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
401(K) PLAN FOR EMPLOYEES OF THE DECURION CORPORATION

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 01/01/1994

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

120 N. ROBERTSON BLVD
LOS ANGELES, CA 90048-3115

3RD FLOOR
LOS ANGELES, CA 90048-3115

2b Employer Identification Number (EIN)
95-2460015

2c Sponsor's telephone number
310-657-8420

2d Business code (see instructions)
713900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2010	AISLING BYRNE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2010	AISLING BYRNE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
THE DECURION CORPORATION

120 N. ROBERTSON BLVD
LOS ANGELES, CA 90048-3115

3b Administrator's EIN
95-2460015

3c Administrator's telephone number
310-657-8420

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**	1097
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**	654
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	365
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	1019
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	1019
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	593
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	409
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 3H

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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
401(K) PLAN FOR EMPLOYEES OF THE DECURION CORPORATION

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
95-2460015

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
NEW YORK 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
13-5582869	66915	31501	593	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	
5	Current value of plan's interest under this contract in separate accounts at year end	5	2123385

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	

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
401(K) PLAN FOR EMPLOYEES OF THE DECURION CORPORATION

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
95-2460015

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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(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)

NEW YORK LIFE INVESTMENT MANAGEMENT

52-2206685

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 62 64	RETAINED BY EMPLOYER	750	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

(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: HUTCHINSON & BLOODGOOD, LLP	**b** EIN: 95-0858589	
c Position: AUDITOR		
d Address: 101 NORTH BRAND BLVD., SUITE 1600 GLENDALE, CA 91203	**e** Telephone:	

Explanation: CORPORATE DECISION TO CHANGE AUDITORS

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
401(K) PLAN FOR EMPLOYEES OF THE DECURION CORPORATION

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
95-2460015

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: NEW YORK LIFE ANCHOR ACCOUNT

b Name of sponsor of entity listed in (a): NEW YORK 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)
13-5582869-125	P	2123385

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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
401(K) PLAN FOR EMPLOYEES OF THE DECURION CORPORATION

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
95-2460015

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	126106	113371
(9) Value of interest in common/collective trusts	1c(9)	0	
(10) Value of interest in pooled separate accounts	1c(10)	2054161	2123385
(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)	8908573	11180631
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	11088840	13417387
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	11088840	13417387

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)	989841	
	(B) Participants	2a(1)(B)	1232308	
	(C) Others (including rollovers)	2a(1)(C)	88711	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2310860
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	5912	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		5912
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	179311	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		179311
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		60814
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2514546
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		5071443
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2742112	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2742112
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	750	
(3) Investment advisory and management fees	2i(3)	34	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		784
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2742896
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		2328547
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: MILLER, KAPLAN, ARASE & C0., LLP (2) EIN: 95-2036255

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

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
401(K) PLAN FOR EMPLOYEES OF THE DECURION CORPORATION

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
95-2460015

Part I Distributions

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

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

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

EIN(s): 13-3808042

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):

401(k) PLAN FOR THE EMPLOYEES OF THE DECURION CORPORATION

FINANCIAL STATEMENTS

DECEMBER 31, 2009 AND 2008

401(k) PLAN FOR THE EMPLOYEES OF
THE DECURION CORPORATION

INDEX

			Page No.
INDEPENDENT AUDITORS' REPORT			1
EXHIBIT "A"	-	Statements of Net Assets Available for Benefits as of December 31, 2009 and 2008	2
EXHIBIT "B"	-	Statement of Changes in Net Assets Available for Benefits - January 1, 2009 to December 31, 2009	3
NOTES TO FINANCIAL STATEMENTS			4-10
SUPPLEMENTAL SCHEDULES			
SCHEDULE 1	-	Schedule of Delinquent Participant Contributions - January 1, 2009 to December 31, 2009	11
SCHEDULE 2	-	Schedule of Assets (Held At End of Year) - December 31, 2009	12

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Independent Auditors' Report

Plan Administrator
401(k) Plan for the Employees of
The Decurion Corporation
120 North Robertson Boulevard, 3rd Floor
Los Angeles, CA 90048-3115

We were engaged to audit the accompanying statement of net assets available for benefits of the 401(k) Plan for the Employees of The Decurion Corporation as of December 31, 2009, and the related statement of changes in net assets available for benefits for the year ended December 31, 2009 and the supplemental schedules. These financial statements and supplemental schedules are the responsibility of the Plan's management. The 2008 financial statements were audited by other auditors. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan administrator instructed the other auditors not to perform and they did not perform, any auditing procedures with respect to the information certified by New York Life Trust Company, the trustee of the Plan. Their report, dated August 11, 2009, indicated that (a) because of the significance of the information that they did not audit, they were unable to, and did not, express an opinion on the financial statements taken as a whole and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the trustee, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by New York Life Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the 2009 financial statements and supplemental schedules. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the year ended December 31, 2009, that the information provided to the Plan administrator by the trustee is complete and accurate.

