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

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
ISEC, INC. 401(K) SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 07/01/1980

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

33 INVERNESS DR E
ENGLEWOOD, CO 80112-5412

2b Employer Identification Number (EIN) 84-0577348

2c Sponsor's telephone number 303-790-1444

2d Business code (see instructions) 238900

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.	09/24/2010	MARK LANE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/24/2010	MARK LANE
	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")
ISEC, INC.

33 INVERNESS DR E
ENGLEWOOD, CO 80112-5412

3b Administrator's EIN
84-0577348

3c Administrator's telephone number
303-790-1444

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**	691
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**	639
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	160
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	799
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	799
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	578
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

(1)	X		**H** (Financial Information)
(2)			**I** (Financial Information – Small Plan)
(3)	X	2	**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

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
ISEC, INC. 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
84-0577348

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
PRINCIPAL 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
42-0127290	61271	441462	799	01/01/2009	12/31/2009

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
27776	17604

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

TRUENORTH SECURITIES INC
8200 E 32ND ST N
STE 100
WICHITA, KS 67226

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
27776	17604	REFERRAL/SERVICE FEE AND PRORATED INCENTIVE, NOT DEDUCTED FROM PLAN	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	0
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

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 ▶ CUSTODIAL GUARANTEED FUND CONTRACT

b	Balance at the end of the previous year			7b	2057743
c	Additions: (1) Contributions deposited during the year	7c(1)	224056		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	66657		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	542589		
	▶ OUTSIDE INVESTMENT TRANSFER, LOAN PAYMENT, ROLLOVER				
	(6) Total additions			7c(6)	833302
d	Total of balance and additions (add **b** and **c(6)**)			7d	2891045
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	438866		
	(2) Administration charge made by carrier	7e(2)	445		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	547140		
	▶ LOAN WITHDRAWAL, OUTSIDE INVESTMENT TRANSFER				
	(5) Total deductions			7e(5)	986451
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	1904594

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 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

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
ISEC, INC. 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
84-0577348

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
PRINCIPAL 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
42-0127290	61271	707443	799	01/01/2009	12/31/2009

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
0	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

(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	

(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**	0
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	0

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 ▶

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

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 Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2009** **This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
ISEC, INC. 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
84-0577348

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

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

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(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)

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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?
13 37 50 64	CONTRACT ADMINISTRATOR	11711	Yes [X] No [ ]	Yes [X] No [ ]	2565	Yes [ ] No [X]

(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
PRINCIPAL LIFE INSURANCE COMPANY	13 37 50 64	2565
(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.	
PERSHING, LLC 13-2741729	PRINCIPAL SELF DIRECTED BROKERAGE ACCOUNT FEES	

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
ISEC, INC. 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
ISEC, INC.

D Employer Identification Number (EIN)
84-0577348

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: PRIN MONEY MARKET SEP ACCT-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
42-0127290-024	P	284654

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MIDCAP GROWTH SEP ACCT-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
42-0127290-021	P	165525

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN U.S. PROPERTY SEP ACCT-R5

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
42-0127290-027	P	553236

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LGCAP S&P 500 INDEX SA-I3

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
42-0127290-016	P	399195

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MIDCAP VALUE I SA-R5

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
42-0127290-043	P	496336

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MIDCAP GROWTH II SA-R5

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
42-0127290-047	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MIDCAP GROWTH III SA-R5

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
42-0127290-026	P	159952

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN INTL GROWTH SEP ACCT-R5

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-064	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 745333

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LARGECAP VALUE III SA-R5

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-068	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 84523

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2010 SEP ACCT-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-075	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 423482

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2020 SEP ACCT-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-076	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3581249

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2030 SEP ACCT-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-077	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5547055

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2040 SEP ACCT-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-078	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5080422

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2050 SEP ACCT-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-079	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1429558

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME STRAT INC SA-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-080	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 96521

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SMALLCAP VALUE II SA-R5

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-096	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 628302

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

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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

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
ISEC, INC. 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
84-0577348

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)	26	2
(2) Participant contributions	1b(2)	26	2
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	2192
(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)	116195	306337
(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)	622174	637091
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	14224803	19675343
(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)	4636767	6845995
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	2057743	1904594
(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	21657734	29371556
	Liabilities			
g	Benefit claims payable	1g	0	
h	Operating payables	1h	0	
i	Acquisition indebtedness	1i	0	
j	Other liabilities	1j	0	
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	21657734	29371556

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)	1378774	
	(B) Participants	2a(1)(B)	2771837	
	(C) Others (including rollovers)	2a(1)(C)	61513	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		4212124
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
	(B) U.S. Government securities	2b(1)(B)	0	
	(C) Corporate debt instruments	2b(1)(C)	0	
	(D) Loans (other than to participants)	2b(1)(D)	0	
	(E) Participant loans	2b(1)(E)	34731	
	(F) Other	2b(1)(F)	66657	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		101388
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
	(B) Common stock	2b(2)(B)	1348	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	109034	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		110382
	(3) Rents	2b(3)		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	102681	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		102681
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		3777247
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1232155
c Other income	2c		10336
d Total income. Add all **income** amounts in column (b) and enter total	2d		9546313
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1815058	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1815058
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	17433	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		17433
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1832491
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		7713822
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: MARTIN, VEJVODA AND ASSOCIATES, INC (2) EIN: 84-1038838

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		14110
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	0
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	0
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	0
e	Was this plan covered by a fidelity bond?	4e	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
ISEC, INC. 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
84-0577348

Part I Distributions

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

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

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

EIN(s): 42-0127290

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):

ISEC, INCORPORATED
401(K) SAVINGS PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2009

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Schedule of Assets Held for Investment Purposes

MV MARTIN, VEJVODA AND ASSOCIATES
INCORPORATED
Certified Public Accountants
3443 SOUTH GALENA STREET • SUITE 200
DENVER, COLORADO 80231

(303) 338-9277 FAX: (303) 338-9281

INDEPENDENT AUDITORS' REPORT

To the Trustees of
ISEC, Incorporated
401(k) Savings Plan

We were engaged to audit the financial statements of the ISEC, Incorporated 401(k) Savings Plan as of December 31, 2009 and 2008, and the related statements of net assets available for plan benefits and changes in net assets available for plan benefits for the years then ended, and the supplemental schedule as of and for the year ended December 31, 2009 as listed in the accompanying index. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Principal Life Insurance Company, the Trustee, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the Trustee held the Plan's investment assets and executed investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by the trustees is complete and accurate.

Because of the significance of the information in the Plan's 2009 and 2008 financial statements, and supplemental schedule, that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule, taken as a whole, as of or for the years ended December 31, 2009 and 2008. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under the ERISA.

