, the Employer has evaluated events and transactions for potential recognition or disclosure through September 28, 2011, the date that the financial statements were available to be issued.

NOTE 3: INVESTMENTS

The following presents investments at December 31, 2010 and 2009, which represent 5% or more of the Plan's net assets:

	2010	2009
ING Solution 2015 Portfolio	$ 13,625	$ -
ING Solution 2025 Portfolio	17,705	23,020
ING Solution 2035 Portfolio	22,778	17,633
ING Solution 2045 Portfolio	32,682	22,907
ING Solution Income Portfolio	-	12,504
ING Fixed Account	34,802	38,179
ING Oppenheimer Global Portfolio	37,766	27,888
The Growth Fund of America	13,898	-

The Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $21,413 and $34,741 for the years ended December 31, 2010 and 2009, respectively, as follows:

	2010	2009
Pooled separate accounts	$ 20,300	$ 33,920
Insurance company general account	1,113	821
	$ 21,413	$ 34,741

Investment securities, in general, are exposed to various risks, such as interest rate, credit and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and may impact participants' account balances.

NOTE 4: FAIR VALUE MEASUREMENTS

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010 and 2009:

Assets at Fair Value as of December 31, 2010

	Level 1	Level 2	Level 3	Total
Pooled separate accounts	$ 196,144	$ -	$ -	$ 196,144
Insurance company general account	-	-	34,802	34,802
Total assets at fair value	$ 196,144	$ -	$ 34,802	$ 230,946

NOTE 4: FAIR VALUE MEASUREMENTS (CONTINUED)

Assets at Fair Value as of December 31, 2009

	Level 1	Level 2	Level 3	Total
Pooled separate accounts	$ 154,421	$ -	$ -	$ 154,421
Insurance company general account	-	-	38,179	38,179
Total assets at fair value	$ 154,421	$ -	$ 38,179	$ 192,600

The following table sets forth a summary of changes in the fair value of the Plan's level 3 assets for the years ended December 31, 2010 and 2009.

	2010	2009
Balance, beginning of year	$ 38,179	$ 21,143
Transfers from another fund	(5,086)	3,914
Unrealized gains relating to instruments still held at the reporting date	1,114	821
Purchases, sales, issuances, and settlements (net)	595	12,301
Balance, end of year	$ 34,802	$ 38,179

NOTE 5: PLAN TERMINATION

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

NOTE 6: INVESTMENT CONTRACT WITH INSURANCE COMPANY

In 2008, the Plan entered into an investment contract with ING. ING maintains the contributions in pooled separate mutual fund accounts and a general account (group pension funding contract). Each participant's account is credited with net earnings on the underlying investments and charged with participant withdrawals and administrative expenses. Participant accounts included in the pooled separate accounts are stated at the fair value of the underlying investments.

The group pension funding contract is included in the financial statements at the value reported to the Plan by ING. This value represents contributions made under the contract, plus earnings, less participant withdrawals, applicable market value adjustments and administrative fees and charges.

NOTE 7: TAX STATUS

The Internal Revenue Service has determined and informed the Company that the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code (IRC). The Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and has no income subject to unrelated business income tax. Accordingly, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination. 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 8: ADMINISTRATION OF PLAN ASSETS

Certain administrative functions are performed by key employees of the Company. No such key employee receives compensation from the Plan for performance of administrative functions.

NOTE 9: SUMMARY OF INFORMATION CERTIFIED BY ING LIFE INSURANCE AND ANNUITY COMPANY

The Company has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA of 1974. Accordingly, as permitted under such election, the following information was provided by ING Life Insurance and Annuity Company and was not subjected to auditing procedures performed by the independent public accountants:

- Schedules of assets held for investment as of December 31, 2010 and 2009.
- Summaries of investment transactions for the years ended December 31, 2010 and 2009.
- Summaries of investment gains and losses for the years ended December 31, 2010 and 2009.

