Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
THE PSOMAS RETIREMENT SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 02/01/1985

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

555 SOUTH FLOWER ST SUITE 4400
LOS ANGELES, CA 90071

555 SOUTH FLOWER ST SUITE 4400
LOS ANGELES, CA 90071

2b Employer Identification Number (EIN)
95-2863554

2c Sponsor's telephone number
213-223-1400

2d Business code (see instructions)
541330

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.	08/03/2011	CAROLINE YONTEZ
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	08/03/2011	LOREN SOKOLOW
	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")	**3b** Administrator's EIN	**3c** Administrator's telephone number
PSOMAS 555 SOUTH FLOWER ST SUITE 4400 LOS ANGELES, CA 90071	95-2863554	213-223-1400

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**	694
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**	453
b Retired or separated participants receiving benefits	**6b**	5
c Other retired or separated participants entitled to future benefits	**6c**	169
d Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	627
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	2
f Total. Add lines **6d** and **6e**	**6f**	629
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	453
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2F 2G 2J 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)		**9b** Plan benefit arrangement (check all that apply)	
(1)		Insurance	**(1)**		Insurance
(2)		Code section 412(e)(3) insurance contracts	**(2)**		Code section 412(e)(3) insurance contracts
(3)	X	Trust	**(3)**	X	Trust
(4)		General assets of the sponsor	**(4)**		General assets of the sponsor

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

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

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.**	**2010** **This Form is Open to Public Inspection.**

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

A Name of plan
THE PSOMAS RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PSOMAS

D Employer Identification Number (EIN)
95-2863554

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FID.INV.INST.OPS.CO.

04-2647786

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

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

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

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

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

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

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

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

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

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

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
64 65 37 60	RECORDKEEPER	10492	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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
INVS BASIC VALUE A - INVESCO INVEST 04-2526037	0.50%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PERKINS MID CP VAL T - JANUS SERVIC 151 DETROIT STREET DENVER, CO 80206	0.34%

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

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

A Name of plan
THE PSOMAS RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PSOMAS

D Employer Identification Number (EIN)
95-2863554

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)	3937050	3012770
(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)	344702	439341
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	24217652	28678639
(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	28499404	32130750
	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	28499404	32130750

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)		
	(B) Participants	2a(1)(B)	2037168	
	(C) Others (including rollovers)	2a(1)(C)	439072	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2476240
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	676	
	(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)	26194	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		26870
	(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)	435352	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		435352
	(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)		

		(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)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		3327187
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		6265649
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2623509	
(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)		2623509
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	10794	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		10794
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2634303
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		3631346
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: STOUGHTON DAVIDSON (2) EIN: 94-2248751

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		X	

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

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

A Name of plan
THE PSOMAS RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PSOMAS

D Employer Identification Number (EIN)
95-2863554

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): 04-6568107

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):

PSOMAS RETIREMENT SAVINGS PLAN

Los Angeles, California

FINANCIAL STATEMENTS
December 31, 2010 and 2009
and
SUPPLEMENTAL SCHEDULE
December 31, 2010

with

INDEPENDENT AUDITOR'S REPORT

PSOMAS RETIREMENT SAVINGS PLAN

Los Angeles, California

December 31, 2010 and 2009

INDEX

	Page Number
Independent Auditor's Report	1
Statements of Net Assets Available for Benefits	2
Statement of Changes in Net Assets Available for Benefits with Fund Information	3
Notes to the Financial Statements	4 - 10
Supplemental Schedule	
Financial Schedule (Schedule H - Form 5500)	
Schedule of Assets Held for Investment Purposes	11 - 12

