# 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;
- [X] the DFVC program;
- [ ] special extension (enter description)

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

**1a** Name of plan
SMTC 401K PLAN

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

**1c** Effective date of plan 01/01/1996

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

2302 TRADE ZONE BLVD
SAN JOSE, CA 95131

**2b** Employer Identification Number (EIN)
77-0386123

**2c** Sponsor's telephone number
408-934-7100

**2d** Business code (see instructions)
541519

**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. | 10/26/2011 | CHRISTINA DICKSON |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/26/2011 | BETSY SMITH |
| | **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")
SMTC CORPORATION

2302 TRADE ZONE BLVD
SAN JOSE, CA 95131

**3b** Administrator's EIN
77-0386123

**3c** Administrator's telephone number
408-934-7100

**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** | 164 |
| **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** | 64 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 73 |
| **d** | Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 137 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e** | **6f** | 137 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 114 |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 3 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

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

**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)** | [ ] | Trust |
| **(4)** | [ ] | General assets of the sponsor |

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

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

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

**a Pension Schedules**

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

**b General Schedules**

| | | | |
|---|---|---|---|
| **(1)** | [X] | | **H** (Financial Information) |
| **(2)** | [ ] | | **I** (Financial Information – Small Plan) |
| **(3)** | [X] | 1 | **A** (Insurance Information) |
| **(4)** | [X] | | **C** (Service Provider Information) |
| **(5)** | [X] | | **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
SMTC 401K PLAN

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

**C** Plan sponsor's name as shown on line 2a of Form 5500.
SMTC CORPORATION

**D** Employer Identification Number (EIN)
77-0386123

**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
AMERICAN UNITED LIFE INSURANCE COMPANY

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | (f) From | (g) To |
| 35-0145825 | 60895 | G35651 | 114 | 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 |
|---|---|
| 8006 | 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

FN INSURANCE SERVICES INC
200 N SEPULVEDA BLVD SUITE 1300
EL SEGUNDO, CA 90245

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---|---|---|
| | (c) Amount | (d) Purpose | |
| 8006 | 0 | N/A | 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 | | (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 | |
| | | | |

**(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 | 229653 |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | 3561834 |

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 ANNUITY CONTRACT

| | | | | | |
|---|---|---|---|---|---|
| b | Balance at the end of the previous year | | | 7b | 264257 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | 10387 | | |
| | (2) Dividends and credits | 7c(2) | | | |
| | (3) Interest credited during the year | 7c(3) | 13668 | | |
| | (4) Transferred from separate account | 7c(4) | 70523 | | |
| | (5) Other (specify below) | 7c(5) | 1762 | | |
| | ▶ LOAN REPAYMENTS | | | | |
| | (6) Total additions | | | 7c(6) | 96340 |
| d | Total of balance and additions (add **b** and **c(6)**). | | | 7d | 360597 |
| e | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 65774 | | |
| | (2) Administration charge made by carrier | 7e(2) | 3164 | | |
| | (3) Transferred to separate account | 7e(3) | 61109 | | |
| | (4) Other (specify below) | 7e(4) | 897 | | |
| | ▶ LOAN ISSUE | | | | |
| | (5) Total deductions | | | 7e(5) | 130944 |
| f | Balance at the end of the current year (subtract **e(5)** from **d**) | | | 7f | 229653 |

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

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

**A** Name of plan
SMTC 401K PLAN

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

**C** Plan sponsor's name as shown on line 2a of Form 5500
SMTC CORPORATION

**D** Employer Identification Number (EIN)
77-0386123

## Part I Service Provider Information (see instructions)

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

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

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

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

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

AMERICAN CENTURY INVESTMENTS

20-2036524

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

AMERICAN FUNDS

95-1411037

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

JANUS CAPITAL GROUP INC

75-3019319

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

FIRST AMERICAN FUNDS

41-2003732

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

ALLIANZ GLOBAL INVESTORS

06-1349805

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

RUSSELL INVESTMENT COMPANY

91-1175092

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

STATE STREET GLOBAL ADVISORS

04-1867445

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

T ROWE PRICE

52-1184650

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

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

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

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

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

AMERICAN UNITED LIFE INSURANCE CO

35-0145825

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 15 37 50 52 59 60 63 64 66 67 | SERVICE PROVIDER | 1227 | Yes [X] No [ ] | Yes [ ] No [X] | 13185 | Yes [X] No [ ] |

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

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

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

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

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

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

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

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

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

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

## Part I Service Provider Information (continued)

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

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| AMERICAN UNITED LIFE INSURANCE CO | 66 67 | 13185 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| AMERICAN UNITED LIFE INSURANCE CO<br><br>35-0145825 | ASSET CHARGE |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| AMERICAN UNITED LIFE INSURANCE CO | 52 59 60 63 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| AMERICAN CENTURY INVESTMENTS<br><br>20-2036524 | REVENUE SHARING FORMULA - SEE ATTACHED |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| AMERICAN UNITED LIFE INSURANCE CO | 52 59 60 63 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| AMERICAN FUNDS<br><br>95-1411037 | REVENUE SHARING FORMULA - SEE ATTACHED |

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

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

# SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

# DFE/Participating Plan Information

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

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

OMB No. 1210-0110

**2010**

**This Form is Open to Public Inspection.**

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

**A** Name of plan
SMTC 401K PLAN

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

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
SMTC CORPORATION

**D** Employer Identification Number (EIN)
77-0386123

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

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

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

**b** Name of sponsor of entity listed in (a): AMERICAN UNITED LIFE INSURANCE CO.

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 35-0145825-000 | P | 3561834 |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Financial Information

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

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

OMB No. 1210-0110

**2010**

**This Form is Open to Public Inspection**

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

**A** Name of plan
SMTC 401K PLAN

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

**C** Plan sponsor's name as shown on line 2a of Form 5500
SMTC CORPORATION

**D** Employer Identification Number (EIN)
77-0386123

## 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) | 8243 | 0 |
| **(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) | 24348 | 48431 |
| **(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) | 3242018 | 3561834 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 264257 | 229653 |
| **(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 | 3538866 | 3839918 |
| | **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 | 3538866 | 3839918 |

## 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) | 1076 | |
| | **(B)** Participants | 2a(1)(B) | 169050 | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | 55950 | |
| | **(2)** Noncash contributions | 2a(2) | | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 226076 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 9515 | |
| | **(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) | 1797 | |
| | **(F)** Other | 2b(1)(F) | | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 11312 |
| | **(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) | | 317919 |
| c Other income | 2c | | |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 555307 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 248139 | |
| (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) | | 248139 |
| 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) | 6116 | |
| (5) Total administrative expenses. Add lines 2i(1) through (4) | 2i(5) | | 6116 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 254255 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 301052 |
| 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) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: MCGLADREY AND PULLEN, LLP (2) EIN: 42-0714325

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

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

## Part IV Compliance Questions

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

During the plan year:

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

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

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

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

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Retirement Plan Information

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

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

OMB No. 1210-0110

**2010**

**This Form is Open to Public Inspection.**

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

**A** Name of plan
SMTC 401K PLAN

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

**C** Plan sponsor's name as shown on line 2a of Form 5500
SMTC CORPORATION

**D** Employer Identification Number (EIN)
77-0386123

## Part I Distributions

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

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... **1** 0

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 35-0145825

**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):

# SMTC 401(k) Plan

Financial Statements
and
Supplemental Schedule

December 31, 2010 and 2009

# SMTC 401(k) Plan

FINANCIAL STATEMENTS
AND
SUPPLEMENTAL SCHEDULE
December 31, 2010 and 2009

---

C O N T E N T S


| | Page |
|---|---|
| Independent Auditor's Report | 1 |
| Financial Statements: | |
| Statements of Net Assets Available for Benefits | 2 |
| Statement of Changes in Net Assets Available for Benefits | 3 |
| Notes to Financial Statements | 4-14 |
| Supplemental Schedule: | |
| Form 5500, Schedule H, Part IV, Item 4i - Schedule of Assets (Held at End of Year) | 15 |

McGladrey

# INDEPENDENT AUDITOR'S REPORT

To the Trustees of
SMTC 401(k) Plan
San Jose, California

We were engaged to audit the accompanying statements of net assets available for benefits of SMTC 401(k) Plan (the "Plan") as of December 31, 2010 and 2009, and the related statement of changes in net assets available for benefits for the year ended December 31, 2010, and the supplemental schedule listed in the accompanying table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified or provided by American United Life Insurance Company, the trustee of the Plan, except for comparing this information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan Administrator that the trustee holds the Plan's assets and executes transactions. The Plan Administrator has obtained certifications from the trustee regarding the completeness and accuracy of the information summarized in Note 3 that was provided to the Plan Administrator by the trustee as of and for the year ended December 31, 2010, and as of December 31, 2009.