Because of the significance of the information in the Plan's 2009 financial statements and supplemental schedules that we did not audit, we are unable to, and do not, express an opinion on the accompanying 2009 financial statements and supplemental schedules taken as a whole. The form and content of the information included in the 2009 financial statements and supplemental schedules, other than that derived from the information certified by the trustee, has been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Miller, Kaplan, Arase & Co., LLP

MILLER, KAPLAN, ARASE & CO., LLP

October 7, 2010

401(k) PLAN FOR THE EMPLOYEES OF THE DECURION CORPORATION
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31, 2009	December 31, 2008 (As Restated)
ASSETS		
INVESTMENTS, AT FAIR VALUE		
Mutual Funds	$ 11,180,632	$ 8,908,573
Pooled Separate Account	2,021,462	1,778,493
Participant Loans	113,371	126,106
TOTAL INVESTMENTS	13,315,465	10,813,172
RECEIVABLES		
Participant Contributions	5,500	36,406
Employer Contributions	67,873	139,959
TOTAL RECEIVABLES	73,373	176,365
TOTAL ASSETS	13,388,838	10,989,537
NET ASSETS AVAILABLE FOR BENEFITS AT FAIR VALUE	13,388,838	10,989,537
Adjustment from Fair Value to Contract Value for Fully Benefit-Responsive Investment Contracts	101,922	275,668
NET ASSETS AVAILABLE FOR BENEFITS	$ 13,490,760	$ 11,265,205

(Attached notes are an integral part of this statement)

EXHIBIT "B"

401(k) PLAN FOR THE EMPLOYEES OF THE DECURION CORPORATION
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
JANUARY 1, 2009 TO DECEMBER 31, 2009

ADDITIONS	
INVESTMENT INCOME	
Interest and Dividends	$ 264,716
Net Appreciation in Fair Value of Investments	2,481,646
TOTAL INVESTMENT INCOME	2,746,362
OTHER ADDITIONS	
Employer Contributions	922,266
Participant Contributions	1,201,402
Rollovers	88,711
TOTAL ADDITIONS	4,958,741
DEDUCTIONS	
Benefits	2,732,402
Administrative Expenses	784
TOTAL DEDUCTIONS	2,733,186
NET INCREASE	2,225,555
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning of Year (Note 10)	11,265,205
End of Year	$ 13,490,760

(Attached notes are an integral part of this statement)

NOTE 1 - DESCRIPTION OF THE PLAN

The 401(k) Plan for the Employees of The Decurion Corporation (the "Plan") is a defined contribution plan covering substantially all employees of Decurion Corporation (the "Company"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The assets of the Plan are held in a trust by New York Life Trust Company.

Effective January 1, 2008, (i) The Pacific Theatres Exhibition Corp. Profit Sharing Plan was merged into the Plan; the merged plan had no plan assets, (ii) the Company changed the Plan's trustee from Fidelity Management Trust Company (Fidelity) to New York Life Trust Company (New York Life), (iii) the Plan was amended to call for a safe harbor Company matching contribution of 100% of the first 6% of deferred amount by employees and to change the eligible service requirement from six months to 90 days.

THE PLAN DOCUMENT INCLUDES DETAILED RULES FOR EACH SITUATION. PARTICIPANTS AND OTHER INTERESTED PARTIES SHOULD REFER TO THE PLAN AGREEMENT AND ANY AMENDMENTS REGARDING SPECIFIC PROVISIONS OF THE PLAN.

A. Eligibility

Company employees, except for those covered by a collective bargaining agreement, residents of Puerto Rico and independent contractors, are eligible to participate in the Plan after having completed 90 days of service and attaining age 21.

B. Benefits

Distributions of a participant's account are made upon termination of service, death, disability or retirement. A participant or beneficiary may elect to receive a single lump-sum payment equal to the value of his or her vested interest in their account. Terminated participants with account balances of $5,000 or less can be distributed whether or not requested. Additionally, an in-service distribution can also be made to participants who have attained the age of 59-1/2, upon disability or when experiencing financial hardship.

Benefits are recorded when paid.

C. Vesting

Participants are 100% vested in their salary deferral contribution and Company safe harbor matching contributions, plus actual earnings thereon. Vesting in the non-discretionary Company's matching contribution, plus actual earnings thereon is based on years of vested service as follows:

Years of Service	Vesting Percentage (%)
Less than 1	0
1	20
2	40
3	60
4	80
5 or more	100

NOTE 1 - DESCRIPTION OF THE PLAN (Continued)

D. Contributions

Participants may contribute up to 60% of eligible compensation, as defined in the Plan, subject to Internal Revenue Code (IRC) limitations.

The Plan calls for a Company safe harbor matching contribution equal to 100% of the first 6% of deferred amount by employees. Safe harbor Employer matching contributions for the year ended December 31, 2009 were $922,266

E. Participant Loans

Loans shall be made available to all participants on a reasonably equivalent basis.

The maximum amount of any loan shall be the lesser of $50,000 or 50% of the participant's vested account balance. The minimum amount of any loan shall be $1,000. Interest on loans is charged at the prime rate, as reported in the Wall Street Journal, plus 1%. A loan set up fee of $100 will be deducted from the participant's account for each loan.

F. Forfeitures

Forfeitures, which arise as a result of a participant's termination prior to full vesting are used to reduce future contributions by the Company or to pay Plan expenses. Forfeitures totaled $11,174 for year ended December 31, 2009. No forfeitures were used to reduce Company contributions for the year ended December 31, 2009. As of December 31, 2009 and 2008, accumulated forfeitures totaling $106,376 and $92,567, respectively, were available for future use.

G. Administrative Expenses

Most administrative expenses are paid by the Company. Investment fees paid by the Plan totaled $784 in 2009.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

GAAP requires benefit-responsive investment contracts held by a defined contribution plan to be reported at fair value. The Plan's investment in the New York Life Trust Company Anchor Account II, an unallocated investment contract, meets the definition of a fully benefit-responsive investment contract. The statements of net assets available for benefits present the fair value of the unallocated investment contract as well as the adjustment of the investment from fair to contract value.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

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

The participants select how their share of plan assets will be invested among those investment vehicles made available.