Martin, Vejvoda and Associates

Denver, Colorado
September 21, 2010

ISEC, INCORPORATED
401(k) SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
DECEMBER 31, 2009 AND 2008

	2009	2008
ASSETS		
Investments, at Fair Value		
Mutual Funds (Registered Investment Companies)	$ 5,922,960	$ 3,928,304
Insurance Company General Accounts	1,809,365	1,954,856
Pooled Separate Accounts	19,675,343	14,224,803
Participant-Directed Brokerage Accounts	1,231,564	824,658
Participant Loans	637,091	622,174
Total Investments	29,276,323	21,554,795
Receivables		
Employer's Contributions	2	26
Participants' Contributions	2	26
Total Receivables	4	52
Total Assets	29,276,327	21,554,847
Net Assets Reflecting Investments, at Fair Value	29,276,327	21,554,847
Adjustment From Fair Value to Contract Value for Fully Benefit-Responsive Investment Contracts	95,229	102,887
Net Assets Available For Benefits	$ 29,371,556	$ 21,657,734

See accompanying notes to financial statements.

ISEC, INCORPORATED
401(k) SAVINGS PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

	2009	2008
ADDITIONS TO NET ASSETS ATTRIBUTABLE TO:		
Investment Income (Loss)		
Interest Income	$ 66,652	$ 71,887
Interest on Participant Loans	34,731	39,742
Mutual Fund Dividends	127,697	195,301
Net Increase (Decrease) in Fair Value of Investments	5,105,109	(10,267,027)
Total Investment Income (Loss)	5,334,189	(9,960,097)
Contributions		
Employer	1,378,774	1,415,389
Employees	2,771,837	2,816,992
Employee Rollover	61,513	259,615
Total Contributions	4,212,124	4,491,996
Total Additions to Net Assets	9,546,313	(5,468,101)
DEDUCTIONS FROM NET ASSETS ATTRIBUTABLE TO:		
Benefits Paid to Participants	1,815,058	2,183,516
Other Expenses	17,433	15,924
Total Deductions from Net Assets	1,832,491	2,199,440
Net Increase (Decrease) in Net Assets	7,713,822	(7,667,541)
NET ASSETS AVAILABLE FOR BENEFITS:		
BEGINNING OF YEAR	21,657,734	29,325,275
END OF YEAR	$ 29,371,556	$ 21,657,734

See accompanying notes to financial statements.

ISEC, INCORPORATED
401(k) SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009

1 Description of Plan

The following description of the ISEC, Incorporated (Company) 401(k) Savings Plan (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

A. General. The Plan is a defined contribution plan covering all full-time employees of the Company who have ninety days of service and are twenty-one or older, except those who are non-resident aliens, leased employees or covered by a collective bargaining agreement. Participants may elect to enter the Plan on the first day of the month coinciding with or next following the date when they become eligible. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

B. Contributions. Eligible employees may contribute up to 100% of their salary, subject to certain statutory limits. Participants may elect traditional (tax-deferred) or Roth 401(k) contributions, or a combination of the two. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers a range of pooled separate accounts, mutual funds, a fixed income account, and a participant-directed brokerage-style fund. The Company contributes 100% of the first 4% of compensation that an employee contributes to the Plan. Company contributions are invested according to the participant's investment options.

C. Participant Accounts. Each participant's account is credited with the participant's contribution and allocations of: a) the Company's contributions; and, b) the Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant account balances.

D. Vesting. Participants are 100% vested in both participant contributions and employer contributions upon entering the Plan. Under previous Plan rules, employer contributions vested over a five-year schedule.

E. Participant Loans. Participants may borrow from their fund accounts a minimum of $1,000, up to a maximum of the lesser of $50,000 or 50% of their account balance. The loans are secured by the balance in the participant's account and bear interest rates based on market rates. Principal and interest is paid ratably through periodic payroll deductions.

F. Payment of Benefits. On termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the participant's interest in his or her account or annual installments. A participant may also request a hardship distribution if certain conditions are met.

G. Forfeited Accounts. Amounts forfeited under prior Plan rules may be used to offset employer contributions of Plan expenses, or may be allocated to all participant accounts. At December 31, 2009 and 2008, there were no forfeited balances. Amounts used to offset employer contributions were $0 and $350 for the year ended December 31, 2009 and 2008, respectively.

2 Summary of Significant Accounting Policies

A. Basis of Accounting. The financial statements of the Plan are prepared on the accrual method of accounting. 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 Statement of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

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

C. Investment Valuation and Income Recognition. Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 9 for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

D. Payment of Benefits. Benefits are recorded when paid.

E. Operating Expenses. All expenses of maintaining the Plan are paid by the Company.

3 Investments

The following presents investments that represent 5% or more of the Plan's net assets, at December 31, 2009 and 2008:

	2009	2008
Principal Fixed Income 401(a)/(k), at Fair Value	$ 1,809,365	$ 2,057,743
Principal Lifetime 2020 Pooled Separate Account	3,581,249	2,877,084
Principal Lifetime 2030 Pooled Separate Account	5,547,055	3,931,821
Principal Lifetime 2040 Pooled Separate Account	5,080,422	3,139,907
	$ 16,018,091	$ 12,006,555

4 Information Prepared and Certified by the Trustees

The following information, included in the accompanying financial statements and supplemental schedule, was taken from data that has been prepared and certified to as complete and accurate by the trustees.

4 Information Prepared and Certified by the Trustees (Continued)

	2009	2008
Investments, At Fair Value		
Insurance Company General Accounts	$ 1,809,365	$ 1,954,856
Pooled Separate Accounts	$ 19,675,343	$ 14,224,803
Participant-Directed Investment Accounts	$ 1,231,564	$ 824,658
Mutual Funds (Registered Investment Companies)	$ 5,922,960	$ 3,928,306
Investment Income (Loss)	$ 5,299,458	$ (9,999,839)

5 Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

6 Tax Status

The trust established under the Plan to hold the Plan's assets is qualified pursuant to the appropriate section of the Internal Revenue Code, and, accordingly, the trust's net investment income is exempt from income taxes. The Plan has obtained a favorable tax determination letter from the Internal Revenue Service and the Plan sponsor believes that the Plan continues to qualify and to operate as designed.

7 Risks and Uncertainties.

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term, and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for Plan benefits.

8 Investment Contract with Insurance Company

In 2006, the Plan entered into a benefit-responsive investment contract with Principal Life Insurance Company (Principal). Principal maintains the contributions 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 Principal.

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.

8 Investment Contract with Insurance Company (Continued)

Contract value, as reported to the Plan by Principal, 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.

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, 2009 and 2008 was $1,809,365 and $1,954,856, respectively. The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be less than 3%. Such interest rates are reviewed on a semiannual basis for resetting.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: 1) amendments to the Plan documents (including complete or partial plan termination or merger with another plan), 2) bankruptcy of the Plan sponsor or other Plan sponsor events that cause a significant withdrawal from the Plan, or 3) the failure of the trust to qualify for exemption from Federal income taxes or any required prohibited transaction exemption under ERISA. 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 Principal to terminate the agreement prior to the scheduled maturity date.

Average Yields	2009	2008
Based on Actual Earnings	3.32%	3.33%
Based on Interest Rate Credited to Participants	3.32%	3.33%

9 Fair Value Measurements

FASB Statement No. 157, *Fair Value Measurements*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 Measurements) and the lowest priority to unobservable inputs (Level 3 Measurements). The three levels of the fair value hierarchy under FASB Statement No. 157 are described as follows:

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

Level 2: Inputs to the valuation methodology include -
- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and,
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

9 Fair Value Measurements (Continued)

If the assets or liability has 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.