Department of Labor Rules and Regulations and accounting principles generally accepted in the United States of America require plan investments to be valued at fair value as of the end of the Plan year. As described in Notes 4 and 5, Plan management does not have adequate information and procedures to properly value certain investments which have been certified as of yearend, and therefore these investments may not be presented in compliance with Department of Labor Rules and Regulations or in conformity with accounting principles generally accepted in the United States of America. The effects on the financial statements and supplemental schedule of not applying adequate procedures to determine the fair value of these investments has not been determined.

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 2010 financial statements and schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified or provided by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America, and in our opinion, are presented in compliance with the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

As described in Note 2, the Plan adopted Financial Accounting Standards Board Accounting Standards Update 2010-25, *Plan Accounting—Defined Contribution Pension Plans (Topic 962): Reporting Loans to Participants by Defined Contribution Pension Plans*, as of December 31, 2010, which clarified how loans to participants should be classified and measured by defined contribution pension plans. This update was retrospectively applied to December 31, 2009.

McGladrey & Pullen, LLP

October 25, 2011
Boston, Massachusetts

McGladrey is the brand under which RSM McGladrey, Inc. and McGladrey & Pullen, LLP serve clients' business needs. The two firms operate as separate legal entities in an alternative practice structure.

Member of RSM International network, a network of independent accounting, tax and consulting firms.

# SMTC 401(k) Plan

Statements of Net Assets Available for Benefits

December 31, 2010 and 2009

| | 2010 | 2009 (As Revised) |
|---|---|---|
| **ASSETS** | | |
| Investments: | | |
| Shares of registered investment companies | **$ 3,561,834** | $ 3,242,018 |
| Guaranteed investment contract | **229,653** | 264,257 |
| Total investments | **3,791,487** | 3,506,275 |
| Receivables: | | |
| Notes receivable from participants | **48,431** | 24,348 |
| Participant contributions | **-** | 8,243 |
| Total receivables | **48,431** | 32,591 |
| Net assets available for benefits | **$ 3,839,918** | $ 3,538,866 |

See notes to financial statements.

# SMTC 401(k) Plan

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2010

| | | |
|---|---|---|
| Additions to net assets attributed to: | | |
| Investment income: | | |
| Net appreciation in fair value of investments | $ | 317,919 |
| Interest and dividends | | 9,515 |
| | | 327,434 |
| Interest income on notes receivable from participants | | 1,797 |
| Contributions: | | |
| Employer | | 1,076 |
| Participants | | 169,050 |
| Rollover | | 55,950 |
| | | 226,076 |
| Total additions | | 555,307 |
| Deductions from net assets attributed to: | | |
| Benefits paid to participants | | 248,139 |
| Administrative expenses | | 6,116 |
| Total deductions | | 254,255 |
| Net increase | | 301,052 |
| Net assets available for benefits: | | |
| Beginning of year | | 3,538,866 |
| End of year | $ | 3,839,918 |

See notes to financial statements.

# SMTC 401(k) Plan

Notes to Financial Statements
December 31, 2010 and 2009

## 1. DESCRIPTION OF PLAN

The following description of the SMTC 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.

The plan sponsor is a successor to Atlantic Design Company, Inc., SMT Centre S.E., Inc. and SMT Centre of Texas, Inc. In this respect, the Plan takes into account service of all employees with the predecessor employers for purposes of eligibility to participate and for purposes of vesting.

General and Eligibility

The Plan is a contributory defined contribution plan that covers substantially all full-time U.S. employees of SMTC Corporation and related parties, SMTC Manufacturing Corporation of California, SMTC Manufacturing Corporation of Texas, SMTC Manufacturing Corporation of North Carolina, SMTC Manufacturing Corporation of Massachusetts, Qualtron Teoranta, SMTC Manufacturing Corporation of Wisconsin and Hi-Tech Manufacturing, Inc. (collectively "the Company"). Participants become eligible for purposes of salary deferrals and rollover contributions upon employment commencement date, however, their actual plan entry date is the first day of the month that coincides with their commencement of employment. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). Effective May 18, 2008 the SMTC Manufacturing Corporation of Massachusetts facility in Franklin, Massachusetts was closed. All active participants became vested on that date.

Contributions

Each year, participants may elect to defer a portion of their compensation up to the lesser of 75% of their compensation or the maximum limit as prescribed by the Internal Revenue Code. The Plan allows for both pre-tax and Roth 401(k) deferrals. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. The Company will contribute a discretionary matching contribution determined as of each allocation date. Discretionary contributions were 50% of the participants' deferral up to a maximum of 6% of compensation for the year ended December 31, 2010. Contributions are subject to certain limitations.

Participant Accounts

Each participant's account is credited with the participant's salary deferral contribution, any rollovers from another qualified pension plan or individual retirement account ("IRA"), the Company's discretionary contribution and Plan earnings. Employer matching contributions are based upon each participant's salary deferral. Plan expenses are allocated on the basis of the ratio that each participant's account balance bears to the total account balances of all participants in the same investment on the valuation date (December 31) of each plan year. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

# SMTC 401(k) Plan

Notes to Financial Statements
December 31, 2010 and 2009

**1. DESCRIPTION OF PLAN**…continued

Vesting

Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the employer's matching and discretionary contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant becomes 20% vested after one year of credited service as defined and continues to vest at the rate of 20% for each successive year of service until 100% vested after five years of service.

Investment Elections

Each participant shall direct the investment of their account. Each participant shall elect from a selection of registered investment companies and a guaranteed investment contract.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of the participant's vested account balance, whichever is less. The loans are secured by the participant's vested account balance. Each loan shall bear an adequate rate of interest as determined by the Plan Sponsor and will generally be required to be repaid through regular payroll deductions within five years of the date it is made, unless such loan is used to acquire a principal residence of the participant. A participant is not allowed to have more than one loan outstanding at any time.

Payment of Benefits

Participants who retire, or become disabled, will be entitled to 100% of their account balance. Upon death, the participant's beneficiary will be entitled to 100% of the account balance, payable in accordance with the Plan documents. Upon termination of employment for any reason other than retirement, disability, or death the participant shall be entitled to receive the vested amount of their account balance. If the participant's account exceeds $5,000, distribution will be made upon normal retirement unless requested otherwise in writing.

Forfeitures

At December 31, 2010 and 2009, forfeited nonvested accounts totaled $57,293 and $112,065, respectively. These accounts may be used first to reduce costs of administration of the Plan and second to reduce employer-matching contributions. In 2010 and 2009, employer contributions were reduced by forfeited nonvested accounts by $57,448 and $72,060, respectively. For the year ended December 31, 2010, there was $9,737 forfeited by participants.