The following are the major categories of assets and liabilities measured at fair value on a nonrecurring basis during the year ended December 31, 2009, using the following fair value hierarchy and related valuation methodologies:

Level 1 – Inputs are quoted prices in active market.

Level 2 – Inputs are based on quoted prices for similar instruments and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data.

Level 3 – Inputs are generally unobservable and typically reflect management's estimates of assumptions that market participants would use in pricing the asset or liability.

The following tables summarize the Plan's investments based on the inputs used to value them, at December 31:

	2009			
	Level 1	Level 2	Level 3	Total
Mutual Funds:				
Income/Fixed Income	$ 2,509,828	$ -	$ -	$ 2,509,828
Age-based	2,051,092	-	-	2,051,092
Real Estate	350,366	-	-	350,366
Large Cap	235,891	-	-	235,891
S&P 500 Index	1,701,529	-	-	1,701,529
Growth	193,593	-	-	193,593
Mid Cap	553,376	-	-	553,376
Equity	2,420,184	-	-	2,420,184
Small cap	266,369	-	-	266,369
International	898,404	-	-	898,404
Pooled Separate Account	-	2,021,462	-	2,021,462
Participant Loans	-	-	113,371	113,371
	$ 11,180,632	$ 2,021,462	$ 113,371	$ 13,315,465

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

C. Investment Valuation and Income Recognition (Continued)

	2008			
	Level 1	Level 2	Level 3	Total
Mutual Funds:				
Income/Fixed Income	$ 2,650,251	$ -	$ -	$ 2,650,251
Age-based	1,587,227	-	-	1,587,227
Real Estate	231,670	-	-	231,670
Large Cap	179,398	-	-	179,398
S&P 500 Index	1,176,160	-	-	1,176,160
Growth	143,739	-	-	143,739
Mid Cap	396,459	-	-	396,459
Equity	1,758,628	-	-	1,758,628
Small cap	86,081	-	-	86,081
International	698,960	-	-	698,960
Pooled Separate Account	-	1,778,493	-	1,778,493
Participant Loans	-	-	126,106	126,106
	$ 8,908,573	$ 1,778,493	$ 126,106	$ 10,813,172

The following table reconciles the beginning and ending fair value of the Plan's level 3 investments:

Beginning, December 31, 2008	$ 126,106
New Loans	43,300
Distributions/Paydowns	(56,035)
Ending, December 31, 2009	$ 113,371

Level 1 investments consist of mutual funds reported at fair value based on quoted market prices. Level 2 investments consist of pooled separate accounts, which are valued reported at net asset value based on market prices for the underlying securities as determined by trades for identical or similar securities. The investment objectives of pooled separate accounts is to provide a low risk, stable investment offering competitive yields. Pooled separate account investments may be redeemed any time at net asset value. There are no restrictions on redemptions and no unfunded commitments to purchase additional shares for any of the pooled separate accounts. Level 3 investments are participant loans recorded at face value, less amounts deemed uncollectible, which approximates fair value.

Purchases and sales of securities are recorded on the trade-date basis. Interest income is recorded on the accrual basis. Net appreciation in fair value of investments relates to mutual funds.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

D. Risks and Uncertainties

The Plan provides for various investment options in any combination of investments offered by the Plan. Investments are exposed to various risks, such as interest rate, market fluctuations and credit risks. Due to the risk associated with investments, it is at least reasonably possible that changes in market values, interest rates or other factors in the near term would materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and statement of changes in net assets available for benefits.

NOTE 3 - INCOME TAX STATUS

The Plan has received an opinion letter dated December 5, 2001 from the Internal Revenue Service which stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has since been amended. However, the Plan administrator believes that the Plan is currently being operated in compliance with the applicable provisions of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE 4 - PLAN TERMINATION

Although it has not expressed an intent to do so, the Company has the right under the Plan to discontinue its contributions subject to the provisions of ERISA. In the event of Plan termination, participants will be 100% vested in their accounts and Plan assets will be distributed based upon the participants' account balances at the time.

NOTE 5 - FINANCIAL INFORMATION CERTIFIED BY NEW YORK LIFE TRUST COMPANY

In accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, all of the investment information, including investment income, shown in the accompanying financial statements and supplemental schedules has been certified as complete and accurate by New York Life Trust Company, the trustee of the Plan.

NOTE 6 - 5% INVESTMENTS

The following investments represent 5% or more of the Plan's net assets available for benefits as of December 31, 2009:

	Fair Value
New York Life Anchor Account II	$ 2,021,462
PIMCO Total Return Fund	982,923
T. Rowe Price Retirement 2030	727,613
MainStay S&P 500 Index Fund	1,701,529
Oakmark Equity & Income Fund	1,387,845
Davis New York Venture Fund	2,420,184
Fidelity Diversified International Fund	898,404

NOTE 7 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits according to the financial statements to Form 5500:

	December 31,	
	2009	2008
Net Assets Available for Benefits per Financial Statements	$ 13,490,760	$ 11,265,205
Less: Contributions Receivable	(73,373)	(176,365)
Net Assets per Form 5500	$ 13,417,387	$ 11,088,840

The following is a reconciliation of net increase per the financial statements to Form 5500:

	January 1, 2009 to December 31, 2009
Net Increase per the Financial Statements	$ 2,225,555
Less: Contributions Receivable at December 31, 2009	(73,373)
Add: Contributions Receivable at December 31, 2008	176,365
Net income per the Form 5500	$ 2,328,547

NOTE 8 - RELATED PARTY TRANSACTIONS

Certain Plan investments are issued or managed by the trustee or its affiliates. Transactions in these investments, while considered party-in-interest transactions under ERISA regulations, are permitted under provisions of the Plan and are specifically exempt from the prohibitions of party-in-interest transactions under ERISA.