Information certified by the custodian of the Plan's assets and presented in the schedule of assets held for investment purposes does not disclose the historical cost of certain investments.

SUPPLEMENTARY INFORMATION

THE CBM GROUP, INC.
401(k) PLAN

EIN-94-2871872, PLAN NUMBER 001

SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2010

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment	(e) Current Value
*	ING Funds	ING VP Intermediate Bond Port	$ 3,923
*	ING Funds	ING VP Index Plus Large Cap Port	10,244
*	ING Funds	ING VP Index Plus Small Cap Port	2,504
*	ING Funds	ING VP Index Plus Mid Cap Port	4,830
*	ING Funds	ING Fixed Account	34,802
	Vanguard	Vanguard VIF Diversified Value	10,305
*	ING Partners Funds	ING Global Bond Portfolio	9,079
*	ING Partners Funds	ING Oppenheimer Global Portfolio	37,766
*	ING Partners Funds	ING Davis New York Venture Port	2,043
	America Funds	The Growth Fund of America	13,898
*	ING Partners Funds	ING Money Market Fund	1,367
*	ING Partners Funds	ING Solution 2015 Portfolio	13,624
*	ING Partners Funds	ING Solution 2025 Portfolio	17,705
*	ING Partners Funds	ING Solution 2035 Portfolio	22,778
*	ING Partners Funds	ING Solution 2045 Portfolio	32,682
*	ING Partners Funds	ING Solution Income Portfolio	2,636
*	ING Investors Trust	ING T. Rowe Price Cap. Appr.	8,527
	Wanger	Wanger Select	1,262
	Wanger	Wanger U.S. Smaller Companies	971
	Total assets held for investment purposes		$ 230,946

* Denotes party-in-interest.

THE CBM GROUP, INC.
401(k) PLAN

FINANCIAL STATEMENTS
December 31, 2010 and 2009

THE CBM GROUP, INC.
401(k) PLAN

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INDEPENDENT AUDITORS' REPORT

To the Trustees of
The CBM Group, Inc. 401(k) Plan
Auburn, California

We were engaged to audit the accompanying statements of net assets available for benefits of The CBM Group, Inc. 401(k) Plan (the "Plan") as of December 31, 2010 and 2009, the related statements of changes in net assets available for benefits for the years then ended, and the supplemental schedule as of December 31, 2010. These financial statements and the 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 Employment Retirement Income Security Act of 1974, the custodian instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 9, which was certified by ING Life Insurance and Annuity Company ("ING"), the custodian of the Plan's assets as an agent for John Casper and Cameo Townzen, the trustees of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan Administrator that the custodian holds the Plan's investment assets and executes investment transactions. The custodian has certified as of December 31, 2010 and 2009, and for the years then ended, that the information provided 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 the supplemental schedule taken as a whole. The form and content of the information included in the financial statements and the supplemental schedule, other than that derived from the information certified by ING, have been audited by us in accordance with auditing standards generally accepted in the United States of America, and in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Security Income Act of 1974.

As explained in Note 9, information certified by ING and presented in the Supplementary Schedule of Assets (Held at End of Year) does not disclose the historical cost of certain investments. Disclosure of this information is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Propp Christensen Caniglia LLP

September 28, 2011
Roseville, California

THE CBM GROUP, INC.
401(k) PLAN

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

ASSETS

	2010	2009
Investments at fair value:		
Pooled separate accounts	$ 196,144	$ 154,421
Insurance company general account	34,802	38,179
Total investments	230,946	192,600
Net assets available for benefits	$ 230,946	$ 192,600

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

THE CBM GROUP, INC.
401(k) PLAN

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

	2010	2009
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	21,413	34,741
Contributions:		
Employer	7,185	8,172
Participants	54,305	57,355
Total contributions	61,490	65,527
Total additions	82,903	100,268
Deductions to net assets attributed to:		
Benefits paid to participants	44,557	57,696
Net increase	38,346	42,572
Net assets available for benefits, beginning of year	192,600	150,028
Net assets available for benefits, end of year	$ 230,946	$ 192,600