The asset or liability's fair value measurement within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value:

Mutual Funds: Valued at Net Asset Value (NAV) of shares held by the Plan at year end.

Pooled Separate Accounts: Valued at Net Asset Value (NAV) of shares held by the Plan at year end. Underlying assets are primarily investments in quoted prices, but the NAV of pooled separate accounts are not publicly quoted. In the case of the Principal U.S. Property Separate Account, investments are primarily in commercial real estate, the fair values of which are determined using a model based on cash flows generated by the properties and sales of comparable properties.

Insurance Company General Accounts: The Insurance Company General Account is a guaranteed investment contract. Fair value represents discontinuation value, or contract value times 95% (the amount realized if the Plan were to withdraw or transfer funds within the Plan prior to maturity).

Participant Self-Directed Accounts: Self-directed accounts are valued at the value of the underlying assets. The self-directed accounts consist of securities that have publicly quoted prices, both common stock and mutual funds.

Participant Loans: Valued at amortized cost, which approximates fair value.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values.

Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments would result in a different fair value measurement at the reporting date.

9 Fair Value Measurements (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009 and 2008, respectively:

	Assets at Fair Value as of December 31, 2009			
	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 5,922,960	$ -	$ -	$ 5,922,960
Insurance Company General Account	-	-	1,809,365	1,809,365
Participant-Directed Brokerage Account-Cash	2,192	-	-	2,192
Participant-Directed Brokerage Account-Common Stock	306,339	-	-	306,339
Participant-Directed Brokerage Account-Mutual Funds	923,033	-	-	923,033
Pooled Separate Accounts	-	19,122,107	553,236	19,675,343
Participant Loans	-	-	637,091	637,091
	$ 7,154,524	$ 19,122,107	$ 2,999,692	$ 29,276,323

	Assets at Fair Value as of December 31, 2008			
	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 3,928,304	$ -	$ -	$ 3,928,304
Insurance Company General Account	-	-	1,954,856	1,954,856
Participant-Directed Brokerage Account-Common Stock	116,195	-	-	116,195
Participant-Directed Brokerage Account-Mutual Funds	708,463	-	-	708,463
Pooled Separate Accounts	-	13,511,496	713,307	14,224,803
Participant Loans	-	-	622,174	622,174
	$ 4,752,962	$ 13,511,496	$ 3,290,337	$ 21,554,795

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the years ended December 31, 2009 and 2008, respectively:

9 Fair Value Measurements (Continued)

Level 3 Assets for the Year Ended December 31, 2009

	Participant Loans	Insurance Company, General Accounts	Pooled Separate Accounts	Total
Balance, Beginning of Year	$ 622,174	$ 1,954,856	$ 713,307	$ 3,290,337
Total Gains (Losses)	-	7,657	(238,106)	(230,449)
Interest Credited	-	66,652	-	66,652
Purchases, Sales, Issuances, and Settlements (Net)	14,917	(219,800)	78,035	(126,848)
Balance, End of Year	$ 637,091	$ 1,809,365	$ 553,236	$ 2,999,692
Unrealized Gains (Losses)	$ -	$ 7,567	$ (238,051)	$ (230,484)

Level 3 Assets for the Year Ended December 31, 2008

	Participant Loans	Insurance Company, General Accounts	Pooled Separate Accounts	Total
Balance, Beginning of Year	$ 471,965	$ 1,422,260	$ 511,114	$ 2,405,339
Total (Losses)	-	(28,031)	(108,650)	(136,681)
Interest Credited	-	71,887	-	71,887
Purchases, Sales, Issuances, and Settlements (Net)	150,209	488,740	310,843	949,792
Balance, End of Year	$ 622,174	$ 1,954,856	$ 713,307	$ 3,290,337
Unrealized (Losses)	$ -	$ (28,031)	$ (124,098)	$ (152,129)

10 Subsequent Events

Subsequent events have been evaluated through September 21, 2010, the date the financial statements were available to be issued.

SUPPLEMENTAL INFORMATION

ISEC, INCORPORATED
401(k) SAVINGS PLAN

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
DECEMBER 31, 2009

EIN: 84-0577348
3-Digit Plan #: 002

(a)	(b)	(c)	(d)	(e)
	Identity	Description of Investment	Cost	Current Value
*	Principal Life Insurance Co.	Insurance Co. General, Principal Fixed Income 401(a)/(k)	n/a	$ 1,904,594
*	Principal Life Insurance Co.	Pooled Separate Accts - Principal International Growth	n/a	745,333
*	Principal Life Insurance Co.	Pooled Separate Accts - Principal Large Cap S&P 500 Index	n/a	399,195
*	Principal Life Insurance Co.	Pooled Separate Accts - Principal Large Cap Value III	n/a	84,523
*	Principal Life Insurance Co.	Pooled Separate Accts - Principal Lifetime 2010	n/a	423,482
*	Principal Life Insurance Co.	Pooled Separate Accts - Principal Lifetime 2020	n/a	3,581,249
*	Principal Life Insurance Co.	Pooled Separate Accts - Principal Lifetime 2030	n/a	5,547,055
*	Principal Life Insurance Co.	Pooled Separate Accts - Principal Lifetime 2040	n/a	5,080,422
*	Principal Life Insurance Co.	Pooled Separate Accts - Principal Lifetime 2050	n/a	1,429,558
*	Principal Life Insurance Co.	Pooled Separate Accts - Principal Lifetime Strategic Income	n/a	96,521
*	Principal Life Insurance Co.	Pooled Separate Accts - Principal MidCap Growth	n/a	165,525
*	Principal Life Insurance Co.	Pooled Separate Accts - Principal MidCap Growth III SA-R5	n/a	159,952
*	Principal Life Insurance Co.	Pooled Separate Accts - Principal Money Market	n/a	284,654
*	Principal Life Insurance Co.	Pooled Separate Accts - Principal PTR MidCap Value I	n/a	496,336
*	Principal Life Insurance Co.	Pooled Separate Accts - Principal Small Cap Value II	n/a	628,302
*	Principal Life Insurance Co.	Pooled Separate Accts - Principal US Property	n/a	553,236

See accompanying notes to financial statements.