NOTE 9 - SUBSEQUENT EVENTS

Management has evaluated subsequent events through October 7, 2010, the date on which the financial statements were available to be issued. There were no material subsequent events that required recognition or addition disclosure in these financial statements.

NOTE 10 - PRIOR PERIOD ADJUSTMENTS

Net assets as of December 31, 2008 were overstated by $318,396. This overstatement resulted from an erroneous $318,396 contract value adjustment to the New York Life Anchor Account II Pooled Separate Account.

NOTE 10 - PRIOR PERIOD ADJUSTMENTS (Continued)

Net Assets Available for Benefits, as Originally Reported	$ 11,583,601
Adjustment from Fair Value to Contract Value for Fully Benefit-Responsive Investment Contracts	(318,396)
Net Assets Available for Benefits, As Restated	$ 11,265,205

NOTE 11 - DELINQUENT PARTICIPANT CONTRIBUTIONS

During the year ended December 31, 2009, the Company failed to remit $268 of participant contributions within the maximum time period permitted under Department of Labor regulations. Failure to remit or untimely remittance of participant contributions constitute a prohibited transaction under the Department of Labor regulations.

SUPPLEMENTAL SCHEDULES

SCHEDULE 1

401(k) PLAN FOR THE EMPLOYEES OF
THE DECURION CORPORATION
FORM 5500
SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
E.I.N. 95-2460015; PLAN NO. 003
JANUARY 1, 2009 TO DECEMBER 31, 2009

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under Voluntary Fiduciary Correction Program (VFCP) and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
$268	$ -	$268	$ -	$ -

Check Here ( ) if Late
Participant Loan Payments
Are Included

SCHEDULE 2

401(k) PLAN FOR THE EMPLOYEES OF
THE DECURION CORPORATION
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 95-2460015; PLAN NO. 003
DECEMBER 31, 2009

Identity of Issuer	Description	Fair Value
	Pooled Separate Account	
New York Life Trust Company*	Anchor Account II	$ 2,021,462
	Mutual Funds	
AIM	Real Estate Fund	350,366
American Beacon	Large Cap Value Investment Fund	235,892
American Funds	The Growth Fund of America	193,593
Artisan	Mid Cap Value Fund	176,690
Davis	New York Venture Fund	2,420,184
Fidelity	Diversified International Fund	898,404
Ivy	Small Cap Growth Fund	167,278
MainStay*	S&P 500 Index Fund	1,701,529
Oakmark	Equity & Income Fund	1,387,845
PIMCO	Total Return Fund	982,923
RS Partners	Fund A	99,091
T. Rowe Price:	Retirement Income	139,060
	Retirement 2005	4,390
	Retirement 2010	89,881
	Retirement 2015	1,864
	Retirement 2020	539,664
	Retirement 2025	179,268
	Retirement 2030	727,613
	Retirement 2035	195,648
	Retirement 2040	213,841
	Retirement 2045	84,781
	Retirement 2050	14,141
Wells Fargo	Advantage Enterprise Fund	376,686
Participant Loans *	Secured; 4.00% - 11.00%	113,371
	TOTAL	$ 13,315,465

* Party-in-Interest

401(k) PLAN FOR THE EMPLOYEES OF THE DECURION CORPORATION

FINANCIAL STATEMENTS

DECEMBER 31, 2009 AND 2008

401(k) PLAN FOR THE EMPLOYEES OF
THE DECURION CORPORATION

INDEX

			Page No.
INDEPENDENT AUDITORS' REPORT			1
EXHIBIT "A"	-	Statements of Net Assets Available for Benefits as of December 31, 2009 and 2008	2
EXHIBIT "B"	-	Statement of Changes in Net Assets Available for Benefits - January 1, 2009 to December 31, 2009	3
NOTES TO FINANCIAL STATEMENTS			4-10
SUPPLEMENTAL SCHEDULES			
SCHEDULE 1	-	Schedule of Delinquent Participant Contributions - January 1, 2009 to December 31, 2009	11
SCHEDULE 2	-	Schedule of Assets (Held At End of Year) - December 31, 2009	12

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Independent Auditors' Report

Plan Administrator
401(k) Plan for the Employees of
The Decurion Corporation
120 North Robertson Boulevard, 3rd Floor
Los Angeles, CA 90048-3115

We were engaged to audit the accompanying statement of net assets available for benefits of the 401(k) Plan for the Employees of The Decurion Corporation as of December 31, 2009, and the related statement of changes in net assets available for benefits for the year ended December 31, 2009 and the supplemental schedules. These financial statements and supplemental schedules are the responsibility of the Plan's management. The 2008 financial statements were audited by other auditors. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan administrator instructed the other auditors not to perform and they did not perform, any auditing procedures with respect to the information certified by New York Life Trust Company, the trustee of the Plan. Their report, dated August 11, 2009, indicated that (a) because of the significance of the information that they did not audit, they were unable to, and did not, express an opinion on the financial statements taken as a whole and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the trustee, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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MILLER, KAPLAN, ARASE & CO., LLP

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STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
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NOTE 1 - DESCRIPTION OF THE PLAN (Continued)

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A. Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

GAAP requires benefit-responsive investment contracts held by a defined contribution plan to be reported at fair value. The Plan's investment in the New York Life Trust Company Anchor Account II, an unallocated investment contract, meets the definition of a fully benefit-responsive investment contract. The statements of net assets available for benefits present the fair value of the unallocated investment contract as well as the adjustment of the investment from fair to contract value.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

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

The participants select how their share of plan assets will be invested among those investment vehicles made available.