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

THE CBM GROUP, INC.
401(k) PLAN

NOTES TO FINANCIAL STATEMENTS
December 31, 2010 and 2009

NOTE 1: DESCRIPTION OF PLAN

The following description of The CBM Group, Inc. 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General
The Plan is a defined contribution plan covering all employees of The CBM Group, Inc., (the "Company"), who have one year of service in which they have been credited with 1,000 hours of service and are age 21 or older. The Plan entry dates are the first day of each plan year and the first day of July of the Plan year. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan began in January 2006.

Contributions
Each year participants may contribute any amount of pretax annual compensation, as defined in the Plan, not to exceed the maximum deferral amount of $16,500 for 2010 and 2009. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan.

Funding Plan
Employer contributions to the Plan are discretionary and are based on a percentage of employee salary deferrals. During 2010 and 2009, the employer match was 20% of employee deferrals, not to exceed $200 per eligible employee.

Participant Accounts
Each participant's account is credited with the participant's contributions and the allocations of the Company's contribution and Plan earnings. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting
Participants are immediately vested in their contributions, including rollovers, plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 100% vested after three years of credited service.

Participant Loans
Participant loans are not permitted.

Administration
The Plan Administrator is responsible for filing all reports required of the Plan and the day to day operations of the Plan. The Plan permits the payment of Plan expenses to be made from the Plan's assets. These expenses shall be allocated either proportionately based on the value of the account balances or as an equal dollar amount based on the number of participants in the Plan. There were no administrative fees paid by the Plan during 2010 and 2009.

NOTES TO FINANCIAL STATEMENTS
December 31, 2010 and 2009

NOTE 1: DESCRIPTION OF PLAN (CONTINUED)

Payment of Benefits
On termination of service due to death, disability or retirement, a participant receives a lump-sum amount equal to the value of the participant's vested interest in his or her account. Payments are not permitted if the employee is still employed by the Company, except when the employee reaches age 59 ½ or under certain hardship conditions. For termination of service due to other reasons a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

Forfeited Accounts
Forfeited non-vested amounts are used to reduce administrative fees of the Plan, if any, and then future employer contributions. Forfeitures totaled $112 and $331 for the years ended December 31, 2010 and 2009, respectively.

Separated Participants
Retired or separated participants entitled to receive benefits for the years ended December 31, 2010 and 2009, were 11 and 15 participants, respectively. The amount of benefits associated with these participants for the years ended December 31, 2010 and 2009, was $26,627 and $45,229, respectively.

Corrective Distributions
Corrective distributions may be required in the event that employee contributions exceed contribution limitations of the Plan. There were no corrective distributions paid during the years ended December 31, 2010 and 2009.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting
The financial statements are prepared using the accrual method of accounting.

Investment Valuation and Income Recognition
Investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See discussion of fair value measurements below.

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

Estimates
The preparation of financial statements in conformity with generally accepted accounting principles requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Fair Value Measurements
The Plan has adopted the provisions of Financial Accounting Standards Board Accounting Standards Codification Topic 820, Subtopic 10, *Fair Value Measurements and Disclosures* (FASB ASC 820-10), which defines fair value, establishes a framework for measuring fair value, and expands disclosure requirements for fair value measurements.

FASB ASC 820-10 defines fair value as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. The Plan determines the fair values of its assets and liabilities based on the fair value hierarchy established in FASB ASC 820-10. The standard describes three levels of inputs that may be used to measure fair value (Level 1, Level 2 and Level 3). Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan has the ability to access at the measurement date. An active market is a market in which transactions occur with sufficient frequency and volume to provide pricing information on an on-going basis. Level 2 inputs are inputs other than quoted prices that are observable for the asset or liability, either directly or indirectly. Level 3 inputs are unobservable inputs for the asset or liability. Unobservable inputs reflect the Plan's own assumptions about the assumptions market participants would use in pricing the asset or liability (including assumptions about risk). Unobservable inputs are developed based on the best information available in the circumstances and may include the Plan's own data.