ISEC, INCORPORATED
401(k) SAVINGS PLAN

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES (CONTINUED)
DECEMBER 31, 2009

(a)	(b)	(c)	(d)	(e)
	Identity	Description of Investment	Cost	Current Value
	The American Funds	Registered Investment Co - AM Funds Growth Fund of America	n/a	$ 1,165,994
	Eaton Vance	Registered Investment Co - Eaton Vance Large-Cap Value A	n/a	232,583
	Fidelity Investments	Registered Investment Co - Fidelity Adv Small Cap A	n/a	680,553
	Janus International Holdings	Registered Investment Co - Janus Overseas S Fund	n/a	129,494
	Neuberger Berman Mgt	Registered Investment Co - Neuberger Berman Partners Adv	n/a	371,836
	Oakmark	Registered Investment Co - Oakmark Equity & Income I	n/a	1,062,566
	PIMCO Funds	Registered Investment Co - Pimco Real Return A	n/a	257,104
	PIMCO Funds	Registered Investment Co - Pimco Total Return ADM	n/a	1,322,354
	T Rowe Price	Registered Investment Co - T Rowe Price Int'l Growth & Income	n/a	700,476
	Aastrom Biosciences, Inc.	Corporate Stock-Common	n/a	9,210
	Activision Blizzard	Corporate Stock-Common	n/a	1,944
	Anchor Bancorp Wisconsin	Corporate Stock-Common	n/a	2,520
	Array Biopharma	Corporate Stock-Common	n/a	2,810
	Apple Computer, Inc.	Corporate Stock-Common	n/a	2,741
	Ashford Hospitality Trust Inc.	Corporate Stock-Common	n/a	186
	Aurizon Mines Ltd.	Corporate Stock-Common	n/a	4,500
	Berkshire Hathaway	Corporate Stock-Common	n/a	6,572
	CapitalSource, Inc.	Corporate Stock-Common	n/a	21,835
	Pershing LLC	Interest Bearing Cash-Cash Acct	n/a	2,192
	Cell Therapeutics, Inc.	Corporate Stock-Common	n/a	28,786
	Centerpoint Energy Inc.	Corporate Stock-Common	n/a	363
	China Mobile Limited	Corporate Stock-Common	n/a	2,786
	Citizens Rep Bancorp Inc.	Corporate Stock-Common	n/a	3,450
	ConocoPhillips	Corporate Stock-Common	n/a	1,839
	Costco Wholesale Corp.	Corporate Stock-Common	n/a	5,325
	Crescent Banking Co.	Corporate Stock-Common	n/a	18

See accompanying notes to financial statements.

ISEC, INCORPORATED
401(k) SAVINGS PLAN

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES (CONTINUED)
DECEMBER 31, 2009

(a)	(b)	(c)	(d)	(e)
	Identity	Description of Investment	Cost	Current Value
	Cyclacel Pharmaceuticals	Corporate Stock-Common	n/a	$ 5,200
	Direxion Shares	Corporate Stock-Common	n/a	97
	Dow Chemical	Corporate Stock-Common	n/a	221
	Eastman Kodak Company	Corporate Stock-Common	n/a	4,220
	Excel Maritime Carriers Ltd.	Corporate Stock-Common	n/a	1,306
	Exelixis Inc.	Corporate Stock-Common	n/a	7,370
	Exeter Resource Corp.	Corporate Stock-Common	n/a	14,200
	First Solar Inc.	Corporate Stock-Common	n/a	2,708
	FormFactor, Inc.	Corporate Stock-Common	n/a	2,176
	Great Basin Gold, Ltd	Corporate Stock-Common	n/a	3,420
	Hasbro, Inc.	Corporate Stock-Common	n/a	4,809
	Hemispherx Biopharma, Inc.	Corporate Stock-Common	n/a	56
	Idearc, Inc.	Corporate Stock-Common	n/a	2
	Infinera Corp.	Corporate Stock-Common	n/a	11,531
	Infosonics Corp.	Corporate Stock-Common	n/a	515
	Intel Corporation	Corporate Stock-Common	n/a	796
	IPG Photonics Corp.	Corporate Stock-Common	n/a	8,370
	Istar Financial, Inc.	Corporate Stock-Common	n/a	1,792
	Jaguar Mining Inc.	Corporate Stock-Common	n/a	22,380
	KHD Humboldt Wedag Int'l	Corporate Stock-Common	n/a	3,675
	Kinross Gold Corporation	Corporate Stock-Common	n/a	554
	Labranch & Co Inc.	Corporate Stock-Common	n/a	4,828
	Legg Mason	Corporate Stock-Common	n/a	9,048
	Markel Corp.	Corporate Stock-Common	n/a	6,800
	Morningstar Inc.	Corporate Stock-Common	n/a	4,834
	Motors Liquidation Company	Corporate Stock-Common	n/a	47
	Netsuite Inc.	Corporate Stock-Common	n/a	3,196
	Nucor Corporation	Corporate Stock-Common	n/a	13,995
	Oncolytics Biotech Inc.	Corporate Stock-Common	n/a	5,200
	Perusahann Perseroan	Corporate Stock-Common	n/a	1,998
	Polaris Industries, Inc.	Corporate Stock-Common	n/a	1,091
	Repros Therapeutics Inc.	Corporate Stock-Common	n/a	2,388
	Research in Motion Ltd.	Corporate Stock-Common	n/a	1,216
	Rubicon Minerals Corp.	Corporate Stock-Common	n/a	4,710
	Sirius XM Radio Inc.	Corporate Stock-Common	n/a	330

See accompanying notes to financial statements.

ISEC, INCORPORATED
401(k) SAVINGS PLAN

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES (CONTINUED)
DECEMBER 31, 2009

(a) Identity	(b) Description of Investment	(c) Cost	(d) Current Value
Stemcells, Inc.	Corporate Stock-Common	n/a	$ 1,260
Stryker Corporation	Corporate Stock-Common	n/a	7,556
Sysco Corp.	Corporate Stock-Common	n/a	1,397
Tongitang Chinese Medicine	Corporate Stock-Common	n/a	190
TIM Technologies	Corporate Stock-Common	n/a	138
Under Armour, Inc.	Corporate Stock-Common	n/a	4,091
UnitedHealth Group Inc.	Corporate Stock-Common	n/a	3,962
Verenium Corp.	Corporate Stock-Common	n/a	1,872
Verizon Communications Co.	Corporate Stock-Common	n/a	497
Washington Mutual Inc.	Corporate Stock-Common	n/a	123
Wells Fargo & Company	Corporate Stock-Common	n/a	13,495
XOMA Limited	Corporate Stock-Common	n/a	2,150
XTO Energy	Corporate Stock-Common	n/a	2,326
Yahoo! Inc.	Corporate Stock-Common	n/a	1,678
Yamana Gold Inc.	Corporate Stock-Common	n/a	11,380
Allianz	Registered Investment Co - Allianz OCC Growth Fund	n/a	18,241
Alpine	Registered Investment Co - Alpine International Real Estate Equity	n/a	6,169
American Century Invstmts	Registered Investment Co - American Century Heritage Fund	n/a	17,332
Artisan Funds	Registered Investment Co - Artisan MidCap Value Fund	n/a	49
ABN AMRO Asset Mgt. Inc.	Registered Investment Co - Aston Optimum MidCap Growth Fund	n/a	11,985
Direxion Funds	Registered Investment Co - Direxion Latin America Bull 2x	n/a	1,821
Dreyfus	Registered Investment Co - Dreyfus Opportunistic Small Cap	n/a	25,921
Emerson Electric Co.	Corporate Stock-Common	n/a	4,260
Federated Investors, Inc.	Registered Investment Co - Federated Capital Reserves	n/a	273,419
Fidelity Group	Registered Investment Co - Fidelity Blue Chip Growth	n/a	12,535

See accompanying notes to financial statements.