The following are the major categories of assets and liabilities measured at fair value on a nonrecurring basis during the year ended December 31, 2009, using the following fair value hierarchy and related valuation methodologies:

Level 1 – Inputs are quoted prices in active market.

Level 2 – Inputs are based on quoted prices for similar instruments and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data.

Level 3 – Inputs are generally unobservable and typically reflect management's estimates of assumptions that market participants would use in pricing the asset or liability.

The following tables summarize the Plan's investments based on the inputs used to value them, at December 31:

	2009			
	Level 1	Level 2	Level 3	Total
Mutual Funds:				
Income/Fixed Income	$ 2,509,828	$ -	$ -	$ 2,509,828
Age-based	2,051,092	-	-	2,051,092
Real Estate	350,366	-	-	350,366
Large Cap	235,891	-	-	235,891
S&P 500 Index	1,701,529	-	-	1,701,529
Growth	193,593	-	-	193,593
Mid Cap	553,376	-	-	553,376
Equity	2,420,184	-	-	2,420,184
Small cap	266,369	-	-	266,369
International	898,404	-	-	898,404
Pooled Separate Account	-	2,021,462	-	2,021,462
Participant Loans	-	-	113,371	113,371
	$ 11,180,632	$ 2,021,462	$ 113,371	$ 13,315,465

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

C. Investment Valuation and Income Recognition (Continued)

	2008			
	Level 1	Level 2	Level 3	Total
Mutual Funds:				
Income/Fixed Income	$ 2,650,251	$ -	$ -	$ 2,650,251
Age-based	1,587,227	-	-	1,587,227
Real Estate	231,670	-	-	231,670
Large Cap	179,398	-	-	179,398
S&P 500 Index	1,176,160	-	-	1,176,160
Growth	143,739	-	-	143,739
Mid Cap	396,459	-	-	396,459
Equity	1,758,628	-	-	1,758,628
Small cap	86,081	-	-	86,081
International	698,960	-	-	698,960
Pooled Separate Account	-	1,778,493	-	1,778,493
Participant Loans	-	-	126,106	126,106
	$ 8,908,573	$ 1,778,493	$ 126,106	$ 10,813,172

The following table reconciles the beginning and ending fair value of the Plan's level 3 investments:

Beginning, December 31, 2008	$ 126,106
New Loans	43,300
Distributions/Paydowns	(56,035)
Ending, December 31, 2009	$ 113,371

Level 1 investments consist of mutual funds reported at fair value based on quoted market prices. Level 2 investments consist of pooled separate accounts, which are valued reported at net asset value based on market prices for the underlying securities as determined by trades for identical or similar securities. The investment objectives of pooled separate accounts is to provide a low risk, stable investment offering competitive yields. Pooled separate account investments may be redeemed any time at net asset value. There are no restrictions on redemptions and no unfunded commitments to purchase additional shares for any of the pooled separate accounts. Level 3 investments are participant loans recorded at face value, less amounts deemed uncollectible, which approximates fair value.

Purchases and sales of securities are recorded on the trade-date basis. Interest income is recorded on the accrual basis. Net appreciation in fair value of investments relates to mutual funds.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

D. Risks and Uncertainties

The Plan provides for various investment options in any combination of investments offered by the Plan. Investments are exposed to various risks, such as interest rate, market fluctuations and credit risks. Due to the risk associated with investments, it is at least reasonably possible that changes in market values, interest rates or other factors in the near term would materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and statement of changes in net assets available for benefits.

NOTE 3 - INCOME TAX STATUS

The Plan has received an opinion letter dated December 5, 2001 from the Internal Revenue Service which stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has since been amended. However, the Plan administrator believes that the Plan is currently being operated in compliance with the applicable provisions of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE 4 - PLAN TERMINATION

Although it has not expressed an intent to do so, the Company has the right under the Plan to discontinue its contributions subject to the provisions of ERISA. In the event of Plan termination, participants will be 100% vested in their accounts and Plan assets will be distributed based upon the participants' account balances at the time.

NOTE 5 - FINANCIAL INFORMATION CERTIFIED BY NEW YORK LIFE TRUST COMPANY

In accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, all of the investment information, including investment income, shown in the accompanying financial statements and supplemental schedules has been certified as complete and accurate by New York Life Trust Company, the trustee of the Plan.

