Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
401(K) PLAN FOR EMPLOYEES OF THE DECURION CORPORATION

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 01/01/1994

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

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

3RD FLOOR
LOS ANGELES, CA 90048-3115

2b Employer Identification Number (EIN)
95-2460015

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

2d Business code (see instructions)
713900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/08/2011	AISLING BYRNE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/08/2011	AISLING BYRNE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

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

3b Administrator's EIN
95-2460015

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

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:
a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	1073
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**	640
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	173
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	813
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	813
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	412
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	256
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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
401(K) PLAN FOR EMPLOYEES OF THE DECURION CORPORATION

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
95-2460015

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
NEW YORK LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5582869	66915	31501	412	01/01/2010	12/31/2010

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	2281243

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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	**B** Three-digit plan number (PN) ▶	
401(K) PLAN FOR EMPLOYEES OF THE DECURION CORPORATION		003
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
THE DECURION CORPORATION	95-2460015	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

NEW YORK LIFE INVESTMENT MANAGEMENT

52-2206685

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 62 64	RETAINED BY EMPLOYER	2350	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

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

A Name of plan
401(K) PLAN FOR EMPLOYEES OF THE DECURION CORPORATION

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
95-2460015

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE: NEW YORK LIFE ANCHOR ACCOUNT

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-5582869-125	P	2281243

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

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

A Name of plan
401(K) PLAN FOR EMPLOYEES OF THE DECURION CORPORATION

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
95-2460015

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		0
(2) Participant contributions	1b(2)		0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		0
(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)	113371	251276
(9) Value of interest in common/collective trusts	1c(9)		0
(10) Value of interest in pooled separate accounts	1c(10)	2123385	2281243
(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)	11180631	13327962
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		0
(15) Other	1c(15)		0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		0
(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	13417387	15860481
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	13417387	15860481

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)	845683	
(B) Participants	2a(1)(B)	1157140	
(C) Others (including rollovers)	2a(1)(C)	31293	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2034116
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	7923	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		7923
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	181765	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		181765
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	0	
(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)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		46814
(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)		1488935
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		3759553
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1305695	
(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)		1305695
f Corrective distributions (see instructions)	2f		8401
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	2350	
(3) Investment advisory and management fees	2i(3)	13	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		2363
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1316459
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2443094
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

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

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

SCHEDULE R
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

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
401(K) PLAN FOR EMPLOYEES OF THE DECURION CORPORATION

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
95-2460015

Part I Distributions

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

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

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

EIN(s): 13-3808042

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

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

FINANCIAL STATEMENTS

DECEMBER 31, 2010 AND 2009

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

INDEX

			Page No.
INDEPENDENT AUDITORS' REPORT			1
EXHIBIT "A"	-	Statements of Net Assets Available for Benefits as of December 31, 2010 and 2009	2
EXHIBIT "B"	-	Statement of Changes in Net Assets Available for Benefits - January 1, 2010 to December 31, 2010	3
NOTES TO FINANCIAL STATEMENTS			4-9
SUPPLEMENTAL SCHEDULE			
SCHEDULE 1	-	Schedule of Assets (Held At End of Year) - December 31, 2010	10

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Independent Auditors' Report

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

We were engaged to audit the financial statements and supplemental schedule of the 401(k) Plan for the Employees of The Decurion Corporation as of December 31, 2010 and 2009 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 5, which was certified by New York Life Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the 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 a certification from the trustee as of December 31, 2010 and 2009 and for the year ended December 31, 2010, 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 supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, has been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Miller, Kaplan, Arase & Co., LLP

MILLER, KAPLAN, ARASE & CO., LLP

August 29, 2011

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

	December 31, 2010	December 31, 2009
ASSETS		
INVESTMENTS, AT FAIR VALUE		
Mutual Funds	$ 13,327,962	$ 11,180,632
Pooled Separate Account	2,255,237	2,021,462
TOTAL INVESTMENTS	15,583,199	13,202,094
RECEIVABLES		
Participant Contributions	-	5,500
Employer Contributions	40,972	67,873
Notes Receivable from Participants	251,276	113,371
TOTAL RECEIVABLES	292,248	186,744
TOTAL ASSETS	15,875,447	13,388,838
NET ASSETS AVAILABLE FOR BENEFITS AT FAIR VALUE	15,875,447	13,388,838
Adjustment from Fair Value to Contract Value for Fully Benefit-Responsive Investment Contracts	26,006	101,922
NET ASSETS AVAILABLE FOR BENEFITS	$ 15,901,453	$ 13,490,760

(Attached notes are an integral part of this statement)

EXHIBIT "B"

401(k) PLAN FOR THE EMPLOYEES OF THE DECURION CORPORATION
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
JANUARY 1, 2010 TO DECEMBER 31, 2010

ADDITIONS	
INVESTMENT INCOME	
Interest and Dividends	$ 297,735
Net Appreciation in Fair Value of Investments	1,426,813
TOTAL INVESTMENT INCOME	1,724,548
CONTRIBUTIONS AND OTHER ADDITIONS	
Employer Contributions	858,035
Participant Contributions	1,147,119
Rollovers	31,293
Interest on Notes Receivable from Participants	7,923
TOTAL CONTRIBUTIONS AND OTHER ADDITIONS	2,044,370
TOTAL ADDITIONS	3,768,918
DEDUCTIONS	
Benefits	1,355,862
Administrative Expenses	2,363
TOTAL DEDUCTIONS	1,358,225
NET INCREASE	2,410,693
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning of Year	13,490,760
End of Year	$ 15,901,453

(Attached notes are an integral part of this statement)

NOTE 1 - DESCRIPTION OF THE PLAN

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

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

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

A. Eligibility

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

B. Benefits

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

Benefits are recorded when paid.