**2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

Accounting Records

The accounting records of the Plan are maintained, with respect to plan administration and investment transactions, by American United Life Insurance Company.

Use of Estimates and Basis of Accounting

The financial statements have been prepared in accordance with accounting standards set by the Financial Accounting Standards Board ("FASB"). The FASB sets generally accepted accounting principles ("GAAP") to ensure net assets available for plan benefits and changes in net assets available for plan benefits are consistently reported.

**2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**…continued

Use of Estimates and Basis of Accounting…continued

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

In preparing the financial statements in conformity with generally accepted accounting principles in the United States of America, the Plan's management is required to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual amounts could differ from those estimates.

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Plan invests in investment contracts through a guaranteed investment contract with American United Life Insurance Company ("AUL"). The statements of net assets available for benefits should present the fair value of the investment in the guaranteed investment contract as well as the adjustment of the investment in the guaranteed investment contract from fair value to contract value relating to the investment contracts. However, AUL estimates that contract value approximates fair value and no adjustment is necessary on the accompanying financial statements. The statement of changes in net assets available for benefits is prepared on a contract value basis.

Investment Valuation and Income Recognition

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

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

Brokerage fees are added to the acquisition costs of assets purchased and subtracted from the proceeds of assets sold.

Notes Receivable from Participants

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

Fair Value Measurements

Financial Accounting Standards Board (the "FASB") Accounting Standards Code (ASC) 820 – *Fair Value Measurements and Disclosures* defines fair value, and establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

**2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**…continued

Fair Value Measurements…continued

The three levels of the fair value hierarchy are described below:

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

To the extent that valuation is based on models or inputs that are less observable or unobservable in the market, the determination of fair value requires more judgment. Accordingly, the degree of judgment exercised by the Plan in determining fair value is greatest for instruments categorized in Level 3. A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

Fair value is a market-based measure considered from the perspective of a market participant rather than an entity-specific measure. Therefore, even when market assumptions are not readily available, the Plan's own assumptions are set to reflect those that market participants would use in pricing the asset or liability at the measurement date. The Plan uses prices and inputs that are current as of the measurement date, including during periods of market dislocation. In periods of market dislocation, the observability of prices and inputs may be reduced for many instruments. This condition could cause an instrument to be reclassified from Level 1 to Level 2 or Level 2 to Level 3.

Valuation Techniques

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

Registered Investment Companies

Investments in registered investment companies are valued at quoted market prices. These securities are categorized in Level 1 as they are actively traded and no valuation adjustments have been applied.

**2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**…continued

Fair Value Measurements…continued

Guaranteed Investment Contract

Investments in the guaranteed investment contract are stated at fair value based on a market value formula as explained in Note 4. As these inputs are significant and not observable, the guaranteed interest account is categorized as Level 3.

Risks and Uncertainties

The Plan invests in a variety of investment securities. Investments are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investments and the level of uncertainty related to changes in the value of investments, it is at least reasonably possible that changes in risk factors in the near term would materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Certain administrative and asset management expenses are paid by the Plan. Other professional fees related to the Plan are paid by the sponsor.

Recent Accounting Pronouncements

In January 2010, the FASB issued Accounting Standards Update ("ASU") No. 2010-06, *Improving Disclosures about Fair Value Measurements* (ASU 2010-06), which primarily requires new disclosures related to the levels within the fair value hierarchy. New disclosures include significant transfers in and out of Levels 1 and 2 of the fair value hierarchy, and separate presentation of information related to purchases, sales, issuances and settlements in the reconciliation of fair value measurements classified as Level 3. ASU 2010-06 is effective January 1, 2010, except for the disclosures related to purchases, sales, issuances and settlements for Level 3 fair value measurements, which are effective for reporting periods beginning after December 15, 2010. The Plan adopted all of the guidance effective January 1, 2010.

In May 2011, the FASB issued ASU 2011-4, *Amendments to Achieve Common Fair Value Measurement.* ASU 2011-4 is intended to result in common fair value measurement and disclosure requirements between United States Generally Accepted Accounting Principles ("U.S. GAAP") and International Financial Reporting Standards ("IFRS"). In general, ASU 2011-4 is not intended to result in significant changes in the application of ASC Topic 820. Instead, ASU 2011-4 clarifies the intent of previously existing standards and changes certain requirements for fair value measurement or for disclosing information about fair value measurements. ASU 2011-4 is effective for annual periods beginning after December 15, 2011. The impact to the financial statements is currently being evaluated by the Plan.

**2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**…continued

Recent Accounting Pronouncements…continued

In September 2010, FASB issued an amendment, *Plan Accounting—Defined Contribution Pension Plans* (Topic 962): *Reporting Loans to Participants by Defined Contribution Pension Plans* ("ASU 2010-25"), which provides guidance on how loans to participants should be classified and measured by defined contribution pension plans. This amendment requires that participant loans be classified as notes receivable from participants, which are segregated from plan investments and measured at their unpaid principal balance plus any accrued but unpaid interest. This amendment was effective for periods ending after December 15, 2010, with early adoption permitted. This amendment requires retrospective application to all periods presented.

This amendment was adopted for the year ended December 31, 2010 and retrospectively applied to December 31, 2009. Prior year amounts and disclosures have been revised to reflect the retrospective application of adopting this new amendment. The adoption resulted in a reclassification of participant loans totaling $48,431 and $24,348 from investments to notes receivable from participants as of December 31, 2010 and 2009, respectively. This also resulted in a reclassification from investment income to interest income on notes receivable from participants for the year ended December 31, 2010 of $1,797. There was no impact on net assets as of December 31, 2010 and 2009.

**3. INFORMATION PREPARED AND CERTIFIED BY TRUSTEE (UNAUDITED)**

The following is a summary of the Plan's asset information as of December 31, 2010 and 2009, and for the year ended December 31, 2010, included throughout the Plan's financial statements and supplemental schedule, that was prepared by or derived from information provided by American United Life Insurance Company ("AUL"), the trustee of the Plan, and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the trustee that information provided to the Plan Administrator by the trustee related to the following assets is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information that appears throughout the financial statements and supplemental schedule related to the following assets:

| | 2010 | 2009 |
|---|---|---|
| Investments, at fair value: | | |
| Registered investment companies | $ 3,561,834 | $ 3,242,018 |
| Investments, at contract value: | | |
| Guaranteed investment contract | 229,653 | 264,257 |
| Notes receivable from participants | 48,431 | 24,348 |
| | $ 3,839,918 | $ 3,530,623 |

AUL also certified to the completeness and accuracy of $317,919 of net appreciation in fair value investments, $9,515 of interest and dividends related to the aforementioned assets and $1,797 of interest income on notes receivable from participants for the year ended December 31, 2010.

## 4. INVESTMENT CONTRACT WITH INSURANCE COMPANY

Effective July 1, 2009, the Plan entered into a fully benefit-responsive investment contract with American United Life Insurance Company ("AUL"). AUL maintains the contributions to the investment contract in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract is included in the financial statements at contract value as reported to the Plan by AUL. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

As described in Note 2, because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the investment contract at December 31, 2010 and 2009 was $229,653 and $264,257, respectively. The interest rate on the guaranteed investment contract is reviewed on a quarterly basis for resetting. The average yield for the guaranteed investment contract was 3.85% and 4.79% at December 31, 2010 and 2009, respectively. The crediting interest rate for the guaranteed investment contract at December 31, 2010 and 2009 was 1.75% and 3.5%, respectively.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (a) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (b) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (c) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (d) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under the Employee Retirement Income Security Act of 1974. The Plan Administrator does not believe that any events, which would limit the Plan's ability to transact at contract value with participants, are probable of occurring.

The guaranteed investment contract does not permit AUL to terminate the agreement prior to the scheduled maturity date.