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

Pooled separate accounts: Valued at the net asset value (NAV), or price per share, of the underlying mutual funds at year end.

Insurance company general account (group pension funding contract): Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer (See Note 6).

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.

Payment of Benefits
Benefit payments are recorded when paid.

Subsequent Events
In preparing the financial statements, the Employer has evaluated events and transactions for potential recognition or disclosure through September 28, 2011, the date that the financial statements were available to be issued.

NOTE 3: INVESTMENTS

The following presents investments at December 31, 2010 and 2009, which represent 5% or more of the Plan's net assets:

	2010	2009
ING Solution 2015 Portfolio	$ 13,625	$ -
ING Solution 2025 Portfolio	17,705	23,020
ING Solution 2035 Portfolio	22,778	17,633
ING Solution 2045 Portfolio	32,682	22,907
ING Solution Income Portfolio	-	12,504
ING Fixed Account	34,802	38,179
ING Oppenheimer Global Portfolio	37,766	27,888
The Growth Fund of America	13,898	-

The Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $21,413 and $34,741 for the years ended December 31, 2010 and 2009, respectively, as follows:

	2010	2009
Pooled separate accounts	$ 20,300	$ 33,920
Insurance company general account	1,113	821
	$ 21,413	$ 34,741

Investment securities, in general, are exposed to various risks, such as interest rate, credit and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and may impact participants' account balances.

NOTE 4: FAIR VALUE MEASUREMENTS

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010 and 2009:

Assets at Fair Value as of December 31, 2010

	Level 1	Level 2	Level 3	Total
Pooled separate accounts	$ 196,144	$ -	$ -	$ 196,144
Insurance company general account	-	-	34,802	34,802
Total assets at fair value	$ 196,144	$ -	$ 34,802	$ 230,946

NOTE 4: FAIR VALUE MEASUREMENTS (CONTINUED)

Assets at Fair Value as of December 31, 2009

	Level 1	Level 2	Level 3	Total
Pooled separate accounts	$ 154,421	$ -	$ -	$ 154,421
Insurance company general account	-	-	38,179	38,179
Total assets at fair value	$ 154,421	$ -	$ 38,179	$ 192,600

The following table sets forth a summary of changes in the fair value of the Plan's level 3 assets for the years ended December 31, 2010 and 2009.

	2010	2009
Balance, beginning of year	$ 38,179	$ 21,143
Transfers from another fund	(5,086)	3,914
Unrealized gains relating to instruments still held at the reporting date	1,114	821
Purchases, sales, issuances, and settlements (net)	595	12,301
Balance, end of year	$ 34,802	$ 38,179

NOTE 5: PLAN TERMINATION

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

NOTE 6: INVESTMENT CONTRACT WITH INSURANCE COMPANY

In 2008, the Plan entered into an investment contract with ING. ING maintains the contributions in pooled separate mutual fund accounts and a general account (group pension funding contract). Each participant's account is credited with net earnings on the underlying investments and charged with participant withdrawals and administrative expenses. Participant accounts included in the pooled separate accounts are stated at the fair value of the underlying investments.

The group pension funding contract is included in the financial statements at the value reported to the Plan by ING. This value represents contributions made under the contract, plus earnings, less participant withdrawals, applicable market value adjustments and administrative fees and charges.

NOTE 7: TAX STATUS

The Internal Revenue Service has determined and informed the Company that the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code (IRC). The Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and has no income subject to unrelated business income tax. Accordingly, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination. 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 8: ADMINISTRATION OF PLAN ASSETS

Certain administrative functions are performed by key employees of the Company. No such key employee receives compensation from the Plan for performance of administrative functions.

