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
HP COMMUNICATIONS, INC. 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1999

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

13341 TEMESCAL CANYON RD
CORONA, CA 92883

2b Employer Identification Number (EIN) 33-0810391

2c Sponsor's telephone number 951-471-1919

2d Business code (see instructions) 238900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2010	NICHOLAS GOLDMANN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
HP COMMUNICATIONS, INC.

13341 TEMESCAL CANYON RD
CORONA, CA 92883

3b Administrator's EIN
33-0810391

3c Administrator's telephone number
951-471-1919

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**	248
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**	205
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	18
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	223
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	223
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	91
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	7
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

(1)	X		**H** (Financial Information)
(2)			**I** (Financial Information – Small Plan)
(3)	X	1	**A** (Insurance Information)
(4)			**C** (Service Provider Information)
(5)	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
HP COMMUNICATIONS, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
33-0810391

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
TRANSAMERICA

(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	Policy or contract year (g) To
39-0989781	86231	330810391	71	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
2789	543

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
WFP SECURITIES CORPORATION
6020 CONERSTONE CT., STE 240
SAN DIEGO, CA 92121

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
2789		BROKER COMMISSIONS	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
THE PENSION GROUP, INC.
23046 AVE DE LA CARLOTA, STE 500
LAGUNA HILLS, CA 92653

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
	543	CONTRACT MANAGEMENT ASSISTANCE	5

(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	175343
5	Current value of plan's interest under this contract in separate accounts at year end	5	1426105

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	94341
c	Additions: (1) Contributions deposited during the year	7c(1)	68159		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	4718		
	(4) Transferred from separate account	7c(4)	67754		
	(5) Other (specify below)	7c(5)	3625		
	▶ LOAN REPAYMENTS				
	(6) Total additions			7c(6)	144256
d	Total of balance and additions (add **b** and **c(6)**)			7d	238597
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	9355		
	(2) Administration charge made by carrier	7e(2)	1229		
	(3) Transferred to separate account	7e(3)	43149		
	(4) Other (specify below)	7e(4)	9521		
	▶ LOAN REQUESTS				
	(5) Total deductions			7e(5)	63254
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	175343

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)**	0
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)**	0
(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)**	0
(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 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
HP COMMUNICATIONS, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
33-0810391

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: TA EQUITY RET OPT

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

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)
95-6140222-101	P	89199

a Name of MTIA, CCT, PSA, or 103-12 IE: TA BALANCED RET OPT

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

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)
95-6140222-119	P	63245

a Name of MTIA, CCT, PSA, or 103-12 IE: TEMPLETON FOREIGN RET OPT

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

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)
95-6140222-143	P	80622

a Name of MTIA, CCT, PSA, or 103-12 IE: GOLDMAN SACHS MID CAP OPP RET OPT

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

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)
95-6140222-147	P	93214

a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES BOND RET OPT

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

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)
95-6140222-150	P	105533

a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN GOVERNMENT SEC RET OPT

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

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)
95-6140222-158	P	81742

a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER GLOBAL RET OPT

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

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)
95-6140222-216	P	101283

a Name of MTIA, CCT, PSA, or 103-12 IE: TA PARTNERS MID VALUE RET OPT			
b Name of sponsor of entity listed in (a): TRANSAMERICA			
c EIN-PN 95-6140222-427	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	71137
a Name of MTIA, CCT, PSA, or 103-12 IE: TA PARTNERS LARGE VALUE RET OPT			
b Name of sponsor of entity listed in (a): TRANSAMERICA			
c EIN-PN 95-6140222-428	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	73979
a Name of MTIA, CCT, PSA, or 103-12 IE: TA PARTNERS HIGH YIELD BOND RET OPT			
b Name of sponsor of entity listed in (a): TRANSAMERICA			
c EIN-PN 95-6140222-434	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	55389
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADVISOR SMALL CAP INV OPT			
b Name of sponsor of entity listed in (a): TRANSAMERICA			
c EIN-PN 95-6140222-445	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	77415
a Name of MTIA, CCT, PSA, or 103-12 IE: TA PARTNERS STOCK INDEX RET OPT			
b Name of sponsor of entity listed in (a): TRANSAMERICA			
c EIN-PN 95-6140222-003	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	56933
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS GWTH FD AMERICA INV			
b Name of sponsor of entity listed in (a): TRANSAMERICA			
c EIN-PN 95-6140222-015	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	39549
a Name of MTIA, CCT, PSA, or 103-12 IE: TA PARTNERS SMALL CORE RET OPT			
b Name of sponsor of entity listed in (a): TRANSAMERICA			
c EIN-PN 95-6140222-034	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	13166
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY LARGE CO VAL INV			
b Name of sponsor of entity listed in (a): TRANSAMERICA			
c EIN-PN 95-6140222-038	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	43370
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY SMALL CAP VAL INV			
b Name of sponsor of entity listed in (a): TRANSAMERICA			
c EIN-PN 95-6140222-401	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	81141
a Name of MTIA, CCT, PSA, or 103-12 IE: NEUBERGER BERMAN PARTNERS INV OPT			
b Name of sponsor of entity listed in (a): TRANSAMERICA			
c EIN-PN 95-6140222-044	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	97707