## 5. INVESTMENTS AND FAIR VALUE MEASUREMENTS

The following table presents a summary of investments certified by American United Life Insurance Company ("AUL") at December 31, 2010 and 2009. Investments that represent five percent or more of the Plan's net assets are identified separately.

| | 2010 | 2009 |
|---|---|---|
| Investments at fair value as determined by quoted market price: | | |
| Registered investment companies: | | |
| One America Money Market Portfolio | $ 710,461 | $ 978,762 |
| American Funds Growth Fund of America | 627,420 | 579,012 |
| American Funds EuroPacific Growth | 393,833 | 368,725 |
| SSgA Russell Small Cap Index | 360,629 | 311,391 |
| PIMCO Total Return | 342,375 | 253,486 |
| Russell Lifepoints 2030 Strategy | 322,397 | 270,628 |
| SSgA S&P 500 Index Strategy | 200,677 | 199,082 |
| American Century Equity Income | 197,368 | 70,611 |
| Other | 406,674 | 210,321 |
| | 3,561,834 | 3,242,018 |
| Investments at estimated fair value: | | |
| Guaranteed investment contract: | | |
| AUL Fixed Account | 229,653 | 264,257 |
| | $ 3,791,487 | $ 3,506,275 |

For the year ended December 31, 2010, the plan's investments, including gains and losses on investments bought and sold, as well as held during the year, appreciated in value by:

| | |
|---|---|
| Investments at fair value as determined by quoted market price: | |
| Registered investment companies | $ 317,919 |
| Investments at estimated fair value: | |
| Guaranteed investment contract | 9,515 |
| | $ 327,434 |

**5. INVESTMENTS AND FAIR VALUE MEASUREMENTS**…continued

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010:

| | Assets at Fair Value as of December 31, 2010 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Registered investment companies: | | | | |
| Large blend | $ 710,905 | $ - | $ - | $ 710,905 |
| Money market | 710,461 | - | - | 710,461 |
| Large growth | 627,420 | - | - | 627,420 |
| Foreign large blend | 393,833 | - | - | 393,833 |
| Small blend | 360,629 | - | - | 360,629 |
| Intermediate term bond | 342,375 | - | - | 342,375 |
| Large value | 197,368 | - | - | 197,368 |
| Mid cap growth | 107,995 | - | - | 107,995 |
| Small growth | 95,450 | - | - | 95,450 |
| Small value | 15,398 | - | - | 15,398 |
| Total registered investment companies | 3,561,834 | - | - | 3,561,834 |
| Guaranteed investment contract | - | - | 229,653 | 229,653 |
| Total investments | $ 3,561,834 | $ - | $ 229,653 | $ 3,791,487 |

The following tables provide information about the Plan's investments measured at fair value on a recurring basis as of December 31, 2009:

| | Assets at Fair Value as of December 31, 2009 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Registered investment companies: | | | | |
| Money market | $ 978,762 | $ - | $ - | $ 978,762 |
| Large blend | 596,079 | - | - | 596,079 |
| Large growth | 579,012 | - | - | 579,012 |
| Foreign large blend | 368,725 | - | - | 368,725 |
| Small blend | 311,391 | - | - | 311,391 |
| Intermediate term bond | 253,486 | - | - | 253,486 |
| Small growth | 81,715 | - | - | 81,715 |
| Large value | 70,611 | - | - | 70,611 |
| Mid cap growth | 2,237 | - | - | 2,237 |
| Total registered investment companies | 3,242,018 | - | - | 3,242,018 |
| Guaranteed investment contract | - | - | 264,257 | 264,257 |
| Total investments | $ 3,242,018 | $ - | $ 264,257 | $ 3,506,275 |

**5. INVESTMENTS AND FAIR VALUE MEASUREMENTS**…continued

The previously issued 2009 financial statements presented investments in guaranteed investment contracts within Level 1, however, the fair value of such investments are based upon significant unobservable inputs rather than quoted prices in active markets. Accordingly, investments in guaranteed investment contracts have been reclassified from Level 1 to Level 3 within the tabular presentation of fair value measurements at December 31, 2009.

There were no significant transfers of assets between level 1 and level 2 of the fair value hierarchy for the year ended December 31, 2010.

The table below sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2010:

| | Guaranteed Investment Contract |
|---|---|
| Balance at December 31, 2009 | $ 264,257 |
| Realized gains (losses), net | 9,515 |
| Purchases, sales, issuances and settlements, net | (44,119) |
| | $ 229,653 |

**6. PARTY-IN-INTEREST**

The Plan's investments include shares of registered investment companies managed by American United Life Insurance Company, the current trustee of the Plan and ING Life Insurance and Annuity Company, the former trustee of the Plan. Transactions in such investments qualify as exempt party in interest transactions as defined by ERISA. Participant loans and employer contributions also qualify as exempt party in interest transactions, as defined by ERISA.

**7. INCOME TAX STATUS**

The Plan obtained its latest determination letter on March 31, 2008, in which the Internal Revenue Service stated the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter; however, the Plan Administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan. Management evaluated the Plan's tax positions and concluded that the Plan had maintained its tax exempt status and had taken no uncertain tax positions that require revenue recognition or disclosure in the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements. With few exceptions, the Plan is no longer subject to income tax examinations by the U.S. federal, state, or local tax authorities for years before 2007.

## 8. FORM 5500 RECONCILIATIONS

The following is a reconciliation of net assets available for plan benefits as of December 31, 2010 and 2009 per the financial statements to the Form 5500:

| | 2010 | 2009 |
|---|---|---|
| Net assets available for plan benefits per the financial statements | $ 3,839,918 | $ 3,538,866 |
| Differences in: | | |
| Investments | 48,431 | 24,348 |
| Notes receivable from participants | (48,431) | (24,348) |
| Net assets available for plan benefits per the Form 5500 | $ 3,839,918 | $ 3,538,866 |

## 9. 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 the Employee Retirement and Income Security Act ("ERISA"). In the event of Plan termination, participants will become 100% vested in their employer contributions.

## 10. SUBSEQUENT EVENTS

During October of 2011, the Plan Sponsor acquired ZF Array Technology; therefore, the ZF Array Technology 401(k) Plan will be merged into SMTC 401(k) Plan effective January 1, 2012. The provisions of ZF Arrays Technology's 401(k) Plan relating to vesting, in-service withdrawals, normal retirement and disability will be protected within the SMTC 401(k) Plan.

The Plan has evaluated subsequent events through October 25, 2011, the date the financial statements were available to be issued. There were no additional material subsequent events other than those disclosed above.

SUPPLEMENTAL SCHEDULE

# SMTC 401(k) Plan

Employer Identification Number 04-2220769
Plan Number 001

Form 5500, Schedule H, Part IV, Item 4i - Schedule of Assets (Held at End of Year)
December 31, 2010