NOTE 9: SUMMARY OF INFORMATION CERTIFIED BY ING LIFE INSURANCE AND ANNUITY COMPANY

The Company has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA of 1974. Accordingly, as permitted under such election, the following information was provided by ING Life Insurance and Annuity Company and was not subjected to auditing procedures performed by the independent public accountants:

- Schedules of assets held for investment as of December 31, 2010 and 2009.
- Summaries of investment transactions for the years ended December 31, 2010 and 2009.
- Summaries of investment gains and losses for the years ended December 31, 2010 and 2009.

Information certified by the custodian of the Plan's assets and presented in the schedule of assets held for investment purposes does not disclose the historical cost of certain investments.

SUPPLEMENTARY INFORMATION

THE CBM GROUP, INC.
401(k) PLAN

EIN-94-2871872, PLAN NUMBER 001

SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2010

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment	(e) Current Value
*	ING Funds	ING VP Intermediate Bond Port	$ 3,923
*	ING Funds	ING VP Index Plus Large Cap Port	10,244
*	ING Funds	ING VP Index Plus Small Cap Port	2,504
*	ING Funds	ING VP Index Plus Mid Cap Port	4,830
*	ING Funds	ING Fixed Account	34,802
	Vanguard	Vanguard VIF Diversified Value	10,305
*	ING Partners Funds	ING Global Bond Portfolio	9,079
*	ING Partners Funds	ING Oppenheimer Global Portfolio	37,766
*	ING Partners Funds	ING Davis New York Venture Port	2,043
	America Funds	The Growth Fund of America	13,898
*	ING Partners Funds	ING Money Market Fund	1,367
*	ING Partners Funds	ING Solution 2015 Portfolio	13,624
*	ING Partners Funds	ING Solution 2025 Portfolio	17,705
*	ING Partners Funds	ING Solution 2035 Portfolio	22,778
*	ING Partners Funds	ING Solution 2045 Portfolio	32,682
*	ING Partners Funds	ING Solution Income Portfolio	2,636
*	ING Investors Trust	ING T. Rowe Price Cap. Appr.	8,527
	Wanger	Wanger Select	1,262
	Wanger	Wanger U.S. Smaller Companies	971
	Total assets held for investment purposes		$ 230,946

* Denotes party-in-interest.

THE CBM GROUP, INC.
401(k) PLAN

FINANCIAL STATEMENTS
December 31, 2010 and 2009

THE CBM GROUP, INC.
401(k) PLAN

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INDEPENDENT AUDITORS' REPORT

To the Trustees of
The CBM Group, Inc. 401(k) Plan
Auburn, California

We were engaged to audit the accompanying statements of net assets available for benefits of The CBM Group, Inc. 401(k) Plan (the "Plan") as of December 31, 2010 and 2009, the related statements of changes in net assets available for benefits for the years then ended, and the supplemental schedule as of December 31, 2010. These financial statements and the 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 Employment Retirement Income Security Act of 1974, the custodian instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 9, which was certified by ING Life Insurance and Annuity Company ("ING"), the custodian of the Plan's assets as an agent for John Casper and Cameo Townzen, the trustees of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan Administrator that the custodian holds the Plan's investment assets and executes investment transactions. The custodian has certified as of December 31, 2010 and 2009, and for the years then ended, that the information provided 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 the supplemental schedule taken as a whole. The form and content of the information included in the financial statements and the supplemental schedule, other than that derived from the information certified by ING, have been audited by us in accordance with auditing standards generally accepted in the United States of America, and in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Security Income Act of 1974.