ISEC, INCORPORATED
401(k) SAVINGS PLAN

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES (CONTINUED)
DECEMBER 31, 2009

(a)	(b)	(c)	(d)	(e)
	Identity	Description of Investment	Cost	Current Value
	Fidelity	Registered Investment Co - Fidelity Canada Fund	n/a	$ 198
	Fidelity Group	Registered Investment Co - Fidelity Convertible Securities	n/a	223
	Fidelity	Registered Investment Co - Fidelity Emerging Markets	n/a	26,426
	Fidelity Investments	Registered Investment Co - Fidelity Europe Capital Appreciation	n/a	10,512
	Fidelity Investments	Registered Investment Co - Fidelity Europe	n/a	4,892
	Fidelity Investments	Registered Investment Co - Fidelity Export and Mutlinational Corp	n/a	1,053
	Fidelity Group	Registered Investment Co - Fidelity Growth Strategies Fund	n/a	1,763
	Fidelity Group	Registered Investment Co - Fidelity Independence Fund	n/a	3,456
	Fidelity Investments	Registered Investment Co - Fidelity Inflation Protected Bond	n/a	49
	Fidelity Investments	Registered Investment Co - Fidelity International Capital Appreciation	n/a	573
	Fidelity	Registered Investment Company- Fidelity International Real Estate	n/a	119
	Fidelity Investments	Registered Investment Co - Fidelity Latin America	n/a	29,679
	Fidelity Group	Registered Investment Co - Fidelity Leveraged Company Stock	n/a	103,214
	Fidelity Investments	Registered Investment Co - Fidelity Mortgage Securities Portfolio	n/a	665
	Fidelity Investments	Registered Investment Co - Fidelity NASDAQ Composite Index	n/a	801
	Fidelity Investments	Registered Investment Co - Fidelity Real Estate Income	n/a	2,622
	Fidelity Group	Registered Investment Co - Fidelity Real Estate Investment Portfolio	n/a	11,803

See accompanying notes to financial statements.

ISEC, INCORPORATED
401(k) SAVINGS PLAN

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES (CONTINUED)
DECEMBER 31, 2009

(a) Identity	(b) Description of Investment	(c) Cost	(d) Current Value
Fidelity Investments	Registered Investment Co - Fidelity Retirement Gov't Money Market	n/a	$ 7,542
Fidelity Investments	Registered Investment Co - Fidelity Select Energy Services	n/a	1,740
Fidelity Group	Registered Investment Co - Fidelity Select Health Care	n/a	164,722
Fidelity Group	Registered Investment Co - Fidelity Select Technology Portfolio	n/a	21,339
Fidelity Investments	Registered Investment Co - Fidelity Southeast Asia	n/a	2,747
Fidelity Investments	Registered Investment Co - Fidelity Telecom and Utilities	n/a	1,464
Fidelity Investments	Registered Investment Co - Fidelity Worldwide	n/a	512
Forward Funds	Registered Investment Co - Fidelity International	n/a	13,844
Gabelli Asset Mgt Inc.	Registered Investment Co - Gabelli Asset Fund	n/a	17,256
Guinness Atkinson	Registered Investment Co - Guinness Atkinson Global Innovator	n/a	11,030
ING	Registered Investment Co - ING Russia Class A	n/a	2,520
Managers Funds	Registered Investment Co - Managers Bond Fund	n/a	2,948
Matthews Int'l Capital Mgmt.	Registered Investment Co - Matthews Pacific Tiger	n/a	7,307
Oakmark Funds	Registered Investment Co - Oakmark Fund Class I	n/a	2,137
Parnassus Investments	Registered Investment Co - Parnassus Equity Income	n/a	11,672
Profunds	Registered Investment Co - Internet Ultrasector Profund	n/a	7,198
Royce Funds	Registered Investment Co - Royce Value Plus Service Class	n/a	74

See accompanying notes to financial statements.

ISEC, INCORPORATED
401(k) SAVINGS PLAN

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES (CONTINUED)
DECEMBER 31, 2009

(a)	(b)	(c)	(d)	(e)
	Identity	Description of Investment	Cost	Current Value
	TCW	Registered Investment Co - TCW Small Cap Growth Fund	n/a	10,543
	Franklin Templeton Invstmts	Registered Investment Co - Templeton Developing Mkts Trust	n/a	19,264
	Oakmark Funds	Registered Investment Co - The Oakmark International	n/a	15,281
	Oakmark Funds	Registered Investment Co - The Oakmark Select	n/a	8,694
	William Blair	Registered Investment Co - William Blair Small Cap Growth	n/a	11,394
	The Yaktman Funds	Registered Investment Co - Yaktman Fund	n/a	16,285
	Participant Loans	Various Loans with Interest Rates Ranging from 4.25% to 9.75%	n/a	637,091
				$ 29,371,552

*Denotes Party In Interest.

See accompanying notes to financial statements.

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SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

ISEC, INC. 401(K) SAVINGS PLAN

EIN 84 0577348
PLAN NUMBER 002
PLAN YEAR 01/01/2009 TO 12/31/2009

(A)	(B) Identity of issuer, 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
	The American Funds	Registered Investment Company Am Fds Grth Fd of Am R4 Fund	$ 0.00	$ 1,165,994.09
	AASTROM BIOSCIENCES, INC	Corporate Stock - Common AASTROM BIOSCIENCES INC COM R/S EFF 2/18	$ 0.00	$ 9,210.00
	ACTIVISION BLIZZARD INC	Corporate Stock - Common ACTIVISION BLIZZARD INC COM	$ 0.00	$ 1,944.25
	ALLIANZ	Registered Investment Company ALLIANZ OCC GROWTH FUND CLASS D	$ 0.00	$ 18,240.55
	ALPINE	Registered Investment Company ALPINE INTERNATIONALREAL ESTATE EQUITY F	$ 0.00	$ 6,169.48
	AMERICAN CENTURY INVESTMENTS	Registered Investment Company AMERICAN CENTURY HERITAGE FUND	$ 0.00	$ 17,332.53
	ANCHOR BANCORP WISCONSIN INC	Corporate Stock - Common ANCHOR BANCORP WIS INC COM	$ 0.00	$ 2,520.00
	APPLE COMPUTER, INC.	Corporate Stock - Common APPLE INC COM	$ 0.00	$ 2,741.18
	ARRAY BIOPHARMA	Corporate Stock - Common ARRAY BIOPHARMA INC COM	$ 0.00	$ 2,810.00
	ARTISAN FUNDS	Registered Investment Company ARTISAN MID-CAP VALUE FUND	$ 0.00	$ 49.34
	ASHFORD HOSPITALITY TRUST INC	Corporate Stock - Common ASHFORD HOSPITALITY TR INC COM SHS	$ 0.00	$ 185.60
	ABN AMRO ASSET MANAGEMENT, INC.	Registered Investment Company ASTON / OPTIMUM MID CAP FUND CLASS N	$ 0.00	$ 11,985.41
	AURIZON MINES LTD	Corporate Stock - Common AURIZON MINES LTD	$ 0.00	$ 4,500.00
	BERKSHIRE HATHAWAY INC.	Corporate Stock - Common BERKSHIRE HATHAWAY HLDG CO CL B COM C/A	$ 0.00	$ 6,572.00
	CAPITALSOURCE INC	Corporate Stock - Common CAPITALSOURCE INC COM	$ 0.00	$ 21,835.00