| (a) | (b) | (c) Description of Investment | | | | | (d) | (e) |
|---|---|---|---|---|---|---|---|---|
| | Identity of Issue, Borrower, Lessor, or Similar Party | Type of Investment | Maturity Date | Rate of Interest | Collateral | Par or Maturity Value | Cost | Current Value |
| * | One America Money Market Portfolio | Register Investment Company | n/a | n/a | n/a | n/a | ** | $ 710,461 |
| | American Funds Growth Fund of America | Register Investment Company | n/a | n/a | n/a | n/a | ** | 627,420 |
| | American Funds EuroPacific Growth | Register Investment Company | n/a | n/a | n/a | n/a | ** | 393,833 |
| | SSgA Russell Small Cap Index | Register Investment Company | n/a | n/a | n/a | n/a | ** | 360,629 |
| | PIMCO Total Return | Register Investment Company | n/a | n/a | n/a | n/a | ** | 342,375 |
| | Russell Lifepoints 2030 Strategy | Register Investment Company | n/a | n/a | n/a | n/a | ** | 322,397 |
| * | AUL Fixed Account | Guaranteed Investment Contract | n/a | n/a | n/a | n/a | ** | 229,653 |
| | SSgA S&P 500 Index Strategy | Register Investment Company | n/a | n/a | n/a | n/a | ** | 200,677 |
| | American Century Equity Income | Register Investment Company | n/a | n/a | n/a | n/a | ** | 197,368 |
| | Russell Lifepoints 2020 Strategy | Register Investment Company | n/a | n/a | n/a | n/a | ** | 147,074 |
| | T. Rowe Price Mid Cap Growth | Register Investment Company | n/a | n/a | n/a | n/a | ** | 107,995 |
| | First American Small Cap Select | Register Investment Company | n/a | n/a | n/a | n/a | ** | 95,450 |
| | Russell Lifepoints 2010 Strategy | Register Investment Company | n/a | n/a | n/a | n/a | ** | 37,391 |
| | Allianz Nfj Small Cap Value | Register Investment Company | n/a | n/a | n/a | n/a | ** | 15,398 |
| | Russell Lifepoints 2025 Strategy | Register Investment Company | n/a | n/a | n/a | n/a | ** | 1,720 |
| | Russell Lifepoints 2015 Strategy | Register Investment Company | n/a | n/a | n/a | n/a | ** | 1,646 |
| | Various Participants' Loan | Interest rates range from 4.25% - 8.77% | n/a | n/a | n/a | n/a | - | 48,431 |
| | | | | | | | | $ 3,839,918 |

* Represents a party in interest
** Cost information is not required for participant directed-investments and is therefore not included.

The above has been certified by American United Life Insurance Company as complete and accurate.

# Schedule C Attachment for Line Item 3(e)

SMTC 401K PLAN
001
77-0386123
December 31, 2010

The investment options of the Plan include various portfolios within an AUL separate account. The separate account in turn invests in investment portfolios of certain open-end management investment companies. AUL receives indirect compensation from these investment companies for the services provided by AUL.

The compensation received by AUL is computed by each investment company by multiplying the daily account balance of the AUL separate account's interest in a particular portfolio by a predetermined percentage rate negotiated with the investment company. This indirect compensation is not charged to the plan or participants accounts but is paid directly by the investment company.

The investment company, the underlying investment portfolio, and the annual compensation percentages are shown below.

| Investment Company | Investment Portfolio | Annual Percentage |
|---|---|---|
| AMERICAN CENTURY | AMCENT EQUITY INCOME | 0.60 |
| AMERICAN FUNDS | AMER FDS EUROPACIFIC GROWTH | 0.60 |
| AMERICAN FUNDS | AMER FDS FUNDAMENTAL INV | 0.60 |
| AMERICAN FUNDS | AMER FDS GRWTH FUND OF AMERICA | 0.60 |
| JANUS | JANUS PERKINS MID CAP VAL | 0.75 |
| NUVEEN | NUVEEN SM CAP SELECT | 0.75 |
| ONEAMERICA FUNDS | ONEAMERICA MONEY MARKET | 0.30 |
| PIMCO | ALLIANZ NFJ SMALL CAP VALUE | 0.65 |
| PIMCO | PIMCO TOTAL RETURN | 0.60 |
| RUSSELL | RUSSELL LIFEPOINTS 2010 STRAT | 0.70 |
| RUSSELL | RUSSELL LIFEPOINTS 2015 STRAT | 0.70 |
| RUSSELL | RUSSELL LIFEPOINTS 2020 STRAT | 0.70 |
| RUSSELL | RUSSELL LIFEPOINTS 2025 STRAT | 0.70 |
| RUSSELL | RUSSELL LIFEPOINTS 2030 STRAT | 0.70 |
| RUSSELL | RUSSELL LIFEPOINTS 2035 STRAT | 0.70 |
| RUSSELL | RUSSELL LIFEPOINTS 2040 STRAT | 0.70 |
| RUSSELL | RUSSELL LIFEPOINTS 2045 STRAT | 0.70 |
| RUSSELL | RUSSELL LIFEPOINTS 2050 STRAT | 0.70 |
| RUSSELL | RUSSELL LIFEPOINTS IN RETIREMT | 0.70 |
| STATE STREET | SSGA RUSSELL SMALL CAP INDEX | 0.62 |
| STATE STREET | SSGA S&P 500 INDEX | 0.60 |
| T. ROWE PRICE | T ROWE PRICE MID CAP GROWTH | 0.65 |

# SMTC 401(k) Plan

Financial Statements
and
Supplemental Schedule

December 31, 2010 and 2009

# SMTC 401(k) Plan

FINANCIAL STATEMENTS
AND
SUPPLEMENTAL SCHEDULE
December 31, 2010 and 2009

---

C O N T E N T S


| | Page |
|---|---|
| Independent Auditor's Report | 1 |
| Financial Statements: | |
| Statements of Net Assets Available for Benefits | 2 |
| Statement of Changes in Net Assets Available for Benefits | 3 |
| Notes to Financial Statements | 4-14 |
| Supplemental Schedule: | |
| Form 5500, Schedule H, Part IV, Item 4i - Schedule of Assets (Held at End of Year) | 15 |

McGladrey

# INDEPENDENT AUDITOR'S REPORT

To the Trustees of
SMTC 401(k) Plan
San Jose, California

We were engaged to audit the accompanying statements of net assets available for benefits of SMTC 401(k) Plan (the "Plan") as of December 31, 2010 and 2009, and the related statement of changes in net assets available for benefits for the year ended December 31, 2010, and the supplemental schedule listed in the accompanying table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified or provided by American United Life Insurance Company, the trustee of the Plan, except for comparing this information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan Administrator that the trustee holds the Plan's assets and executes transactions. The Plan Administrator has obtained certifications from the trustee regarding the completeness and accuracy of the information summarized in Note 3 that was provided to the Plan Administrator by the trustee as of and for the year ended December 31, 2010, and as of December 31, 2009.

Department of Labor Rules and Regulations and accounting principles generally accepted in the United States of America require plan investments to be valued at fair value as of the end of the Plan year. As described in Notes 4 and 5, Plan management does not have adequate information and procedures to properly value certain investments which have been certified as of yearend, and therefore these investments may not be presented in compliance with Department of Labor Rules and Regulations or in conformity with accounting principles generally accepted in the United States of America. The effects on the financial statements and supplemental schedule of not applying adequate procedures to determine the fair value of these investments has not been determined.

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 2010 financial statements and schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified or provided by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America, and in our opinion, are presented in compliance with the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

As described in Note 2, the Plan adopted Financial Accounting Standards Board Accounting Standards Update 2010-25, *Plan Accounting—Defined Contribution Pension Plans (Topic 962): Reporting Loans to Participants by Defined Contribution Pension Plans*, as of December 31, 2010, which clarified how loans to participants should be classified and measured by defined contribution pension plans. This update was retrospectively applied to December 31, 2009.

McGladrey & Pullen, LLP

October 25, 2011
Boston, Massachusetts

McGladrey is the brand under which RSM McGladrey, Inc. and McGladrey & Pullen, LLP serve clients' business needs. The two firms operate as separate legal entities in an alternative practice structure.

Member of RSM International network, a network of independent accounting, tax and consulting firms.

# SMTC 401(k) Plan

Statements of Net Assets Available for Benefits

December 31, 2010 and 2009

| | 2010 | 2009 (As Revised) |
|---|---|---|
| **ASSETS** | | |
| Investments: | | |
| Shares of registered investment companies | **$ 3,561,834** | $ 3,242,018 |
| Guaranteed investment contract | **229,653** | 264,257 |
| Total investments | **3,791,487** | 3,506,275 |
| Receivables: | | |
| Notes receivable from participants | **48,431** | 24,348 |
| Participant contributions | **-** | 8,243 |
| Total receivables | **48,431** | 32,591 |
| Net assets available for benefits | **$ 3,839,918** | $ 3,538,866 |

See notes to financial statements.