NOTE 6 - 5% INVESTMENTS

The following investments represent 5% or more of the Plan's net assets available for benefits as of December 31, 2009:

	Fair Value
New York Life Anchor Account II	$ 2,021,462
PIMCO Total Return Fund	982,923
T. Rowe Price Retirement 2030	727,613
MainStay S&P 500 Index Fund	1,701,529
Oakmark Equity & Income Fund	1,387,845
Davis New York Venture Fund	2,420,184
Fidelity Diversified International Fund	898,404

NOTE 7 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits according to the financial statements to Form 5500:

	December 31,	
	2009	2008
Net Assets Available for Benefits per Financial Statements	$ 13,490,760	$ 11,265,205
Less: Contributions Receivable	(73,373)	(176,365)
Net Assets per Form 5500	$ 13,417,387	$ 11,088,840

The following is a reconciliation of net increase per the financial statements to Form 5500:

	January 1, 2009 to December 31, 2009
Net Increase per the Financial Statements	$ 2,225,555
Less: Contributions Receivable at December 31, 2009	(73,373)
Add: Contributions Receivable at December 31, 2008	176,365
Net income per the Form 5500	$ 2,328,547

NOTE 8 - RELATED PARTY TRANSACTIONS

Certain Plan investments are issued or managed by the trustee or its affiliates. Transactions in these investments, while considered party-in-interest transactions under ERISA regulations, are permitted under provisions of the Plan and are specifically exempt from the prohibitions of party-in-interest transactions under ERISA.

NOTE 9 - SUBSEQUENT EVENTS

Management has evaluated subsequent events through October 7, 2010, the date on which the financial statements were available to be issued. There were no material subsequent events that required recognition or addition disclosure in these financial statements.

NOTE 10 - PRIOR PERIOD ADJUSTMENTS

Net assets as of December 31, 2008 were overstated by $318,396. This overstatement resulted from an erroneous $318,396 contract value adjustment to the New York Life Anchor Account II Pooled Separate Account.

NOTE 10 - PRIOR PERIOD ADJUSTMENTS (Continued)

Net Assets Available for Benefits, as Originally Reported	$ 11,583,601
Adjustment from Fair Value to Contract Value for Fully Benefit-Responsive Investment Contracts	(318,396)
Net Assets Available for Benefits, As Restated	$ 11,265,205

NOTE 11 - DELINQUENT PARTICIPANT CONTRIBUTIONS

During the year ended December 31, 2009, the Company failed to remit $268 of participant contributions within the maximum time period permitted under Department of Labor regulations. Failure to remit or untimely remittance of participant contributions constitute a prohibited transaction under the Department of Labor regulations.

SUPPLEMENTAL SCHEDULES

SCHEDULE 1

401(k) PLAN FOR THE EMPLOYEES OF
THE DECURION CORPORATION
FORM 5500
SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
E.I.N. 95-2460015; PLAN NO. 003
JANUARY 1, 2009 TO DECEMBER 31, 2009

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under Voluntary Fiduciary Correction Program (VFCP) and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
$268	$ -	$268	$ -	$ -

Check Here ( ) if Late
Participant Loan Payments
Are Included

SCHEDULE 2

401(k) PLAN FOR THE EMPLOYEES OF
THE DECURION CORPORATION
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 95-2460015; PLAN NO. 003
DECEMBER 31, 2009

Identity of Issuer	Description	Fair Value
	Pooled Separate Account	
New York Life Trust Company*	Anchor Account II	$ 2,021,462
	Mutual Funds	
AIM	Real Estate Fund	350,366
American Beacon	Large Cap Value Investment Fund	235,892
American Funds	The Growth Fund of America	193,593
Artisan	Mid Cap Value Fund	176,690
Davis	New York Venture Fund	2,420,184
Fidelity	Diversified International Fund	898,404
Ivy	Small Cap Growth Fund	167,278
MainStay*	S&P 500 Index Fund	1,701,529
Oakmark	Equity & Income Fund	1,387,845
PIMCO	Total Return Fund	982,923
RS Partners	Fund A	99,091
T. Rowe Price:	Retirement Income	139,060
	Retirement 2005	4,390
	Retirement 2010	89,881
	Retirement 2015	1,864
	Retirement 2020	539,664
	Retirement 2025	179,268
	Retirement 2030	727,613
	Retirement 2035	195,648
	Retirement 2040	213,841
	Retirement 2045	84,781
	Retirement 2050	14,141
Wells Fargo	Advantage Enterprise Fund	376,686
Participant Loans *	Secured; 4.00% - 11.00%	113,371
	TOTAL	$ 13,315,465

* Party-in-Interest

401(k) PLAN FOR THE EMPLOYEES OF THE DECURION CORPORATION

FINANCIAL STATEMENTS

DECEMBER 31, 2009 AND 2008

401(k) PLAN FOR THE EMPLOYEES OF
THE DECURION CORPORATION

INDEX

			Page No.
INDEPENDENT AUDITORS' REPORT			1
EXHIBIT "A"	-	Statements of Net Assets Available for Benefits as of December 31, 2009 and 2008	2
EXHIBIT "B"	-	Statement of Changes in Net Assets Available for Benefits - January 1, 2009 to December 31, 2009	3
NOTES TO FINANCIAL STATEMENTS			4-10
SUPPLEMENTAL SCHEDULES			
SCHEDULE 1	-	Schedule of Delinquent Participant Contributions - January 1, 2009 to December 31, 2009	11
SCHEDULE 2	-	Schedule of Assets (Held At End of Year) - December 31, 2009	12

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Independent Auditors' Report

Plan Administrator
401(k) Plan for the Employees of
The Decurion Corporation
120 North Robertson Boulevard, 3rd Floor
Los Angeles, CA 90048-3115

We were engaged to audit the accompanying statement of net assets available for benefits of the 401(k) Plan for the Employees of The Decurion Corporation as of December 31, 2009, and the related statement of changes in net assets available for benefits for the year ended December 31, 2009 and the supplemental schedules. These financial statements and supplemental schedules are the responsibility of the Plan's management. The 2008 financial statements were audited by other auditors. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan administrator instructed the other auditors not to perform and they did not perform, any auditing procedures with respect to the information certified by New York Life Trust Company, the trustee of the Plan. Their report, dated August 11, 2009, indicated that (a) because of the significance of the information that they did not audit, they were unable to, and did not, express an opinion on the financial statements taken as a whole and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the trustee, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by New York Life Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the 2009 financial statements and supplemental schedules. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the year ended December 31, 2009, that the information provided to the Plan administrator by the trustee is complete and accurate.