TOM K. MCFERSON
J. SCOTT BRISTOL
SCOTT T. DYE
TRACY A. GARONE
JEFFREY K. TATSUMURA
DARRELL L. CARLIS

STOUGHTON DAVIDSON
ACCOUNTANCY CORPORATION

2520 WEST SHAW LANE, SUITE 101 • FRESNO, CALIFORNIA 93711
(559) 436-1200 • WWW.STOUGHTONCPA.COM

SERVING THE SAN JOAQUIN VALLEY OVER 85 YEARS

JOHN S. STOUGHTON
(1914-1992)
JAMIE L. DAVIDSON
(RETIRED)
HARVEY E. HARTMAN
(RETIRED)
RONALD A. RUETHER
(RETIRED)
GREG J. ROMAGNOLI
(1970-2009)

INDEPENDENT AUDITOR'S REPORT

TO THE TRUSTEES AND PARTICIPANTS
Psomas Retirement Savings Plan
Los Angeles, California

We were engaged to audit the financial statements of Psomas Retirement Savings Plan (the "Plan") as of December 31, 2010 and 2009, and for the year ended December 31, 2010 and the supplemental schedule as of and for the year ended December 31, 2010 as listed in the accompanying index. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certification from the trustee as of and for the years ended December 31, 2010 and 2009, that the information provided to the Plan administrator by the trustee is complete and accurate.

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

Stoughton Davidson Accountancy Corporation

July 22, 2011

PSOMAS RETIREMENT SAVINGS PLAN

Los Angeles, California

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

ASSETS

	2010	2009
Investments, At Fair Value (Notes 1, 2, 3 and 4)		
Shares of Registered Investment Companies	$28,678,639	$24,217,652
Money Market Account	3,012,770	3,937,050
Total Investments	31,691,409	28,154,702
Receivables		
Participant Contributions	-	-
Notes Receivable from Participants	439,341	344,702
Total Receivables	439,341	344,702
Total Assets	32,130,750	28,499,404
Net Assets Available for Benefits (Notes 4 and 5)	$32,130,750	$28,499,404

See Independent Auditor's Report and Notes to the Financial Statements.
Stoughton Davidson Accountancy Corporation

PSOMAS RETIREMENT SAVINGS PLAN

Los Angeles, California

STATEMENT OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS WITH FUND INFORMATION
For the Year Ended December 31, 2010

Additions to Net Assets Attributed to:	
Investment Income:	
Net Change in Fair Market Value of Investments (Note 3)	$ 3,327,187
Interest and Dividends	462,222
Total Investment Income (Loss)	3,789,409
Contributions:	
Participants	2,037,168
Rollover	439,072
Total Contributions	2,476,240
Total Additions (Reductions)	6,265,649
Deductions From Net Assets Attributed to:	
Benefits Paid Directly to Participants	2,623,509
Administrative Expense	10,794
Total Deductions	2,634,303
Net Increase (Decrease)	3,631,346
Net Assets Available for Benefits	
Beginning of Year	28,499,404
End of Year	$32,130,750

See Independent Auditor's Report and Notes to the Financial Statements.
Stoughton Davidson Accountancy Corporation

Note 1 - Description of the Plan

The following brief description is provided for general information purposes only. Participants should refer to the Summary Plan Description for more complete information.

General

The Psomas Retirement Savings Plan (the "Plan") was established on February 1, 1985, and covers all employees who have completed thirty days of service and who are twenty-one or older. The Plan is subject to the Employee Retirement Income Securities Act of 1974 ("ERISA") and is exempt from Federal and California taxes on income under the current provisions of the Internal Revenue Code and the California Revenue and Taxation Code, respectively. There were 629 and 694 participants in the Plan as of December 31, 2010 and December 31, 2009, respectively. Any employee on the Psomas payroll may join the Plan for the first pay period of any month after thirty (30) days of employment.

Administration

The Plan is administered by Psomas (the "Company"). Professional fees related to the administration of the Plan are paid by the Company.