# SMTC 401(k) Plan

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2010

| | | |
|---|---|---|
| Additions to net assets attributed to: | | |
| Investment income: | | |
| Net appreciation in fair value of investments | $ | 317,919 |
| Interest and dividends | | 9,515 |
| | | 327,434 |
| Interest income on notes receivable from participants | | 1,797 |
| Contributions: | | |
| Employer | | 1,076 |
| Participants | | 169,050 |
| Rollover | | 55,950 |
| | | 226,076 |
| Total additions | | 555,307 |
| Deductions from net assets attributed to: | | |
| Benefits paid to participants | | 248,139 |
| Administrative expenses | | 6,116 |
| Total deductions | | 254,255 |
| Net increase | | 301,052 |
| Net assets available for benefits: | | |
| Beginning of year | | 3,538,866 |
| End of year | $ | 3,839,918 |

See notes to financial statements.

# SMTC 401(k) Plan

Notes to Financial Statements
December 31, 2010 and 2009

## 1. DESCRIPTION OF PLAN

The following description of the SMTC 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.

The plan sponsor is a successor to Atlantic Design Company, Inc., SMT Centre S.E., Inc. and SMT Centre of Texas, Inc. In this respect, the Plan takes into account service of all employees with the predecessor employers for purposes of eligibility to participate and for purposes of vesting.

General and Eligibility

The Plan is a contributory defined contribution plan that covers substantially all full-time U.S. employees of SMTC Corporation and related parties, SMTC Manufacturing Corporation of California, SMTC Manufacturing Corporation of Texas, SMTC Manufacturing Corporation of North Carolina, SMTC Manufacturing Corporation of Massachusetts, Qualtron Teoranta, SMTC Manufacturing Corporation of Wisconsin and Hi-Tech Manufacturing, Inc. (collectively "the Company"). Participants become eligible for purposes of salary deferrals and rollover contributions upon employment commencement date, however, their actual plan entry date is the first day of the month that coincides with their commencement of employment. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). Effective May 18, 2008 the SMTC Manufacturing Corporation of Massachusetts facility in Franklin, Massachusetts was closed. All active participants became vested on that date.

Contributions

Each year, participants may elect to defer a portion of their compensation up to the lesser of 75% of their compensation or the maximum limit as prescribed by the Internal Revenue Code. The Plan allows for both pre-tax and Roth 401(k) deferrals. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. The Company will contribute a discretionary matching contribution determined as of each allocation date. Discretionary contributions were 50% of the participants' deferral up to a maximum of 6% of compensation for the year ended December 31, 2010. Contributions are subject to certain limitations.

Participant Accounts

Each participant's account is credited with the participant's salary deferral contribution, any rollovers from another qualified pension plan or individual retirement account ("IRA"), the Company's discretionary contribution and Plan earnings. Employer matching contributions are based upon each participant's salary deferral. Plan expenses are allocated on the basis of the ratio that each participant's account balance bears to the total account balances of all participants in the same investment on the valuation date (December 31) of each plan year. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

# SMTC 401(k) Plan

Notes to Financial Statements
December 31, 2010 and 2009

**1. DESCRIPTION OF PLAN**…continued

Vesting

Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the employer's matching and discretionary contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant becomes 20% vested after one year of credited service as defined and continues to vest at the rate of 20% for each successive year of service until 100% vested after five years of service.

Investment Elections

Each participant shall direct the investment of their account. Each participant shall elect from a selection of registered investment companies and a guaranteed investment contract.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of the participant's vested account balance, whichever is less. The loans are secured by the participant's vested account balance. Each loan shall bear an adequate rate of interest as determined by the Plan Sponsor and will generally be required to be repaid through regular payroll deductions within five years of the date it is made, unless such loan is used to acquire a principal residence of the participant. A participant is not allowed to have more than one loan outstanding at any time.

Payment of Benefits

Participants who retire, or become disabled, will be entitled to 100% of their account balance. Upon death, the participant's beneficiary will be entitled to 100% of the account balance, payable in accordance with the Plan documents. Upon termination of employment for any reason other than retirement, disability, or death the participant shall be entitled to receive the vested amount of their account balance. If the participant's account exceeds $5,000, distribution will be made upon normal retirement unless requested otherwise in writing.

Forfeitures

At December 31, 2010 and 2009, forfeited nonvested accounts totaled $57,293 and $112,065, respectively. These accounts may be used first to reduce costs of administration of the Plan and second to reduce employer-matching contributions. In 2010 and 2009, employer contributions were reduced by forfeited nonvested accounts by $57,448 and $72,060, respectively. For the year ended December 31, 2010, there was $9,737 forfeited by participants.

**2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

Accounting Records

The accounting records of the Plan are maintained, with respect to plan administration and investment transactions, by American United Life Insurance Company.

Use of Estimates and Basis of Accounting

The financial statements have been prepared in accordance with accounting standards set by the Financial Accounting Standards Board ("FASB"). The FASB sets generally accepted accounting principles ("GAAP") to ensure net assets available for plan benefits and changes in net assets available for plan benefits are consistently reported.

**2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**…continued

Use of Estimates and Basis of Accounting…continued

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

In preparing the financial statements in conformity with generally accepted accounting principles in the United States of America, the Plan's management is required to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual amounts could differ from those estimates.

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Plan invests in investment contracts through a guaranteed investment contract with American United Life Insurance Company ("AUL"). The statements of net assets available for benefits should present the fair value of the investment in the guaranteed investment contract as well as the adjustment of the investment in the guaranteed investment contract from fair value to contract value relating to the investment contracts. However, AUL estimates that contract value approximates fair value and no adjustment is necessary on the accompanying financial statements. The statement of changes in net assets available for benefits is prepared on a contract value basis.

Investment Valuation and Income Recognition

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

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

Brokerage fees are added to the acquisition costs of assets purchased and subtracted from the proceeds of assets sold.

Notes Receivable from Participants

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

Fair Value Measurements

Financial Accounting Standards Board (the "FASB") Accounting Standards Code (ASC) 820 – *Fair Value Measurements and Disclosures* defines fair value, and establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

**2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**…continued

Fair Value Measurements…continued

The three levels of the fair value hierarchy are described below:

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

To the extent that valuation is based on models or inputs that are less observable or unobservable in the market, the determination of fair value requires more judgment. Accordingly, the degree of judgment exercised by the Plan in determining fair value is greatest for instruments categorized in Level 3. A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

Fair value is a market-based measure considered from the perspective of a market participant rather than an entity-specific measure. Therefore, even when market assumptions are not readily available, the Plan's own assumptions are set to reflect those that market participants would use in pricing the asset or liability at the measurement date. The Plan uses prices and inputs that are current as of the measurement date, including during periods of market dislocation. In periods of market dislocation, the observability of prices and inputs may be reduced for many instruments. This condition could cause an instrument to be reclassified from Level 1 to Level 2 or Level 2 to Level 3.

Valuation Techniques

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

Registered Investment Companies

Investments in registered investment companies are valued at quoted market prices. These securities are categorized in Level 1 as they are actively traded and no valuation adjustments have been applied.

**2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**…continued

Fair Value Measurements…continued

Guaranteed Investment Contract

Investments in the guaranteed investment contract are stated at fair value based on a market value formula as explained in Note 4. As these inputs are significant and not observable, the guaranteed interest account is categorized as Level 3.