Because of the significance of the information in the Plan's 2009 financial statements and supplemental schedules that we did not audit, we are unable to, and do not, express an opinion on the accompanying 2009 financial statements and supplemental schedules taken as a whole. The form and content of the information included in the 2009 financial statements and supplemental schedules, other than that derived from the information certified by the trustee, has been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Miller, Kaplan, Arase & Co., LLP

MILLER, KAPLAN, ARASE & CO., LLP

October 7, 2010

401(k) PLAN FOR THE EMPLOYEES OF THE DECURION CORPORATION
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31, 2009	December 31, 2008 (As Restated)
ASSETS		
INVESTMENTS, AT FAIR VALUE		
Mutual Funds	$ 11,180,632	$ 8,908,573
Pooled Separate Account	2,021,462	1,778,493
Participant Loans	113,371	126,106
TOTAL INVESTMENTS	13,315,465	10,813,172
RECEIVABLES		
Participant Contributions	5,500	36,406
Employer Contributions	67,873	139,959
TOTAL RECEIVABLES	73,373	176,365
TOTAL ASSETS	13,388,838	10,989,537
NET ASSETS AVAILABLE FOR BENEFITS AT FAIR VALUE	13,388,838	10,989,537
Adjustment from Fair Value to Contract Value for Fully Benefit-Responsive Investment Contracts	101,922	275,668
NET ASSETS AVAILABLE FOR BENEFITS	$ 13,490,760	$ 11,265,205

(Attached notes are an integral part of this statement)

EXHIBIT "B"

401(k) PLAN FOR THE EMPLOYEES OF THE DECURION CORPORATION
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
JANUARY 1, 2009 TO DECEMBER 31, 2009

ADDITIONS	
INVESTMENT INCOME	
Interest and Dividends	$ 264,716
Net Appreciation in Fair Value of Investments	2,481,646
TOTAL INVESTMENT INCOME	2,746,362
OTHER ADDITIONS	
Employer Contributions	922,266
Participant Contributions	1,201,402
Rollovers	88,711
TOTAL ADDITIONS	4,958,741
DEDUCTIONS	
Benefits	2,732,402
Administrative Expenses	784
TOTAL DEDUCTIONS	2,733,186
NET INCREASE	2,225,555
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning of Year (Note 10)	11,265,205
End of Year	$ 13,490,760

(Attached notes are an integral part of this statement)

NOTE 1 - DESCRIPTION OF THE PLAN

The 401(k) Plan for the Employees of The Decurion Corporation (the "Plan") is a defined contribution plan covering substantially all employees of Decurion Corporation (the "Company"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The assets of the Plan are held in a trust by New York Life Trust Company.

Effective January 1, 2008, (i) The Pacific Theatres Exhibition Corp. Profit Sharing Plan was merged into the Plan; the merged plan had no plan assets, (ii) the Company changed the Plan's trustee from Fidelity Management Trust Company (Fidelity) to New York Life Trust Company (New York Life), (iii) the Plan was amended to call for a safe harbor Company matching contribution of 100% of the first 6% of deferred amount by employees and to change the eligible service requirement from six months to 90 days.

THE PLAN DOCUMENT INCLUDES DETAILED RULES FOR EACH SITUATION. PARTICIPANTS AND OTHER INTERESTED PARTIES SHOULD REFER TO THE PLAN AGREEMENT AND ANY AMENDMENTS REGARDING SPECIFIC PROVISIONS OF THE PLAN.

A. Eligibility

Company employees, except for those covered by a collective bargaining agreement, residents of Puerto Rico and independent contractors, are eligible to participate in the Plan after having completed 90 days of service and attaining age 21.

B. Benefits

Distributions of a participant's account are made upon termination of service, death, disability or retirement. A participant or beneficiary may elect to receive a single lump-sum payment equal to the value of his or her vested interest in their account. Terminated participants with account balances of $5,000 or less can be distributed whether or not requested. Additionally, an in-service distribution can also be made to participants who have attained the age of 59-1/2, upon disability or when experiencing financial hardship.

Benefits are recorded when paid.

C. Vesting

Participants are 100% vested in their salary deferral contribution and Company safe harbor matching contributions, plus actual earnings thereon. Vesting in the non-discretionary Company's matching contribution, plus actual earnings thereon is based on years of vested service as follows:

Years of Service	Vesting Percentage (%)
Less than 1	0
1	20
2	40
3	60
4	80
5 or more	100

NOTE 1 - DESCRIPTION OF THE PLAN (Continued)

D. Contributions

Participants may contribute up to 60% of eligible compensation, as defined in the Plan, subject to Internal Revenue Code (IRC) limitations.