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2005 RET OPT

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

c EIN-PN 95-6140222-047	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3638

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TRRGET RET 2015 RET OPT

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

c EIN-PN 95-6140222-048	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2317

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2025 RET OPT

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

c EIN-PN 95-6140222-049	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29102

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2035 RET OPT

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

c EIN-PN 95-6140222-050	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23357

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2045 RET OPT

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

c EIN-PN 95-6140222-051	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 86839

a Name of MTIA, CCT, PSA, or 103-12 IE: FIRST AMERICAN REAL ESTATE SEC RET

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

c EIN-PN 95-6140222-075	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 56227

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

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a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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
HP COMMUNICATIONS, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
33-0810391

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)	100	100
(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)	85471	87890
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	746192	1426105
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	94341	175343
(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	926104	1689438
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	926104	1689438

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)	176141	
(B) Participants	2a(1)(B)	342530	
(C) Others (including rollovers)	2a(1)(C)	10000	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		528671
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)	5299	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		5299
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		303965
(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)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		837935
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	74545	
(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)		74545
f Corrective distributions (see instructions)	2f		56
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		0
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		74601
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		763334
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: STEVE FLORES (2) EIN: 95-4169712

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		200000
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
HP COMMUNICATIONS, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
33-0810391

Part I Distributions

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

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

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

EIN(s): 95-6140222

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):

HP COMMUNICATIONS, INC.
401(k) PLAN
AUDITED FINANCIAL STATEMENTS
AND SUPPLEMENTARY INFORMATION
December 31, 2009 and 2008,
and for the Year Ended December 31, 2009

HP COMMUNICATIONS, INC.
401(k) PLAN
For the Years Ended December 31, 2009 and 2008

CONTENTS

	PAGE
GENERAL INFORMATION	**1**
INDEPENDENT AUDITOR'S REPORT	**2-3**
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits	4
Statement of Changes in Net Assets Available for Benefits	5
Notes to the Financial Statements	6-11
SUPPLEMENTARY INFORMATION	**12**
Schedule I - Assets Held at End of Year	13

HP COMMUNICATIONS, INC.
401(k) PLAN
GENERAL INFORMATION
December 31, 2009 and 2008

1.	Full official name of the Plan	HP Communications, Inc. 401(k) Plan
2.	Employer Federal Identification Number	33-0810391
3.	Contract number	997368-000
4.	Address of Employer and headquarters	13341 Temescal Canyon Road Corona, CA 92883
5.	Name and address of plan sponsor	HP Communications, Inc. c/o Nicholas L. Goldmann 13341 Temescal Canyon Road Corona, CA 92883
6.	Telephone number	(951) 471-1919
7.	Name and address of trustee that holds the Plan's investment assets	Transamerica Life Insurance Company (U.S.A.) 440 Mamaroneck Avenue Harrison, NY 10528
8.	Telephone number	(800) 333-0963
9.	Name and address of third-party plan administrator	David R. Head, QKA Pension Group, Inc. 23046 Avenida De La Carlota, Suite 500 Laguna Hills, CA 92653-1548
10.	Telephone number	(949) 768-4015
11.	Period covered by examination	As of December 31, 2009 and 2008 and for the Year Ended December 31, 2009