Risks and Uncertainties

The Plan invests in a variety of investment securities. Investments are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investments and the level of uncertainty related to changes in the value of investments, it is at least reasonably possible that changes in risk factors in the near term would materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Certain administrative and asset management expenses are paid by the Plan. Other professional fees related to the Plan are paid by the sponsor.

Recent Accounting Pronouncements

In January 2010, the FASB issued Accounting Standards Update ("ASU") No. 2010-06, *Improving Disclosures about Fair Value Measurements* (ASU 2010-06), which primarily requires new disclosures related to the levels within the fair value hierarchy. New disclosures include significant transfers in and out of Levels 1 and 2 of the fair value hierarchy, and separate presentation of information related to purchases, sales, issuances and settlements in the reconciliation of fair value measurements classified as Level 3. ASU 2010-06 is effective January 1, 2010, except for the disclosures related to purchases, sales, issuances and settlements for Level 3 fair value measurements, which are effective for reporting periods beginning after December 15, 2010. The Plan adopted all of the guidance effective January 1, 2010.

In May 2011, the FASB issued ASU 2011-4, *Amendments to Achieve Common Fair Value Measurement.* ASU 2011-4 is intended to result in common fair value measurement and disclosure requirements between United States Generally Accepted Accounting Principles ("U.S. GAAP") and International Financial Reporting Standards ("IFRS"). In general, ASU 2011-4 is not intended to result in significant changes in the application of ASC Topic 820. Instead, ASU 2011-4 clarifies the intent of previously existing standards and changes certain requirements for fair value measurement or for disclosing information about fair value measurements. ASU 2011-4 is effective for annual periods beginning after December 15, 2011. The impact to the financial statements is currently being evaluated by the Plan.

**2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**…continued

Recent Accounting Pronouncements…continued

In September 2010, FASB issued an amendment, *Plan Accounting—Defined Contribution Pension Plans* (Topic 962): *Reporting Loans to Participants by Defined Contribution Pension Plans* ("ASU 2010-25"), which provides guidance on how loans to participants should be classified and measured by defined contribution pension plans. This amendment requires that participant loans be classified as notes receivable from participants, which are segregated from plan investments and measured at their unpaid principal balance plus any accrued but unpaid interest. This amendment was effective for periods ending after December 15, 2010, with early adoption permitted. This amendment requires retrospective application to all periods presented.

This amendment was adopted for the year ended December 31, 2010 and retrospectively applied to December 31, 2009. Prior year amounts and disclosures have been revised to reflect the retrospective application of adopting this new amendment. The adoption resulted in a reclassification of participant loans totaling $48,431 and $24,348 from investments to notes receivable from participants as of December 31, 2010 and 2009, respectively. This also resulted in a reclassification from investment income to interest income on notes receivable from participants for the year ended December 31, 2010 of $1,797. There was no impact on net assets as of December 31, 2010 and 2009.

**3. INFORMATION PREPARED AND CERTIFIED BY TRUSTEE (UNAUDITED)**

The following is a summary of the Plan's asset information as of December 31, 2010 and 2009, and for the year ended December 31, 2010, included throughout the Plan's financial statements and supplemental schedule, that was prepared by or derived from information provided by American United Life Insurance Company ("AUL"), the trustee of the Plan, and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the trustee that information provided to the Plan Administrator by the trustee related to the following assets is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information that appears throughout the financial statements and supplemental schedule related to the following assets:

| | 2010 | 2009 |
|---|---|---|
| Investments, at fair value: | | |
| Registered investment companies | $ 3,561,834 | $ 3,242,018 |
| Investments, at contract value: | | |
| Guaranteed investment contract | 229,653 | 264,257 |
| Notes receivable from participants | 48,431 | 24,348 |
| | $ 3,839,918 | $ 3,530,623 |

AUL also certified to the completeness and accuracy of $317,919 of net appreciation in fair value investments, $9,515 of interest and dividends related to the aforementioned assets and $1,797 of interest income on notes receivable from participants for the year ended December 31, 2010.

## 4. INVESTMENT CONTRACT WITH INSURANCE COMPANY

Effective July 1, 2009, the Plan entered into a fully benefit-responsive investment contract with American United Life Insurance Company ("AUL"). AUL maintains the contributions to the investment contract in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract is included in the financial statements at contract value as reported to the Plan by AUL. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

As described in Note 2, because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the investment contract at December 31, 2010 and 2009 was $229,653 and $264,257, respectively. The interest rate on the guaranteed investment contract is reviewed on a quarterly basis for resetting. The average yield for the guaranteed investment contract was 3.85% and 4.79% at December 31, 2010 and 2009, respectively. The crediting interest rate for the guaranteed investment contract at December 31, 2010 and 2009 was 1.75% and 3.5%, respectively.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (a) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (b) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (c) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (d) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under the Employee Retirement Income Security Act of 1974. The Plan Administrator does not believe that any events, which would limit the Plan's ability to transact at contract value with participants, are probable of occurring.

The guaranteed investment contract does not permit AUL to terminate the agreement prior to the scheduled maturity date.

## 5. INVESTMENTS AND FAIR VALUE MEASUREMENTS

The following table presents a summary of investments certified by American United Life Insurance Company ("AUL") at December 31, 2010 and 2009. Investments that represent five percent or more of the Plan's net assets are identified separately.

| | 2010 | 2009 |
|---|---|---|
| Investments at fair value as determined by quoted market price: | | |
| Registered investment companies: | | |
| One America Money Market Portfolio | $ 710,461 | $ 978,762 |
| American Funds Growth Fund of America | 627,420 | 579,012 |
| American Funds EuroPacific Growth | 393,833 | 368,725 |
| SSgA Russell Small Cap Index | 360,629 | 311,391 |
| PIMCO Total Return | 342,375 | 253,486 |
| Russell Lifepoints 2030 Strategy | 322,397 | 270,628 |
| SSgA S&P 500 Index Strategy | 200,677 | 199,082 |
| American Century Equity Income | 197,368 | 70,611 |
| Other | 406,674 | 210,321 |
| | 3,561,834 | 3,242,018 |
| Investments at estimated fair value: | | |
| Guaranteed investment contract: | | |
| AUL Fixed Account | 229,653 | 264,257 |
| | $ 3,791,487 | $ 3,506,275 |

For the year ended December 31, 2010, the plan's investments, including gains and losses on investments bought and sold, as well as held during the year, appreciated in value by:

| | |
|---|---|
| Investments at fair value as determined by quoted market price: | |
| Registered investment companies | $ 317,919 |
| Investments at estimated fair value: | |
| Guaranteed investment contract | 9,515 |
| | $ 327,434 |

**5. INVESTMENTS AND FAIR VALUE MEASUREMENTS**…continued

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010:

| | Assets at Fair Value as of December 31, 2010 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Registered investment companies: | | | | |
| Large blend | $ 710,905 | $ - | $ - | $ 710,905 |
| Money market | 710,461 | - | - | 710,461 |
| Large growth | 627,420 | - | - | 627,420 |
| Foreign large blend | 393,833 | - | - | 393,833 |
| Small blend | 360,629 | - | - | 360,629 |
| Intermediate term bond | 342,375 | - | - | 342,375 |
| Large value | 197,368 | - | - | 197,368 |
| Mid cap growth | 107,995 | - | - | 107,995 |
| Small growth | 95,450 | - | - | 95,450 |
| Small value | 15,398 | - | - | 15,398 |
| Total registered investment companies | 3,561,834 | - | - | 3,561,834 |
| Guaranteed investment contract | - | - | 229,653 | 229,653 |
| Total investments | $ 3,561,834 | $ - | $ 229,653 | $ 3,791,487 |