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

ISEC, INC. 401(K) SAVINGS PLAN

EIN 84 0577348
PLAN NUMBER 002
PLAN YEAR 01/01/2009 TO 12/31/2009

(A)	(B) Identity of issuer, 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
	PERSHING LLC.	Interest Bearing Cash CASH ACCOUNT	$ 0.00	$ 2,191.61
	CELL THERAPEUTICS INC.	Corporate Stock - Common CELL THERAPEUTICS INC COM NO PAR	$ 0.00	$ 28,786.14
	CENTERPOINT ENERGY INC	Corporate Stock - Common CENTERPOINT ENERGY INC COM	$ 0.00	$ 362.75
	CHINA MOBILE LIMITED	Corporate Stock - Common CHINA MOBILE LTD SPON ADR S A ISIN#US169	$ 0.00	$ 2,785.80
	CITIZENS REP BANCORP INC	Corporate Stock - Common CITIZENS REP BANCORPINC COM	$ 0.00	$ 3,450.00
	CONOCOPHILLIPS	Corporate Stock - Common CONOCOPHILLIPS COM	$ 0.00	$ 1,838.52
	COSTCO WHOLESALE CORPORATION	Corporate Stock - Common COSTCO WHSL CORP NEWCOM	$ 0.00	$ 5,325.30
	CRESCENT BANKING CO	Corporate Stock - Common CRESCENT BKG CO COM	$ 0.00	$ 17.60
	CYCLACEL PHARMACEUTICALS INC	Corporate Stock - Common CYCLACEL PHARMACEUTICALS INC COM	$ 0.00	$ 5,200.00
	DIREXIONFUNDS	Registered Investment Company DIREXION MONTHLY LATIN AMERICABULL 2X FU	$ 0.00	$ 1,820.93
	DIREXION SHARES	Corporate Stock - Common DIREXION SHS ETF TR DAILY FINL BEAR 3X $	$ 0.00	$ 97.15
	THE DOW CHEMICAL COMPANY	Corporate Stock - Common DOW CHEM CO	$ 0.00	$ 221.04
	DREYFUS	Registered Investment Company DREYFUS OPPORTUNISTIC SMALL CAP FUND	$ 0.00	$ 25,921.04
	Eaton Vance	Registered Investment Company Eaton Vance Lg-Cap Value A Fd	$ 0.00	$ 232,582.54
	EASTMAN KODAK COMPANY	Corporate Stock - Common EASTMAN KODAK CO COM	$ 0.00	$ 4,220.00

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

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SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

ISEC, INC. 401(K) SAVINGS PLAN

EIN 84 0577348
PLAN NUMBER 002
PLAN YEAR 01/01/2009 TO 12/31/2009

(A)	(B) Identity of issuer, 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
	EMERSON ELECTRIC CO	Corporate Stock - Common EMERSON ELECTRIC CO COM	$ 0.00	$ 4,260.00
	EXCEL MARITIME CARRIERS LTD	Corporate Stock - Common EXCEL MARITIME CARRIERS LTD ISIN#LR00087	$ 0.00	$ 1,305.69
	EXELIXIS INC	Corporate Stock - Common EXELIXIS INC COM	$ 0.00	$ 7,370.00
	EXETER RESOURCE CORP	Corporate Stock - Common EXETER RESOURCE CORPCOM SHS ISIN#CA30183	$ 0.00	$ 14,200.00
	Fidelity Investments	Registered Investment Company Fidelity Adv Small Cap A Fund	$ 0.00	$ 680,553.00
	FEDERATED INVESTORS, INC.	Registered Investment Company FEDERATED CAPITAL RESERVES	$ 0.00	$ 273,419.11
	FIDELITY GROUP	Registered Investment Company FIDELITY BLUE CHIP GROWTH FUND	$ 0.00	$ 12,534.92
	FIDELITY	Registered Investment Company FIDELITY CANADA FUND	$ 0.00	$ 197.85
	FIDELITY GROUP	Registered Investment Company FIDELITY CONVERTIBLESECURITIES FUND	$ 0.00	$ 223.23
	FIDELITY	Registered Investment Company FIDELITY EMERGING MARKETS FUND	$ 0.00	$ 26,426.32
	FIDELITY INVESTMENTS	Registered Investment Company FIDELITY EUROPE CAPITAL APPRECIATIONFUND	$ 0.00	$ 10,512.40
	FIDELITY INVESTMENTS	Registered Investment Company FIDELITY EUROPE FUND	$ 0.00	$ 4,892.17
	FIDELITY INVESTMENTS	Registered Investment Company FIDELITY EXPORT & MULTINATIONAL FUND	$ 0.00	$ 1,053.36
	FIDELITY GROUP	Registered Investment Company FIDELITY GROWTH STRATEGIES FUND	$ 0.00	$ 1,762.63
	FIDELITY GROUP	Registered Investment Company FIDELITY INDEPENDENCE FUND	$ 0.00	$ 3,456.24

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

ISEC, INC. 401(K) SAVINGS PLAN

EIN 84 0577348
PLAN NUMBER 002
PLAN YEAR 01/01/2009 TO 12/31/2009

(A)	(B) Identity of issuer, 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
	FIDELITY INVESTMENTS	Registered Investment Company FIDELITY INFLATION PROTECTED BOND FUND	$ 0.00	$ 48.84
	FIDELITY	Registered Investment Company FIDELITY INTERNATIONAL REAL ESTATE FUND	$ 0.00	$ 119.31
	FIDELITY INVESTMENTS	Registered Investment Company FIDELITY INTL CAPITAL APPRECIATION FUND	$ 0.00	$ 573.25
	FIDELITY INVESTMENTS	Registered Investment Company FIDELITY LATIN AMERICA FUND	$ 0.00	$ 29,679.46
	FIDELITY GROUP	Registered Investment Company FIDELITY LEVERAGED COMPANY STOCK FUND RE	$ 0.00	$ 103,213.82
	FIDELITY INVESTMENTS	Registered Investment Company FIDELITY MORTGAGE SECURITIES PORTFOLIOFU	$ 0.00	$ 665.13
	FIDELITY INVESTMENTS	Registered Investment Company FIDELITY NASDAQ COMPOSITE INDEX FUND	$ 0.00	$ 800.76
	FIDELITY INVESTMENTS	Registered Investment Company FIDELITY REAL ESTATEINCOME FUND	$ 0.00	$ 2,621.92
	FIDELITY GROUP	Registered Investment Company FIDELITY REAL ESTATEINVESTMENT PORTFOLIO	$ 0.00	$ 11,803.38
	FIDELITY INVESTMENTS	Registered Investment Company FIDELITY RETIREMENT GOVERNMENT MONEY MAR	$ 0.00	$ 7,542.10
	FIDELITY INVESTMENTS	Registered Investment Company FIDELITY SELECT ENERGY SERVICES FUND	$ 0.00	$ 1,740.01
	FIDELITY GROUP	Registered Investment Company FIDELITY SELECT HEALTH CARE FUND	$ 0.00	$ 164,721.69
	FIDELITY GROUP	Registered Investment Company FIDELITY SELECT TECHNOLOGY PORTFOLIO FD	$ 0.00	$ 21,339.44
	FIDELITY INVESTMENTS	Registered Investment Company FIDELITY SOUTHEAST ASIA FUND	$ 0.00	$ 2,746.75
	FIDELITY INVESTMENTS	Registered Investment Company FIDELITY TELECOM AND UTILITIES FUND	$ 0.00	$ 1,464.45