The Plan calls for a Company safe harbor matching contribution equal to 100% of the first 6% of deferred amount by employees. Safe harbor Employer matching contributions for the year ended December 31, 2009 were $922,266

E. Participant Loans

Loans shall be made available to all participants on a reasonably equivalent basis.

The maximum amount of any loan shall be the lesser of $50,000 or 50% of the participant's vested account balance. The minimum amount of any loan shall be $1,000. Interest on loans is charged at the prime rate, as reported in the Wall Street Journal, plus 1%. A loan set up fee of $100 will be deducted from the participant's account for each loan.

F. Forfeitures

Forfeitures, which arise as a result of a participant's termination prior to full vesting are used to reduce future contributions by the Company or to pay Plan expenses. Forfeitures totaled $11,174 for year ended December 31, 2009. No forfeitures were used to reduce Company contributions for the year ended December 31, 2009. As of December 31, 2009 and 2008, accumulated forfeitures totaling $106,376 and $92,567, respectively, were available for future use.

G. Administrative Expenses

Most administrative expenses are paid by the Company. Investment fees paid by the Plan totaled $784 in 2009.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

GAAP requires benefit-responsive investment contracts held by a defined contribution plan to be reported at fair value. The Plan's investment in the New York Life Trust Company Anchor Account II, an unallocated investment contract, meets the definition of a fully benefit-responsive investment contract. The statements of net assets available for benefits present the fair value of the unallocated investment contract as well as the adjustment of the investment from fair to contract value.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

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

The participants select how their share of plan assets will be invested among those investment vehicles made available.

The following are the major categories of assets and liabilities measured at fair value on a nonrecurring basis during the year ended December 31, 2009, using the following fair value hierarchy and related valuation methodologies:

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	Level 1	Level 2	Level 3	Total
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Income/Fixed Income	$ 2,509,828	$ -	$ -	$ 2,509,828
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Pooled Separate Account	-	2,021,462	-	2,021,462
Participant Loans	-	-	113,371	113,371
	$ 11,180,632	$ 2,021,462	$ 113,371	$ 13,315,465

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

C. Investment Valuation and Income Recognition (Continued)

	2008			
	Level 1	Level 2	Level 3	Total
Mutual Funds:				
Income/Fixed Income	$ 2,650,251	$ -	$ -	$ 2,650,251
Age-based	1,587,227	-	-	1,587,227
Real Estate	231,670	-	-	231,670
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Less: Contributions Receivable	(73,373)	(176,365)
Net Assets per Form 5500	$ 13,417,387	$ 11,088,840

The following is a reconciliation of net increase per the financial statements to Form 5500:

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Net Increase per the Financial Statements	$ 2,225,555
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Net income per the Form 5500	$ 2,328,547

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Net assets as of December 31, 2008 were overstated by $318,396. This overstatement resulted from an erroneous $318,396 contract value adjustment to the New York Life Anchor Account II Pooled Separate Account.

NOTE 10 - PRIOR PERIOD ADJUSTMENTS (Continued)

Net Assets Available for Benefits, as Originally Reported	$ 11,583,601
Adjustment from Fair Value to Contract Value for Fully Benefit-Responsive Investment Contracts	(318,396)
Net Assets Available for Benefits, As Restated	$ 11,265,205

NOTE 11 - DELINQUENT PARTICIPANT CONTRIBUTIONS

During the year ended December 31, 2009, the Company failed to remit $268 of participant contributions within the maximum time period permitted under Department of Labor regulations. Failure to remit or untimely remittance of participant contributions constitute a prohibited transaction under the Department of Labor regulations.

SUPPLEMENTAL SCHEDULES

SCHEDULE 1

401(k) PLAN FOR THE EMPLOYEES OF
THE DECURION CORPORATION
FORM 5500
SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
E.I.N. 95-2460015; PLAN NO. 003
JANUARY 1, 2009 TO DECEMBER 31, 2009

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under Voluntary Fiduciary Correction Program (VFCP) and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
$268	$ -	$268	$ -	$ -

Check Here ( ) if Late
Participant Loan Payments
Are Included

SCHEDULE 2

401(k) PLAN FOR THE EMPLOYEES OF
THE DECURION CORPORATION
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 95-2460015; PLAN NO. 003
DECEMBER 31, 2009

Identity of Issuer	Description	Fair Value
	Pooled Separate Account	
New York Life Trust Company*	Anchor Account II	$ 2,021,462
	Mutual Funds	
AIM	Real Estate Fund	350,366
American Beacon	Large Cap Value Investment Fund	235,892
American Funds	The Growth Fund of America	193,593
Artisan	Mid Cap Value Fund	176,690
Davis	New York Venture Fund	2,420,184
Fidelity	Diversified International Fund	898,404
Ivy	Small Cap Growth Fund	167,278
MainStay*	S&P 500 Index Fund	1,701,529
Oakmark	Equity & Income Fund	1,387,845
PIMCO	Total Return Fund	982,923
RS Partners	Fund A	99,091
T. Rowe Price:	Retirement Income	139,060
	Retirement 2005	4,390
	Retirement 2010	89,881
	Retirement 2015	1,864
	Retirement 2020	539,664
	Retirement 2025	179,268
	Retirement 2030	727,613
	Retirement 2035	195,648
	Retirement 2040	213,841
	Retirement 2045	84,781
	Retirement 2050	14,141
Wells Fargo	Advantage Enterprise Fund	376,686
Participant Loans *	Secured; 4.00% - 11.00%	113,371
	TOTAL	$ 13,315,465

* Party-in-Interest