The following tables provide information about the Plan's investments measured at fair value on a recurring basis as of December 31, 2009:

| | Assets at Fair Value as of December 31, 2009 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Registered investment companies: | | | | |
| Money market | $ 978,762 | $ - | $ - | $ 978,762 |
| Large blend | 596,079 | - | - | 596,079 |
| Large growth | 579,012 | - | - | 579,012 |
| Foreign large blend | 368,725 | - | - | 368,725 |
| Small blend | 311,391 | - | - | 311,391 |
| Intermediate term bond | 253,486 | - | - | 253,486 |
| Small growth | 81,715 | - | - | 81,715 |
| Large value | 70,611 | - | - | 70,611 |
| Mid cap growth | 2,237 | - | - | 2,237 |
| Total registered investment companies | 3,242,018 | - | - | 3,242,018 |
| Guaranteed investment contract | - | - | 264,257 | 264,257 |
| Total investments | $ 3,242,018 | $ - | $ 264,257 | $ 3,506,275 |

**5. INVESTMENTS AND FAIR VALUE MEASUREMENTS**…continued

The previously issued 2009 financial statements presented investments in guaranteed investment contracts within Level 1, however, the fair value of such investments are based upon significant unobservable inputs rather than quoted prices in active markets. Accordingly, investments in guaranteed investment contracts have been reclassified from Level 1 to Level 3 within the tabular presentation of fair value measurements at December 31, 2009.

There were no significant transfers of assets between level 1 and level 2 of the fair value hierarchy for the year ended December 31, 2010.

The table below sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2010:

| | Guaranteed Investment Contract |
|---|---|
| Balance at December 31, 2009 | $ 264,257 |
| Realized gains (losses), net | 9,515 |
| Purchases, sales, issuances and settlements, net | (44,119) |
| | $ 229,653 |

**6. PARTY-IN-INTEREST**

The Plan's investments include shares of registered investment companies managed by American United Life Insurance Company, the current trustee of the Plan and ING Life Insurance and Annuity Company, the former trustee of the Plan. Transactions in such investments qualify as exempt party in interest transactions as defined by ERISA. Participant loans and employer contributions also qualify as exempt party in interest transactions, as defined by ERISA.

**7. INCOME TAX STATUS**

The Plan obtained its latest determination letter on March 31, 2008, in which the Internal Revenue Service stated the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter; however, the Plan Administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan. Management evaluated the Plan's tax positions and concluded that the Plan had maintained its tax exempt status and had taken no uncertain tax positions that require revenue recognition or disclosure in the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements. With few exceptions, the Plan is no longer subject to income tax examinations by the U.S. federal, state, or local tax authorities for years before 2007.

## 8. FORM 5500 RECONCILIATIONS

The following is a reconciliation of net assets available for plan benefits as of December 31, 2010 and 2009 per the financial statements to the Form 5500:

| | 2010 | 2009 |
|---|---|---|
| Net assets available for plan benefits per the financial statements | $ 3,839,918 | $ 3,538,866 |
| Differences in: | | |
| Investments | 48,431 | 24,348 |
| Notes receivable from participants | (48,431) | (24,348) |
| Net assets available for plan benefits per the Form 5500 | $ 3,839,918 | $ 3,538,866 |

## 9. 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 the Employee Retirement and Income Security Act ("ERISA"). In the event of Plan termination, participants will become 100% vested in their employer contributions.

## 10. SUBSEQUENT EVENTS

During October of 2011, the Plan Sponsor acquired ZF Array Technology; therefore, the ZF Array Technology 401(k) Plan will be merged into SMTC 401(k) Plan effective January 1, 2012. The provisions of ZF Arrays Technology's 401(k) Plan relating to vesting, in-service withdrawals, normal retirement and disability will be protected within the SMTC 401(k) Plan.

The Plan has evaluated subsequent events through October 25, 2011, the date the financial statements were available to be issued. There were no additional material subsequent events other than those disclosed above.

SUPPLEMENTAL SCHEDULE

# SMTC 401(k) Plan

Employer Identification Number 04-2220769
Plan Number 001

Form 5500, Schedule H, Part IV, Item 4i - Schedule of Assets (Held at End of Year)
December 31, 2010

| (a) | (b) | (c) Description of Investment | | | | | (d) | (e) |
|---|---|---|---|---|---|---|---|---|
| | Identity of Issue, Borrower, Lessor, or Similar Party | Type of Investment | Maturity Date | Rate of Interest | Collateral | Par or Maturity Value | Cost | Current Value |
| * | One America Money Market Portfolio | Register Investment Company | n/a | n/a | n/a | n/a | ** | $ 710,461 |
| | American Funds Growth Fund of America | Register Investment Company | n/a | n/a | n/a | n/a | ** | 627,420 |
| | American Funds EuroPacific Growth | Register Investment Company | n/a | n/a | n/a | n/a | ** | 393,833 |
| | SSgA Russell Small Cap Index | Register Investment Company | n/a | n/a | n/a | n/a | ** | 360,629 |
| | PIMCO Total Return | Register Investment Company | n/a | n/a | n/a | n/a | ** | 342,375 |
| | Russell Lifepoints 2030 Strategy | Register Investment Company | n/a | n/a | n/a | n/a | ** | 322,397 |
| * | AUL Fixed Account | Guaranteed Investment Contract | n/a | n/a | n/a | n/a | ** | 229,653 |
| | SSgA S&P 500 Index Strategy | Register Investment Company | n/a | n/a | n/a | n/a | ** | 200,677 |
| | American Century Equity Income | Register Investment Company | n/a | n/a | n/a | n/a | ** | 197,368 |
| | Russell Lifepoints 2020 Strategy | Register Investment Company | n/a | n/a | n/a | n/a | ** | 147,074 |
| | T. Rowe Price Mid Cap Growth | Register Investment Company | n/a | n/a | n/a | n/a | ** | 107,995 |
| | First American Small Cap Select | Register Investment Company | n/a | n/a | n/a | n/a | ** | 95,450 |
| | Russell Lifepoints 2010 Strategy | Register Investment Company | n/a | n/a | n/a | n/a | ** | 37,391 |
| | Allianz Nfj Small Cap Value | Register Investment Company | n/a | n/a | n/a | n/a | ** | 15,398 |
| | Russell Lifepoints 2025 Strategy | Register Investment Company | n/a | n/a | n/a | n/a | ** | 1,720 |
| | Russell Lifepoints 2015 Strategy | Register Investment Company | n/a | n/a | n/a | n/a | ** | 1,646 |
| | Various Participants' Loan | Interest rates range from 4.25% - 8.77% | n/a | n/a | n/a | n/a | - | 48,431 |
| | | | | | | | | $ 3,839,918 |

* Represents a party in interest
** Cost information is not required for participant directed-investments and is therefore not included.

The above has been certified by American United Life Insurance Company as complete and accurate.

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

**Plan Name** SMTC 401K PLAN **EIN:** 77-0386123
**Plan Sponsor's Name** SMTC CORPORATION **PN:** 001

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value. | (d) Cost | (e) Current value |
|---|---|---|---|---|
| | AMERICAN UNITED LIFE INS CO | AUL FIXED ACCOUNT | | 229,653 |
| | AMERICAN UNITED LIFE INS CO | PARTICIPANT LOANS | | 48,431 |
| | AMERICAN UNITED LIFE INS CO | NUVEEN SMALL CAP SELECT | | 95,450 |
| | AMERICAN UNITED LIFE INS CO | AMER FDS GRWTH FUND OF AMERICA | | 627,420 |
| | AMERICAN UNITED LIFE INS CO | AMER FDS EUROPACIFIC GROWTH | | 393,833 |
| | AMERICAN UNITED LIFE INS CO | ONEAMERICA MONEY MARKET | | 710,461 |
| | AMERICAN UNITED LIFE INS CO | AMCENT EQUITY INCOME | | 197,368 |