SAF
STEVEN A. FLORES
Certified Public Accountant
701 KIMBERLY AVE., STE 190
PLACENTIA, CA 92870
TEL: (714) 961-7439
FAX: (714) 961-7442
WWW.SAFCPA.COM

INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of
the HP Communications, Inc.
401(k) Plan
Corona, California

I have audited the accompanying financial statements of HP Communications, Inc. 401(k) Plan (the "Plan") as of December 31, 2009 and 2008, and for the year ended December 31, 2009, as listed in the accompanying index. These financial statements are the responsibility of the Plan's management. My responsibility is to express an opinion on these financial statements based on my audits.

Except as discussed in the following paragraph, I conducted my audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that I plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. I believe that my audits provide a reasonable basis for my opinion.

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 me not to perform, and I did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Transamerica Life Insurance Company (U.S.A.), the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. I 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 years ended December 31, 2009 and 2008, that the information provided to the plan administrator by the trustee is complete and accurate.

In my opinion, except for the effects of such adjustments, if any, as might have been determined to be necessary had I performed procedures with respect to the information summarized in Note 3, the financial statements referred to above present fairly, in all material respects, the financial status of HP Communications, Inc. 401(k) Plan as of December 31, 2009 and 2008, and the changes in its financial status for the year ended December 31, 2009, in conformity with accounting principles generally accepted in the United States of America.

Administrative Committee of
the HP Communications, Inc.
401(k) Plan
Corona, California
Page Two

My audits were conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedule, listed in the accompanying index is presented for the purpose of additional analysis and is not a required part of the basic financial statements but as supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. This supplemental schedule is the responsibility of the Plan's management. The supplemental schedule has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in my opinion, except for the effects on the Schedule I - Assets Held at End of Year of such adjustments, if any, as might have been determined to be necessary had I performed procedures with respect to the information summarized in Note 3 as described in the second preceding paragraph, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.



Steven A. Flores
Certified Public Accountant

Placentia, California
September 21, 2010

HP COMMUNICATIONS, INC.
401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2009 and 2008

	December 31, 2009	December 31, 2008
ASSETS		
Receivables		
Employer's contribution	$ 100	$ 100
Investments (at fair value) - note 3, page 13		
Mutual funds		
Pooled separate accounts	1,426,105	746,192
Investment contract with insurance company - note 4, page 13	175,343	94,341
Total Investments	1,601,448	840,533
Participant loans - notes 1 and 3, page 13	87,890	85,471
TOTAL ASSETS	$ 1,689,438	$ 926,104
NET ASSETS AVAILABLE FOR BENEFITS - page 5	$ 1,689,438	$ 926,104

HP COMMUNICATIONS, INC.
401(k) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Year Ended December 31, 2009

ADDITIONS TO NET ASSETS ATTRIBUTED TO		
Investment income		
Net appreciation in fair market value - note 3	$ 303,965	
Interest earned	5,299	
Total Investment Income		$ 309,264
Contributions		
Employer	176,141	
Participant	342,530	
Rollover	10,000	
Total Contributions		528,671
TOTAL ADDITIONS		837,935
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
Benefits paid to participants - note 6		74,601
NET INCREASE		763,334
NET ASSETS AVAILABLE FOR BENEFITS - page 4		
Beginning of year		926,104
END OF YEAR		$ 1,689,438

See the accompanying independent auditor's report and notes.

HP COMMUNICATIONS, INC.
401(k) PLAN
NOTES TO THE FINANCIAL STATEMENTS
For the Years Ended December 31, 2009 and 2008

NOTE 1 - DESCRIPTION OF PLAN

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

General

The Plan is a defined contribution plan established on January 1, 1999 under the provision of Section 401(k) of the Internal Revenue Code ("IRC"). The Plan covers all eligible employees of the Employer. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Contributions

Each year, participant contributions shall not exceed the lesser of (a) $40,000, as adjusted for increases in the cost of living or (b) 100% of pretax annual compensation up to a maximum of $16,500 or $22,000 if age 50 or older, as defined in the Plan. In addition, participants who are projected to attain age 50 before the end of a calendar year shall be eligible to make catch-up contributions as of January 1st of that calendar year. Participants may also contribute amounts rolled over from other qualified plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers various mutual funds and an insurance investment contract as investment options for participants. Participants may make changes to the percentage or amount deferred at any time.