Contributions

Participant contributions to the Plan are elective deferrals and are fully vested and nonforfeitable. Effective July 1, 2000, the Company established the Psomas ESOP, a qualified retirement plan. The Psomas ESOP invests primarily in Company stock that has been purchased using an ESOP loan. As a result of the establishment of the Psomas ESOP, effective July 14, 2000, the Company does not match employee elective deferrals to the Psomas Retirement Savings Plan.

Participant Accounts

Each participant's account is credited with their contributions and actual earnings (losses) on investments which are allocated exclusively to the electing participant. The benefit to which a participant is entitled is the amount that can be provided from the participant's account.

Vesting

Participants are fully (100%) vested in elective deferral contributions, rollover contributions, and earnings (losses) credited to their account. The participant's vested account is non-forfeitable.

(Continued)

Note 1 - Description of the Plan (Continued)

Participant Loans

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50 percent of their account balance, whichever is less. The loans are secured by the balance in the participant's account and bear interest at rates commensurate with local prevailing rates as determined quarterly by the Plan administrator. Principal and interest is paid ratably through monthly payroll deductions.

Investment Options

The Plan holds its investment options through Fidelity Management Trust Company. Plan participants may allocate their account balances between one money market fund and thirty-two stock and bond funds.

Payment of Benefits

Upon termination of service, retirement, disability, or death, a qualified participant with a vested account balance of $1,000 or less will receive his account balance in a lump sum payment. For vested balances exceeding $1,000, the participant or beneficiary may elect, in writing, to receive payment in lump sum or in a systematic withdrawal plan under a fixed reasonable period of time.

As of December 31, 2010, amounts allocated to employees who elected to withdraw from the Plan, but have not been paid, totaled $1,834,388.

Note 2 - Summary of Significant Accounting Policies

Method of Accounting

The Plan's financial statements are prepared using the accrual method of accounting in accordance with generally accepted accounting principles.

Estimates

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

(Continued)

Note 2 - Summary of Significant Accounting Policies (Continued)

Valuation of Investments

Investments are stated at their fair values as determined by quoted market prices. When market prices are not available, investments are valued at estimated fair value or, in the case of guaranteed interest contracts, by values as reported to the Plan by the insurance company.

Fair Value of Financial Instruments

The carrying value of the Plan's investments approximates fair value because of the short term maturity of those instruments. The Plan estimates the fair value of their participant loans based on the current rates available to them for loans of the same remaining maturities. The estimated fair values of the Plan's participant loans approximates their recorded values at December 31, 2010.

Note 3 - Investments

The Plan has an investment arrangement with Fidelity Management Trust Company ("Fidelity"). Fidelity maintains the contributions in separate allocated accounts. The participant's account is credited with actual earnings on the funds, and charged for plan withdrawals when applicable.

The investments are included in the financial statements at the end of year values reported and certified to the Plan by Fidelity as complete and accurate.

The investments held with Fidelity represent approximately 98.6% and 98.8% of the Plan's assets as of December 31, 2010 and December 31, 2009, respectively.

The following presents the fair value of investments at December 31:

	2010	2009
Investments at Fair Value as Determined by Quoted Market Price:		
Shares of Registered Investments Companies	$28,678,639	$24,217,652
Money Market Account	3,012,770	3,937,050
Total Investments	$31,691,409	$28,154,702

(Continued)

Note 3 - Investments (Continued)

During the year ended December 31, 2010, the Plan's investments (including investments both sold and held during the year) appreciated as follows:

	2010
Investments at Fair Value as Determined by Quoted Market Price:	
Shares of Registered Investments Companies	$3,327,187

Investments representing five percent or more of the Plan's net assets are as follows as of December 31:

Fidelity Management Trust Company	2010	2009
Retirement Money Market Account	$3,012,770	$3,937,050
Fidelity Diversified International	$2,202,912	$2,026,728
Spartan US EQ Index Account		$1,473,002
Fidelity Freedom 2020	$1,671,808	
US BD Index Account	$3,513,418	$3,320,147
Perkins Mid Cap Value Fund	$1,688,277	$1,507,182
Fidelity Small Cap Stock Account	$1,778,514	$1,443,921

Note 4 - Fair Value of Financial Instruments

Current accounting standards establish a fair value hierarchy based on the inputs used in valuation techniques. There are three levels to the fair value hierarchy of inputs to fair value, as follows:

Level 1:

Observable inputs that reflect quoted prices (unadjusted) for identical assets or liabilities in active markets.