As explained in Note 9, information certified by ING and presented in the Supplementary Schedule of Assets (Held at End of Year) does not disclose the historical cost of certain investments. Disclosure of this information is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Propp Christensen Caniglia LLP

September 28, 2011
Roseville, California

THE CBM GROUP, INC.
401(k) PLAN

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

ASSETS

	2010	2009
Investments at fair value:		
Pooled separate accounts	$ 196,144	$ 154,421
Insurance company general account	34,802	38,179
Total investments	230,946	192,600
Net assets available for benefits	$ 230,946	$ 192,600

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

THE CBM GROUP, INC.
401(k) PLAN

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

	2010	2009
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	21,413	34,741
Contributions:		
Employer	7,185	8,172
Participants	54,305	57,355
Total contributions	61,490	65,527
Total additions	82,903	100,268
Deductions to net assets attributed to:		
Benefits paid to participants	44,557	57,696
Net increase	38,346	42,572
Net assets available for benefits, beginning of year	192,600	150,028
Net assets available for benefits, end of year	$ 230,946	$ 192,600

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

THE CBM GROUP, INC.
401(k) PLAN

NOTES TO FINANCIAL STATEMENTS
December 31, 2010 and 2009

NOTE 1: DESCRIPTION OF PLAN

The following description of The CBM Group, Inc. 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General
The Plan is a defined contribution plan covering all employees of The CBM Group, Inc., (the "Company"), who have one year of service in which they have been credited with 1,000 hours of service and are age 21 or older. The Plan entry dates are the first day of each plan year and the first day of July of the Plan year. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan began in January 2006.

Contributions
Each year participants may contribute any amount of pretax annual compensation, as defined in the Plan, not to exceed the maximum deferral amount of $16,500 for 2010 and 2009. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan.

Funding Plan
Employer contributions to the Plan are discretionary and are based on a percentage of employee salary deferrals. During 2010 and 2009, the employer match was 20% of employee deferrals, not to exceed $200 per eligible employee.

Participant Accounts
Each participant's account is credited with the participant's contributions and the allocations of the Company's contribution and Plan earnings. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting
Participants are immediately vested in their contributions, including rollovers, plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 100% vested after three years of credited service.

Participant Loans
Participant loans are not permitted.

Administration
The Plan Administrator is responsible for filing all reports required of the Plan and the day to day operations of the Plan. The Plan permits the payment of Plan expenses to be made from the Plan's assets. These expenses shall be allocated either proportionately based on the value of the account balances or as an equal dollar amount based on the number of participants in the Plan. There were no administrative fees paid by the Plan during 2010 and 2009.

NOTES TO FINANCIAL STATEMENTS
December 31, 2010 and 2009

NOTE 1: DESCRIPTION OF PLAN (CONTINUED)

Payment of Benefits
On termination of service due to death, disability or retirement, a participant receives a lump-sum amount equal to the value of the participant's vested interest in his or her account. Payments are not permitted if the employee is still employed by the Company, except when the employee reaches age 59 ½ or under certain hardship conditions. For termination of service due to other reasons a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

Forfeited Accounts
Forfeited non-vested amounts are used to reduce administrative fees of the Plan, if any, and then future employer contributions. Forfeitures totaled $112 and $331 for the years ended December 31, 2010 and 2009, respectively.

Separated Participants
Retired or separated participants entitled to receive benefits for the years ended December 31, 2010 and 2009, were 11 and 15 participants, respectively. The amount of benefits associated with these participants for the years ended December 31, 2010 and 2009, was $26,627 and $45,229, respectively.

Corrective Distributions
Corrective distributions may be required in the event that employee contributions exceed contribution limitations of the Plan. There were no corrective distributions paid during the years ended December 31, 2010 and 2009.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting
The financial statements are prepared using the accrual method of accounting.

Investment Valuation and Income Recognition
Investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See discussion of fair value measurements below.

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

Estimates
The preparation of financial statements in conformity with generally accepted accounting principles requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Fair Value Measurements
The Plan has adopted the provisions of Financial Accounting Standards Board Accounting Standards Codification Topic 820, Subtopic 10, *Fair Value Measurements and Disclosures* (FASB ASC 820-10), which defines fair value, establishes a framework for measuring fair value, and expands disclosure requirements for fair value measurements.