The Employer may make a contribution on behalf of each participant based on a discretionary amount deemed appropriate by the Employer. The Employer contributions shall be made in cash or in such property as is acceptable to the trustee.

Participant Accounts

An account is maintained for each participant. The participant's account is credited with the participant's contribution and allocation of (a) employer contribution, and (b) forfeitures of terminated participants' non-vested accounts. Allocations are based on participant's earnings or account balances, as defined. The benefit to which a participant is entitled is the benefits that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their voluntary contributions plus earnings thereon. Vesting in the Employer's contribution portion is based on years of service in accordance with the following schedule:

Years of Vesting Service	Percentage
Less than 2 years	0%
2 year	20%
3 years	40%
4 years	60%
5 years	80%
6 years	100%

Participants become 100% vested if death or disability occurs while the participant is still an employee.

HP COMMUNICATIONS, INC.
401(k) PLAN
NOTES TO THE FINANCIAL STATEMENTS
For the Years Ended December 31, 2009 and 2008

NOTE 1 - DESCRIPTION OF PLAN (*continued*)

Participant Loans

Participants may borrow from their fund accounts up to a maximum equal to the lesser of $50,000 or 50% of their vested account balances. All loans are required to be paid within five years unless the purpose of the loan is to purchase a primary residence. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with the interest rates charged by persons in the business of lending money for loans which would be made under similar circumstances. Principal and interest are paid ratably through monthly payroll deductions.

At December 31, 2009 and 2008 loan balances totaled $87,890, and $85,471, respectively.

Payment of Benefits

A participant eligible for distribution may elect to have the amount paid in cash in one lump-sum. Any distribution to a participant who has a benefit which exceeds $5,000, shall require such participant's written (or in such other form as permitted by the Internal Revenue Service) consent if such distribution occurs prior to the time the benefit is "immediately distributable." A benefit is "immediately distributable" if any part of the benefit could be distributed to the participant (or surviving spouse) before the participant attains (or would have attained if not deceased) the later of the participant's normal retirement age or age 62.

Investment Options

Upon enrollment in the Plan, a participant may direct employee contributions in percentage increments to investments offered by Transamerica Life Insurance Company (U.S.A.) ("Transamerica"). Options include fixed rate guaranteed investment contracts and a variety of mutual funds to match the participant's investment profile.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Date of Management's Review

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

Use of Estimates and Basis of Accounting

The preparation of financial statements in conformity with generally accepted accounting principles 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. The financial statements of the Plan are prepared under the accrual method of accounting.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair market value (note 3) except for its benefits responsive investment contract, which is valued at contract value (note 4). Quoted market prices are used to value investments. Shares of mutual funds are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year-end. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date.

HP COMMUNICATIONS, INC.
401(k) PLAN
NOTES TO THE FINANCIAL STATEMENTS
For the Years Ended December 31, 2009 and 2008

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (*continued*)

Operating Expenses

All expenses of maintaining the Plan are paid by the Plan unless paid by the Employer.

NOTE 3 - FAIR VALUE MEASUREMENTS AND INVESTMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The method used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

		Fair Value Measurement Using:	
December 31, 2009	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Unobservable Inputs (Level 3)
Mutual funds	$ 1,426,105	$ 1,426,105	$ 0
Investment contract with insurance company	175,343	0	175,343
Participant loans	87,890	0	87,890
TOTAL	$ 1,689,338	$ 1,426,105	$ 263,233
December 31, 2008			
Mutual funds	$ 746,192	$ 746,192	$ 0
Investment contract with insurance company	94,341	0	94,341
Participant loans	85,471	0	85,471
TOTAL	$ 926,004	$ 746,192	$ 179,812

Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820, "Investments - Debt and Equity Securities" establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. No Level 2 inputs were available to the Plan, and Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurements

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end.