Level 2:

Inputs reflect quoted prices for identical assets or liabilities in markets that are not active; quoted prices for similar assets or liabilities in active markets; inputs other than quoted prices that are observable for the assets or liabilities; or inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Level 3:

Unobservable inputs reflecting the Plan's own assumptions incorporated in valuation techniques used to determine fair value. These assumptions are required to be consistent with market participant assumptions that are reasonably available.

The Plan follows current accounting standards for all financial assets and liabilities that are recognized or disclosed at fair value on a recurring basis.

Assets measured at fair value on a recurring basis comprise the following:

Description	Fair Value at December 31, 2010
Shares of Registered Investment Companies	$28,678,639
Money Market Account	3,012,770
Total	$31,691,409

(Continued)

Note 4 - Fair Value of Financial Instruments (Continued)

Fair value was determined as follows:

	Based on		
Financial Assets	Quoted Prices in Active Markets	Other Observable Inputs	Unobservable Inputs
Shares of Registered Investment Companies	$28,678,639	$ -	$ -
Money Market Account	3,012,770	-	-
Total Financial Assets	$31,691,409	$ -	$ -

Generally, for all trading securities, fair value is determined by reference to quoted market prices and other relevant information generated by market transactions.

Note 5 - Federal Tax Status

The Plan obtained its latest determination letter on July 25, 1997, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (the "Code"). The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code.

Note 6 - Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan, subject to the provisions of ERISA. In the event of termination, all amounts credited to participants' accounts will be 100% vested and non-forfeitable.

Note 7 - Subsequent Events

The Plan's management has reviewed the results of Plan's operations for the period of time from its year ended December 31, 2010 through the date of the independent auditor's report, which was the date the report was available to be issued, and has determined that no adjustments are necessary to the amounts reported in the accompanying financial statements nor subsequent events have occurred, the nature of which would require disclosure.

SUPPLEMENTAL SCHEDULE

PSOMAS RETIREMENT SAVINGS PLAN

Los Angeles, California

EIN 95-2863554 - Plan Number 001

FINANCIAL SCHEDULE (SCHEDULE H, Line 4i - FORM 5500)
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
December 31, 2010

Part I - Schedule of Assets Held for Investment Purposes

(a)	(b) Identity of Issuer, Borrower Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost**	(e) Current Value
	Fidelity Management Trust Company	Shares of Registered Invest. Co. Money Market		$3,012,770
	Fidelity Management Trust Company	Shares of Registered Invest. Co. Select Healthcare		590,732
	Fidelity Management Trust Company	Shares of Registered Invest. Co. Select Technology		789,430
	Fidelity Management Trust Company	Shares of Registered Invest. Co. Select Utilities		276,574
	Fidelity Management Trust Company	Shares of Registered Invest. Co. Select Financial		203,291
	Fidelity Management Trust Company	Shares of Registered Invest. Co. Real Estate Investment		1,180,962
	Fidelity Management Trust Company	Shares of Registered Invest. Co. Blue Chip Fund		1,430,566
	Fidelity Management Trust Company	Shares of Registered Invest. Co. Low PR Stock Fund		1,342,863
	Fidelity Management Trust Company	Shares of Registered Invest. Co. Diversified International		2,202,912
	Fidelity Management Trust Company	Shares of Registered Invest. Co. Dividend Growth Fund		1,469,590
	Fidelity Management Trust Company	Shares of Registered Invest. Co. Mid Cap Stock		1,368,592
	Fidelity Management Trust Company	Shares of Registered Invest. Co. Small Cap Stock		1,778,514
	Fidelity Management Trust Company	Shares of Registered Invest. Co. Freedom Income Fund		139,384
	Fidelity Management Trust Company	Shares of Registered Invest. Co. Freedom 2000 Fund		87,171
	Fidelity Management Trust Company	Shares of Registered Invest. Co. Freedom 2010 Fund		1,072,054
	Fidelity Management Trust Company	Shares of Registered Invest. Co. Freedom 2020 Fund		1,671,808
	Fidelity Management Trust Company	Shares of Registered Invest. Co. Intl Discovery		279,757