FASB ASC 820-10 defines fair value as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. The Plan determines the fair values of its assets and liabilities based on the fair value hierarchy established in FASB ASC 820-10. The standard describes three levels of inputs that may be used to measure fair value (Level 1, Level 2 and Level 3). Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan has the ability to access at the measurement date. An active market is a market in which transactions occur with sufficient frequency and volume to provide pricing information on an on-going basis. Level 2 inputs are inputs other than quoted prices that are observable for the asset or liability, either directly or indirectly. Level 3 inputs are unobservable inputs for the asset or liability. Unobservable inputs reflect the Plan's own assumptions about the assumptions market participants would use in pricing the asset or liability (including assumptions about risk). Unobservable inputs are developed based on the best information available in the circumstances and may include the Plan's own data.

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

Pooled separate accounts: Valued at the net asset value (NAV), or price per share, of the underlying mutual funds at year end.

Insurance company general account (group pension funding contract): Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer (See Note 6).

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.

Payment of Benefits
Benefit payments are recorded when paid.

Subsequent Events
In preparing the financial statements, the Employer has evaluated events and transactions for potential recognition or disclosure through September 28, 2011, the date that the financial statements were available to be issued.

NOTE 3: INVESTMENTS

The following presents investments at December 31, 2010 and 2009, which represent 5% or more of the Plan's net assets:

	2010	2009
ING Solution 2015 Portfolio	$ 13,625	$ -
ING Solution 2025 Portfolio	17,705	23,020
ING Solution 2035 Portfolio	22,778	17,633
ING Solution 2045 Portfolio	32,682	22,907
ING Solution Income Portfolio	-	12,504
ING Fixed Account	34,802	38,179
ING Oppenheimer Global Portfolio	37,766	27,888
The Growth Fund of America	13,898	-

The Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $21,413 and $34,741 for the years ended December 31, 2010 and 2009, respectively, as follows:

	2010	2009
Pooled separate accounts	$ 20,300	$ 33,920
Insurance company general account	1,113	821
	$ 21,413	$ 34,741

Investment securities, in general, are exposed to various risks, such as interest rate, credit and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and may impact participants' account balances.

NOTE 4: FAIR VALUE MEASUREMENTS

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010 and 2009:

Assets at Fair Value as of December 31, 2010

	Level 1	Level 2	Level 3	Total
Pooled separate accounts	$ 196,144	$ -	$ -	$ 196,144
Insurance company general account	-	-	34,802	34,802
Total assets at fair value	$ 196,144	$ -	$ 34,802	$ 230,946

NOTE 4: FAIR VALUE MEASUREMENTS (CONTINUED)

Assets at Fair Value as of December 31, 2009

	Level 1	Level 2	Level 3	Total
Pooled separate accounts	$ 154,421	$ -	$ -	$ 154,421
Insurance company general account	-	-	38,179	38,179
Total assets at fair value	$ 154,421	$ -	$ 38,179	$ 192,600

The following table sets forth a summary of changes in the fair value of the Plan's level 3 assets for the years ended December 31, 2010 and 2009.

	2010	2009
Balance, beginning of year	$ 38,179	$ 21,143
Transfers from another fund	(5,086)	3,914
Unrealized gains relating to instruments still held at the reporting date	1,114	821
Purchases, sales, issuances, and settlements (net)	595	12,301
Balance, end of year	$ 34,802	$ 38,179

NOTE 5: PLAN TERMINATION

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

NOTE 6: INVESTMENT CONTRACT WITH INSURANCE COMPANY

In 2008, the Plan entered into an investment contract with ING. ING maintains the contributions in pooled separate mutual fund accounts and a general account (group pension funding contract). Each participant's account is credited with net earnings on the underlying investments and charged with participant withdrawals and administrative expenses. Participant accounts included in the pooled separate accounts are stated at the fair value of the underlying investments.

The group pension funding contract is included in the financial statements at the value reported to the Plan by ING. This value represents contributions made under the contract, plus earnings, less participant withdrawals, applicable market value adjustments and administrative fees and charges.