HP COMMUNICATIONS, INC.
401(k) PLAN
NOTES TO THE FINANCIAL STATEMENTS
For the Years Ended December 31, 2009 and 2008

NOTE 3 - FAIR VALUE MEASUREMENTS AND INVESTMENTS (*continued*)

Level 3 Fair Value Measurements

Participant loans and the investment contract with an insurance company are not actively traded and significant other observable inputs are not available. Thus, the fair value of the investment contract is determined by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer. The fair value of participant loans approximates the amortized cost of the loans because the loans are secured by each respective participant's account balance. The following table provides further details of the Level 3 fair value measurements.

December 31, 2009	Investment Contract	Participant Loans	Total
Beginning balance	$ 94,341	$ 85,471	$ 179,812
Total gains or losses (realized and unrealized) included in changes in net assets available for benefits	20,599	0	20,599
Purchases, sales, issuances, and settlements (net)	60,403	2,419	62,822
Ending Balance	$ 175,343	$ 87,890	$ 263,233
December 31, 2008			
Beginning balance	$ 30,698	$ 78,059	$ 108,757
Total gains or losses (realized and unrealized) included in changes in net assets available for benefits	1,334	0	1,334
Purchases, sales, issuances, and settlements (net)	62,309	7,412	69,721
Ending Balance	$ 94,341	$ 85,471	$ 179,812

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the year ended December 31, 2009 are reported in the net appreciation in fair value of investments.

HP COMMUNICATIONS, INC.
401(k) PLAN
NOTES TO THE FINANCIAL STATEMENTS
For the Years Ended December 31, 2009 and 2008

NOTE 3 - FAIR VALUE MEASUREMENTS AND INVESTMENTS (*continued*)

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

	2009	2008
American Century Small Cap Value	$ 81,141	$ 45,245
Fidelity Advisor Small Cap	77,415	58,192
Goldman-Sachs Mid-Cap Opp	93,214	43,672
JP Morgan Government Securities	81,742	38,673
Loomis Sayles Bond	105,533	51,193
Neuberger Berman Partners	97,707	49,834
Oppenheimer Global	101,283	47,414
Stable Value	175,343	94,341
TA Equity	89,199	59,692
TA Partners Large Value	73,979	43,967
Templeton Foreign	80,622	45,312
Others (Less than 5% of Plan's net assets)	544,270	262,998
TOTAL INVESTMENTS	$ 1,601,448	$ 840,533

During the Plan year 2009, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by a total of $303,965 as follows:

American Century Small Cap Value	$ 3,488
Fidelity Advisor Small Cap	15,253
Goldman-Sachs Mid-Cap Opp	13,945
JP Morgan Government Securities	26,326
Loomis Sayles Bond	30,061
Neuberger Berman Partners	24,940
Oppenheimer Global	19,843
Stable Value	20,599
TA Equity	5,957
TA Partners Large Value	29,869
Templeton Foreign	1,413
Others (Less than 5% of Plan's net assets)	112,271
NET APPRECIATION IN FAIR MARKET VALUE	$ 303,965

NOTE 4 - INVESTMENT CONTRACT WITH INSURANCE COMPANY

Transamerica maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charges for participant withdrawals and administrative expenses. The contract is included in the financial statements at contract value as reported to the Plan by Transamerica. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The average yield and crediting interest rate was approximately 25% for the year ended December 31, 2009.

HP COMMUNICATIONS, INC.
401(k) PLAN
NOTES TO THE FINANCIAL STATEMENTS
For the Years Ended December 31, 2009 and 2008

NOTE 5 - PLAN TERMINATION

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

NOTE 6 - RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2009 and 2008 to Schedule H of Form 5500:

	December 31, 2009	December 31, 2008
Net assets available for benefits per the financial statements and Schedule H of Form 5500	$ 1,689,438	$ 926,104

The following is a reconciliation of benefits paid to participants per the financial statements for the year ended December 31, 2009 to schedule H of Form 5500:

Benefits paid to participants per the financial statements	$ 74,601
Less: Amounts allocated to excessive contributions at December 31, 2009	56
BENEFITS PAID TO PARTICIPANTS PER SCHEDULE H OF FORM 5500	$ 74,545

Amounts allocated to withdrawing participants are recorded on the Schedule H of Form 5500 for benefits claims that have been processed and approved for payment prior to December 31, 2009 but not yet paid as of that date.