(Continued)

See Independent Auditor's Report.
Stoughton Davidson Accountancy Corporation

PSOMAS RETIREMENT SAVINGS PLAN

Los Angeles, California

EIN 95-2863554 - Plan Number 001

FINANCIAL SCHEDULE (SCHEDULE H, Line 4i - FORM 5500)
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
December 31, 2010 (Continued)

(a)	(b) Identity of Issuer, Borrower Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost**	(e) Current Value
	Fidelity Management Trust Company	Shares of Registered Invest. Co. Freedom 2030 Fund		1,137,205
	Fidelity Management Trust Company	Shares of Registered Invest. Co. Select Natural Res. Fund		1,018,122
	Fidelity Management Trust Company	Shares of Registered Invest. Co. Select Industrials Portfolio Fund		588,482
	Fidelity Management Trust Company	Shares of Registered Invest. Co. Select Consumer Discretionary Portfolio Fund		431,536
	Fidelity Management Trust Company	Shares of Registered Invest. Co. Spartan US EQ Index Fund		1,602,882
	Fidelity Management Trust Company	Shares of Registered Invest. Co. US BD Index Fund		3,513,418
	Fidelity Management Trust Company	Shares of Registered Invest. Co. Freedom 2040 Fund		517,828
	Fidelity Management Trust Company	Shares of Registered Invest. Co. Aim Basic Value A Fund		299,696
	Fidelity Management Trust Company	Shares of Registered Invest. Co. Perkins Mid Cap Value Fund		1,688,277
	Fidelity Management Trust Company	Shares of Registered Invest. Co. Freedom Fund 2005		43,247
	Fidelity Management Trust Company	Shares of Registered Invest. Co. Freedom Fund 2015		452,218
	Fidelity Management Trust Company	Shares of Registered Invest. Co. Freedom Fund 2025		687,736
	Fidelity Management Trust Company	Shares of Registered Invest. Co. Freedom Fund 2035		451,614
	Fidelity Management Trust Company	Shares of Registered Invest. Co. Freedom Fund 2045		50,441
	Fidelity Management Trust Company	Shares of Registered Invest. Co. Freedom Fund 2050		40,118
	Fidelity Management Trust Company	Shares of Registered Invest. Co. Spartan Intl Index		271,619
	Total Assets Held for Investment Purposes			$31,691,409

** All investments are participant directed; therefore, disclosure of cost is not required.

See Independent Auditor's Report.
Stoughton Davidson Accountancy Corporation

PSOMAS RETIREMENT SAVINGS PLAN

Los Angeles, California

EIN 95-2863554 - Plan Number 001

FINANCIAL SCHEDULE (SCHEDULE H, Line 4i - FORM 5500)
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
December 31, 2010