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

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SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

ISEC, INC. 401(K) SAVINGS PLAN

EIN 84 0577348
PLAN NUMBER 002
PLAN YEAR 01/01/2009 TO 12/31/2009

(A)	(B) Identity of issuer, 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
	FIDELITY INVESTMENTS	Registered Investment Company FIDELITY WORLD WIDE FUND	$ 0.00	$ 512.34
	FIRST SOLAR INC	Corporate Stock - Common FIRST SOLAR INC COM	$ 0.00	$ 2,708.00
	FORMFACTOR INC.	Corporate Stock - Common FORMFACTOR INC COM	$ 0.00	$ 2,176.00
	FORWARD FUNDS	Registered Investment Company FORWARD INTERNATIONAL EQUITY FUND	$ 0.00	$ 13,843.88
	GABELLI ASSET MANAGEMENT INC.	Registered Investment Company GABELLI ASSET FUND CLASS AAA	$ 0.00	$ 17,255.72
	GREAT BASIN GOLD, LTD.	Corporate Stock - Common GREAT BASIN GOLD LTDCOM	$ 0.00	$ 3,420.00
	GUINNESS ATKINSON	Registered Investment Company GUINNESS ATKINSON GLOBAL INNOVATORS FUND	$ 0.00	$ 11,029.75
	HASBRO, INC.	Corporate Stock - Common HASBRO INC	$ 0.00	$ 4,809.00
	HEMISPHERX BIOPHARMA, INC.	Corporate Stock - Common HEMISPHERX BIOPHARMAINC COM	$ 0.00	$ 56.00
	IDEARC, INC.	Corporate Stock - Common IDEARC INC COM NO STOCKHOLDER EQUITY 12/	$ 0.00	$ 1.65
	INFINERA CORP	Corporate Stock - Common INFINERA CORP COM	$ 0.00	$ 11,531.00
	INFOSONICS CORP	Corporate Stock - Common INFOSONICS CORP COM	$ 0.00	$ 515.00
	ING	Registered Investment Company ING RUSSIA FUND CLASS A	$ 0.00	$ 2,520.34
	INTEL CORPORATION	Corporate Stock - Common INTEL CORP COM	$ 0.00	$ 795.60
	PROFUNDS	Registered Investment Company INTERNET ULTRASECTOR PROFUND (INVESTOR $	$ 0.00	$ 7,198.27

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

ISEC, INC. 401(K) SAVINGS PLAN

EIN 84 0577348
PLAN NUMBER 002
PLAN YEAR 01/01/2009 TO 12/31/2009

(A)	(B) Identity of issuer, 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
	IPG PHOTONICS CORPORATION	Corporate Stock - Common IPG PHOTONICS CORP COM	$ 0.00	$ 8,370.00
	ISTAR FINANCIAL INC.	Corporate Stock - Common ISTAR FINL INC COM	$ 0.00	$ 1,792.00
	JAGUAR MINING INC	Corporate Stock - Common JAGUAR MNG INC COM ISIN#CA47009M1032	$ 0.00	$ 22,380.00
	Janus International Holding, LLC	Registered Investment Company JANUS OVERSEAS S FUND	$ 0.00	$ 129,493.59
	KHD HUMBOLDT WEDAG INTERNATIONAL LT	Corporate Stock - Common KHD HUMBOLDT WEDAG INTL LTD COM C/A EFF3	$ 0.00	$ 3,674.70
	KINROSS GOLD CORPORATION	Corporate Stock - Common KINROSS GOLD CORP COM NO PAR ISIN#CA4969	$ 0.00	$ 554.43
	LABRANCHE & CO INC.	Corporate Stock - Common LABRANCHE & CO INC COM	$ 0.00	$ 4,828.00
	LEGG MASON	Corporate Stock - Common LEGG MASON INC	$ 0.00	$ 9,048.00
	MANAGERS FUNDS	Registered Investment Company MANAGERS BOND FUND	$ 0.00	$ 2,948.46
	MARKEL CORP	Corporate Stock - Common MARKEL CORP COM	$ 0.00	$ 6,800.00
	MATTHEWS INTERNATIONAL CAPITAL MANA	Registered Investment Company MATTHEWS PACIFIC TIGER FUND	$ 0.00	$ 7,306.78
	MORNINGSTAR INC	Corporate Stock - Common MORNINGSTAR INC COM	$ 0.00	$ 4,834.00
	MOTORS LIQUIDATION COMPANY	Corporate Stock - Common MOTORS LIQ CO COM	$ 0.00	$ 47.10
	Neuberger Berman Management	Registered Investment Company Neub Berm Partners Adv Fund	$ 0.00	$ 371,836.11
	NETSUITE INC	Corporate Stock - Common NETSUITE INC COM	$ 0.00	$ 3,196.00

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

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SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

ISEC, INC. 401(K) SAVINGS PLAN

EIN 84 0577348
PLAN NUMBER 002
PLAN YEAR 01/01/2009 TO 12/31/2009

(A)	(B) Identity of issuer, 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
	NUCOR CORPORATION	Corporate Stock - Common NUCOR CORP COM	$ 0.00	$ 13,995.00
	Oakmark	Registered Investment Company Oakmark Equity & Income I Fund	$ 0.00	$ 1,062,565.97
	ONCOLYTICS BIOTECH, INC	Corporate Stock - Common ONCOLYTICS BIOTECH INC COM ISIN#CA682310	$ 0.00	$ 5,200.00
*	Principal Life Insurance Company	Insurance Company General Prin Fixed Income 401(a)/(k)	$ 0.00	$ 1,904,594.49
*	Principal Life Insurance Company	Pooled Separate Accounts Prin Intl Growth Sep Acct-R5	$ 0.00	$ 745,333.00
*	Principal Life Insurance Company	Pooled Separate Accounts Prin LargeCap Value III SA-R5	$ 0.00	$ 84,523.24
*	Principal Life Insurance Company	Pooled Separate Accounts Prin LgCap S&P 500 Index SA-I3	$ 0.00	$ 399,194.99
*	Principal Life Insurance Company	Pooled Separate Accounts Prin LifeTime Strat Inc SA-R6	$ 0.00	$ 96,521.05
*	Principal Life Insurance Company	Pooled Separate Accounts Prin LifeTime 2010 Sep Acct-R6	$ 0.00	$ 423,482.24
*	Principal Life Insurance Company	Pooled Separate Accounts Prin LifeTime 2020 Sep Acct-R6	$ 0.00	$ 3,581,249.07
*	Principal Life Insurance Company	Pooled Separate Accounts Prin LifeTime 2030 Sep Acct-R6	$ 0.00	$ 5,547,055.28
*	Principal Life Insurance Company	Pooled Separate Accounts Prin LifeTime 2040 Sep Acct-R6	$ 0.00	$ 5,080,421.97
*	Principal Life Insurance Company	Pooled Separate Accounts Prin LifeTime 2050 Sep Acct-R6	$ 0.00	$ 1,429,557.99
*	Principal Life Insurance Company	Pooled Separate Accounts Prin MidCap Growth Sep Acct-R6	$ 0.00	$ 165,524.59
*	Principal Life Insurance Company	Pooled Separate Accounts Prin MidCap Value I SA-R5	$ 0.00	$ 496,336.43