NOTE 7: TAX STATUS

The Internal Revenue Service has determined and informed the Company that the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code (IRC). The Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and has no income subject to unrelated business income tax. Accordingly, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination. 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 8: ADMINISTRATION OF PLAN ASSETS

Certain administrative functions are performed by key employees of the Company. No such key employee receives compensation from the Plan for performance of administrative functions.

NOTE 9: SUMMARY OF INFORMATION CERTIFIED BY ING LIFE INSURANCE AND ANNUITY COMPANY

The Company has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA of 1974. Accordingly, as permitted under such election, the following information was provided by ING Life Insurance and Annuity Company and was not subjected to auditing procedures performed by the independent public accountants:

- Schedules of assets held for investment as of December 31, 2010 and 2009.
- Summaries of investment transactions for the years ended December 31, 2010 and 2009.
- Summaries of investment gains and losses for the years ended December 31, 2010 and 2009.

Information certified by the custodian of the Plan's assets and presented in the schedule of assets held for investment purposes does not disclose the historical cost of certain investments.

SUPPLEMENTARY INFORMATION

THE CBM GROUP, INC.
401(k) PLAN

EIN-94-2871872, PLAN NUMBER 001

SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2010

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment	(e) Current Value
*	ING Funds	ING VP Intermediate Bond Port	$ 3,923
*	ING Funds	ING VP Index Plus Large Cap Port	10,244
*	ING Funds	ING VP Index Plus Small Cap Port	2,504
*	ING Funds	ING VP Index Plus Mid Cap Port	4,830
*	ING Funds	ING Fixed Account	34,802
	Vanguard	Vanguard VIF Diversified Value	10,305
*	ING Partners Funds	ING Global Bond Portfolio	9,079
*	ING Partners Funds	ING Oppenheimer Global Portfolio	37,766
*	ING Partners Funds	ING Davis New York Venture Port	2,043
	America Funds	The Growth Fund of America	13,898
*	ING Partners Funds	ING Money Market Fund	1,367
*	ING Partners Funds	ING Solution 2015 Portfolio	13,624
*	ING Partners Funds	ING Solution 2025 Portfolio	17,705
*	ING Partners Funds	ING Solution 2035 Portfolio	22,778
*	ING Partners Funds	ING Solution 2045 Portfolio	32,682
*	ING Partners Funds	ING Solution Income Portfolio	2,636
*	ING Investors Trust	ING T. Rowe Price Cap. Appr.	8,527
	Wanger	Wanger Select	1,262
	Wanger	Wanger U.S. Smaller Companies	971
	Total assets held for investment purposes		$ 230,946

* Denotes party-in-interest.

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 THE CBM GROUP, INC. 401(k) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2006

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

1010 RACQUET CLUB DRIVE
SUITE 108
AUBURN CA 95603

2b Employer Identification Number (EIN) 94-2871872

2c Sponsor's telephone number (530)745-3255

2d Business code (see instructions) 531310

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	Cameo Townzen	10.13.11	CAMEO TOWNZEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") SAME	**3b** Administrator's EIN **3c** Administrator's telephone number

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: **a** Sponsor's name	**4b** EIN **4c** PN	

5 Total number of participants at the beginning of the plan year	**5**	171
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**	135
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	10
d Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	145
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	145
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	56
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 2G 2J 2K 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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	(1)	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	(2)	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	(3)	[X] Trust
(4)	[ ] General assets of the sponsor	(4)	[ ] General assets of the sponsor

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

a Pension Schedules		**b General Schedules**		
(1)	[X] **R** (Retirement Plan Information)	(1)	[X]	**H** (Financial Information)
(2)	[ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2)	[ ]	**I** (Financial Information – Small Plan)
		(3)	[X] 1	**A** (Insurance Information)
		(4)	[ ]	**C** (Service Provider Information)
(3)	[ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(5)	[ ]	**D** (DFE/Participating Plan Information)
		(6)	[ ]	**G** (Financial Transaction Schedules)