Part I - Schedule of Assets Held for Investment Purposes

(a)	(b) Identity of Issuer, Borrower Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost**	(e) Current Value
	Fidelity Management Trust Company	Shares of Registered Invest. Co. Money Market		$3,012,770
	Fidelity Management Trust Company	Shares of Registered Invest. Co. Select Healthcare		590,732
	Fidelity Management Trust Company	Shares of Registered Invest. Co. Select Technology		789,430
	Fidelity Management Trust Company	Shares of Registered Invest. Co. Select Utilities		276,574
	Fidelity Management Trust Company	Shares of Registered Invest. Co. Select Financial		203,291
	Fidelity Management Trust Company	Shares of Registered Invest. Co. Real Estate Investment		1,180,962
	Fidelity Management Trust Company	Shares of Registered Invest. Co. Blue Chip Fund		1,430,566
	Fidelity Management Trust Company	Shares of Registered Invest. Co. Low PR Stock Fund		1,342,863
	Fidelity Management Trust Company	Shares of Registered Invest. Co. Diversified International		2,202,912
	Fidelity Management Trust Company	Shares of Registered Invest. Co. Dividend Growth Fund		1,469,590
	Fidelity Management Trust Company	Shares of Registered Invest. Co. Mid Cap Stock		1,368,592
	Fidelity Management Trust Company	Shares of Registered Invest. Co. Small Cap Stock		1,778,514
	Fidelity Management Trust Company	Shares of Registered Invest. Co. Freedom Income Fund		139,384
	Fidelity Management Trust Company	Shares of Registered Invest. Co. Freedom 2000 Fund		87,171
	Fidelity Management Trust Company	Shares of Registered Invest. Co. Freedom 2010 Fund		1,072,054
	Fidelity Management Trust Company	Shares of Registered Invest. Co. Freedom 2020 Fund		1,671,808
	Fidelity Management Trust Company	Shares of Registered Invest. Co. Intl Discovery		279,757

(Continued)

See Independent Auditor's Report.
Stoughton Davidson Accountancy Corporation

PSOMAS RETIREMENT SAVINGS PLAN
Los Angeles, California

EIN 95-2863554 - Plan Number 001

FINANCIAL SCHEDULE (SCHEDULE H, Line 4i - FORM 5500)
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
December 31, 2010 (Continued)

(a)	(b) Identity of Issuer, Borrower Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost**	(e) Current Value
	Fidelity Management Trust Company	Shares of Registered Invest. Co. Freedom 2030 Fund		1,137,205
	Fidelity Management Trust Company	Shares of Registered Invest. Co. Select Natural Res. Fund		1,018,122
	Fidelity Management Trust Company	Shares of Registered Invest. Co. Select Industrials Portfolio Fund		588,482
	Fidelity Management Trust Company	Shares of Registered Invest. Co. Select Consumer Discretionary Portfolio Fund		431,536
	Fidelity Management Trust Company	Shares of Registered Invest. Co. Spartan US EQ Index Fund		1,602,882
	Fidelity Management Trust Company	Shares of Registered Invest. Co. US BD Index Fund		3,513,418
	Fidelity Management Trust Company	Shares of Registered Invest. Co. Freedom 2040 Fund		517,828
	Fidelity Management Trust Company	Shares of Registered Invest. Co. Aim Basic Value A Fund		299,696
	Fidelity Management Trust Company	Shares of Registered Invest. Co. Perkins Mid Cap Value Fund		1,688,277
	Fidelity Management Trust Company	Shares of Registered Invest. Co. Freedom Fund 2005		43,247
	Fidelity Management Trust Company	Shares of Registered Invest. Co. Freedom Fund 2015		452,218
	Fidelity Management Trust Company	Shares of Registered Invest. Co. Freedom Fund 2025		687,736
	Fidelity Management Trust Company	Shares of Registered Invest. Co. Freedom Fund 2035		451,614
	Fidelity Management Trust Company	Shares of Registered Invest. Co. Freedom Fund 2045		50,441
	Fidelity Management Trust Company	Shares of Registered Invest. Co. Freedom Fund 2050		40,118
	Fidelity Management Trust Company	Shares of Registered Invest. Co. Spartan Intl Index		271,619
	Total Assets Held for Investment Purposes			$31,691,409

** All investments are participant directed; therefore, disclosure of cost is not required.

See Independent Auditor's Report.
Stoughton Davidson Accountancy Corporation