NOTE 7 - TAX STATUS

The Plan has not requested or received a determination letter from the Internal Revenue Service ("IRS") indicating that the Plan, as designed, is in compliance with the Internal Revenue Code ("IRC"). The Plan has adopted a Volume Submitter program and opined in a letter dated March 31, 2008, that it is acceptable under Section 401(a) of the IRC. The Plan administrator believes that the Plan is currently being operated in accordance with the IRC.

NOTE 8 - RISKS AND UNCERTAINTIES

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

SUPPLEMENTARY INFORMATION

HP COMMUNICATIONS, INC.
401(k) PLAN
SCHEDULE I - ASSETS HELD AT END OF YEAR
PLAN E.I.N. # 33-0810391 CONTRACT # 997368-000
SCHEDULE H, LINE 4I - FORM 5500
December 31, 2009

Fund Name/Description of Investment	Current Value
Transamerica Life Insurance Company (U.S.A.)	
Mutual Funds	
Pooled Separate Accounts	
American Century Large Value	$ 43,370
American Century Small Cap Value	81,141
American Funds Growth Fund of Am	39,549
Diversified Investment Stock Index	56,932
Fidelity Advisor Small Cap	77,415
Franklin Real Estate	56,227
Goldman-Sachs Mid-Cap Opp	93,214
JP Morgan Government Securities	81,742
Loomis Sayles Bond	105,533
Neuberger Berman Partners	97,707
Oppenheimber Global	101,283
TA Balanced	63,245
TA Equity	89,199
TA Partners High Yield Bond	55,389
TA Partners Large Value	73,979
TA Partners Mid-Cap Value	71,137
TA Partners Small Cor	13,166
Templeton Foreign	80,622
Vanguard Target 2025	29,102
Vanguard Target 2035	23,357
Vanguard Target 2045	86,839
Vanguard TGT 2005	3,639
Vanguard TGT 2015	2,318
Total Mutual Funds	1,426,105
Investment Contract with Insurance Company	
Stable Value	175,343
Participant Loans	87,890
TOTAL ASSETS HELD AT END OF YEAR	$ 1,689,338

See the accompanying independent auditor's report.

Schedule H, Line 4i
Schedule of Assets (Held At End of Year)

Name of Plan: HP Communications, Inc. 401(k) Plan

►

Employer Identification Number:► 33-0810391

For plan year (beginning/ending):► 01/01/2009-12/31/2009 Plan number:► 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	TRANSAMERICA	TA EQUITY		89199
	TRANSAMERICA	TA BALANCED		63245
	TRANSAMERICA	TEMPLETON FOREIGN		80622
	TRANSAMERICA	GS MID-CAP OPPS		93214
	TRANSAMERICA	LOOMIS SLS BOND		105533
	TRANSAMERICA	JPM GVT SECTY		81742
	TRANSAMERICA	OPPENHEIMER GLOBAL		101283
	TRANSAMERICA	TA PARTNER MID VAL		71137
	TRANSAMERICA	TA PARTNERS LARGE VAL		73979
	TRANSAMERICA	TA PARTNER HY BOND		55389
	TRANSAMERICA	FIDELITY ADV SM CAP		77415
	TRANSAMERICA	DV INV STL INX		56932
	TRANSAMERICA	AM FD GR FD AM		39549
	TRANSAMERICA	TA PARTNERS SM COR		13166
	TRANSAMERICA	AM CENT LG VAL		43370
	TRANSAMERICA	AM CENT SCAP VAL		81141
	TRANSAMERICA	NBRGR PARTNERS		97707
	TRANSAMERICA	VANGUARD TGT 2005		3638
	TRANSAMERICA	VANGUARD TGT 2015		2317
	TRANSAMERICA	VANGUARD TGT 2025		29102
	TRANSAMERICA	VANGUARD TGT 2035		23357
	TRANSAMERICA	VANGUARD TGT 2045		86839
	TRANSAMERICA	FA REAL ESTATE		56227
	TRANSAMERICA	STABLE VALUE		175343
	PARTICIPANT LOANS	INT RTE 4.25% - 9.25%		87890