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

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*	Principal Life Insurance Company	Pooled Separate Accounts Prin SmallCap Value II SA-R5	$ 0.00	$ 628,301.96
*	Principal Life Insurance Company	Pooled Separate Accounts Prin U.S. Property Sep Acct-R5	$ 0.00	$ 553,235.65
	PARNASSUS INVESTMENTS	Registered Investment Company PARNASSUS FUND	$ 0.00	$ 11,671.52
	PERUSAHAAN PERSEROAN (PERSERO) PT	Corporate Stock - Common PERUSAHAAN PERSEROANPERSERO P.T. TELEKOM	$ 0.00	$ 1,997.50
	PIMCO Funds	Registered Investment Company PIMCO Real Return A Fund	$ 0.00	$ 257,104.30
	PIMCO Funds	Registered Investment Company PIMCO Total Return Adm Fund	$ 0.00	$ 1,322,353.83
	POLARIS INDUSTRIES INC.	Corporate Stock - Common POLARIS INDUSTRIES INC COM	$ 0.00	$ 1,090.75
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN MIDCAP GROWTH III SA-R5	$ 0.00	$ 159,951.75
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN MONEY MARKET SEP ACCT-R6	$ 0.00	$ 284,653.51
	REPROS THERAPEUTICS INC.	Corporate Stock - Common REPROS THERAPEUTICS INC COM	$ 0.00	$ 2,388.00
	RESEARCH IN MOTION LIMITED	Corporate Stock - Common RESEARCH IN MOTION LTD COM ISIN#CA760975	$ 0.00	$ 1,215.72
	ROYCE FUNDS	Registered Investment Company ROYCE VALUE PLUS FUND SERVICE CLASS	$ 0.00	$ 73.67
	RUBICON MINERALS CORP	Corporate Stock - Common RUBICON MINERALS CORP	$ 0.00	$ 4,710.00
	SIRIUS XM RADIO INC	Corporate Stock - Common SIRIUS XM RADIO INC COM	$ 0.00	$ 330.00
	STEMCELLS, INC.	Corporate Stock - Common STEMCELLS INC COM	$ 0.00	$ 1,260.00

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

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SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

ISEC, INC. 401(K) SAVINGS PLAN

EIN 84 0577348
PLAN NUMBER 002
PLAN YEAR 01/01/2009 TO 12/31/2009

(A)	(B) Identity of issuer, 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
	STRYKER CORPORATION	Corporate Stock - Common STRYKER CORP	$ 0.00	$ 7,555.50
	SYSCO CORP.	Corporate Stock - Common SYSCO CORP	$ 0.00	$ 1,397.00
	T. Rowe Price Funds	Registered Investment Company T. R Price Intl Grth&Inc Ad Fd	$ 0.00	$ 700,476.19
	TCW	Registered Investment Company TCW SMALL CAP CAP GROWTH FD CL N	$ 0.00	$ 10,542.63
	FRANKLIN TEMPLETON INVESTMENTS	Registered Investment Company TEMPLETON DEVELOPINGMARKETS TRUST FUND C	$ 0.00	$ 19,263.51
	OAKMARK FUNDS	Registered Investment Company THE OAKMARK FUND CLASS I	$ 0.00	$ 2,137.50
	OAKMARK FUNDS	Registered Investment Company THE OAKMARK INTERNATIONAL FUND CLASS I	$ 0.00	$ 15,280.60
	OAKMARK FUNDS	Registered Investment Company THE OAKMARK SELECT FUND CLASS I	$ 0.00	$ 8,694.05
	TONGJITANG CHINESE MEDICINES CO	Corporate Stock - Common TONGJITANG CHINESE MEDICINES CO SPONS AD	$ 0.00	$ 190.00
	TTM TECHNOLOGIES	Corporate Stock - Common TTM TECHNOLOGIES INCCOM	$ 0.00	$ 138.36
	UNDER ARMOUR INC	Corporate Stock - Common UNDER ARMOUR INC CL A COM	$ 0.00	$ 4,090.50
	UNITEDHEALTH GROUP INC.	Corporate Stock - Common UNITEDHEALTH GROUP INC COM	$ 0.00	$ 3,962.40
	VERENIUM CORP	Corporate Stock - Common VERENIUM CORP COM NEW	$ 0.00	$ 1,872.00
	VERIZON COMMUNICATIONS INC.	Corporate Stock - Common VERIZON COMMUNICATIONS COM	$ 0.00	$ 496.95
	WASHINGTON MUTUAL INC.	Corporate Stock - Common WASHINGTON MUTUAL INC	$ 0.00	$ 123.00

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

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SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

ISEC, INC. 401(K) SAVINGS PLAN

EIN 84 0577348
PLAN NUMBER 002
PLAN YEAR 01/01/2009 TO 12/31/2009

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	WELLS FARGO & COMPANY	Corporate Stock - Common WELLS FARGO & CO NEW COM	$ 0.00	$ 13,495.00
	WILLIAM BLAIR	Registered Investment Company WILLIAM BLAIR SMALL CAP GROWTH FUND CLA$	$ 0.00	$ 11,393.92
	XOMA LIMITED	Corporate Stock - Common XOMA LTD SHS ISIN#BMG9825R1079	$ 0.00	$ 2,150.40
	XTO ENERGY INC.	Corporate Stock - Common XTO ENERGY INC COM STK MGR EFF 6/28/10 1	$ 0.00	$ 2,326.50
	THE YACKTMAN FUNDS	Registered Investment Company YACKTMAN FUND	$ 0.00	$ 16,284.50
	YAHOO! INC.	Corporate Stock - Common YAHOO INC COM	$ 0.00	$ 1,678.00
	YAMANA GOLD INC.	Corporate Stock - Common YAMANA GOLD INC COM ISIN#CA98462Y1007	$ 0.00	$ 11,380.00
	Participant Loans	Range of Interest Rates Rates Range From 4.25% To 9.75%	$ 0.00	$ 637,091.00

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)