C. Vesting

Participants are 100% vested in their salary deferral contribution and Company safe harbor matching contributions and rollover contributions, plus actual earnings thereon. Participants actively employed by the Company after December 31, 2007 are 100% vested in any Company matching contributions. Other Company contributions, or if employment terminated prior to January 1, 2008, any Company matching contributions, plus actual earnings thereon is based on years of vested service as follows:

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

NOTE 1 - DESCRIPTION OF THE PLAN (Continued)

D. Contributions

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

The Plan calls for a Company safe harbor matching contribution equal to 100% of the first 6% of deferred amount by employees. Safe harbor Employer matching contributions for the year ended December 31, 2010 were $858,035.

E. Notes Receivable from Participants

The Plan allows participants to borrow not less than $1,000 up to the lesser of $50,000 or 50% of their vested account balance. A loan is secured by a participant's vested account balance, bears interest at available market financing rates and must be repaid to the Plan in five years unless the loan is used for the purchase of a principal residence, in which case the maximum repayment period is 10 years. The Plan administrator establishes the specific terms and conditions of loans to participants. Notes receivable from participants at December 31, 2010 carry interest rates ranging from 4.00% to 11.00%. A loan set up fee of $100 will be deducted from the participant's account for each loan.

F. Forfeitures

Forfeitures, which arise as a result of a participant's termination prior to full vesting are used to reduce future contributions by the Company or to pay Plan expenses. Forfeitures totaled $19,315 for year ended December 31, 2010. $43,664 of forfeitures were used to reduce Company contributions for the year ended December 31, 2010. As of December 31, 2010 and 2009, accumulated forfeitures totaling $84,350 and $106,376, respectively, were available for future use.

G. Administrative Expenses

Most administrative expenses are paid by the Company. Investment fees paid by the Plan totaled $2,363 in 2010.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Basis of Accounting

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

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

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

B. Estimates

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

C. Investment Valuation and Income Recognition

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

The following are the major categories of assets and liabilities measured at fair value on a nonrecurring basis during the years ended December 31, 2010 and 2009, using the following fair value hierarchy and related valuation methodologies:

Level 1 – Inputs are quoted prices in active market.

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

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

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

	2010			
	Level 1	Level 2	Level 3	Total
Mutual Funds:				
Income/Fixed Income	$ 2,953,173	$ -	$ -	$ 2,953,173
Age-based	2,703,105	-	-	2,703,105
Real Estate	545,988	-	-	545,988
Large Cap	336,121	-	-	336,121
S&P 500 Index	1,953,405	-	-	1,953,405
Growth	170,392	-	-	170,392
Mid Cap	659,188	-	-	659,188
Equity	2,570,757	-	-	2,570,757
Small Cap	549,737	-	-	549,737
International	886,096	-	-	886,096
Pooled Separate Account	-	2,255,237	-	2,255,237
	$ 13,327,962	$ 2,255,237	$ -	$ 15,583,199

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

C. Investment Valuation and Income Recognition (Continued)

	2009			
	Level 1	Level 2	Level 3	Total
Mutual Funds:				
Income/Fixed Income	$ 2,509,828	$ -	$ -	$ 2,509,828
Age-based	2,051,092	-	-	2,051,092
Real Estate	350,366	-	-	350,366
Large Cap	235,891	-	-	235,891
S&P 500 Index	1,701,529	-	-	1,701,529
Growth	193,593	-	-	193,593
Mid Cap	553,376	-	-	553,376
Equity	2,420,184	-	-	2,420,184
Small Cap	266,369	-	-	266,369
International	898,404	-	-	898,404
Pooled Separate Account	-	2,021,462	-	2,021,462
	$ 11,180,632	$ 2,021,462	$ -	$ 13,202,094

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

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

D. Risks and Uncertainties

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

E. New Accounting Pronouncement

The Financial Accounting Standards Board (FASB) recently issued ASU 2010-25, Reporting Loans to Participants by Defined Contribution Pension Plans — a consensus of the FASB Emerging Issues Task Force, clarifying the classification and measurement guidance on participant loans of a defined contribution pension plan. The ASU requires participant loans to be classified as notes receivable from participants and measured at their unpaid principal balance plus accrued unpaid interest. This guidance is a change to the requirement to classify

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

E. New Accounting Pronouncement (Continued)

participant loans as investments recognized in accordance with ASC 820, Fair Value Measurements Disclosures. The new guidance is effective for fiscal years ending after December 15, 2010 and must be applied retroactively. The Plan adopted this new guidance for the Plan year ended December 31, 2010.

NOTE 3 - INCOME TAX STATUS

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

The Plan has adopted guidance on accounting for uncertainty in income taxes issued by the FASB. The Plan administrator believes that the Plan has taken no uncertain tax positions that require adjustment to the financial statements to comply with the provisions of this guidance. Certain information returns filed by the Plan are subject to examination by authorities. As of December 31, 2010, information returns for Plan years subsequent to 2006 were subject to examination by authorities.

NOTE 4 - PLAN TERMINATION

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

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

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

NOTE 6 - 5% INVESTMENTS

The following investments represent 5% or more of the Plan's net assets available for benefits as of December 31, 2010:

	Fair Value
New York Life Anchor Account II	$ 2,255,237
PIMCO Total Return Fund	1,352,478
T. Rowe Price Retirement 2020	963,242
MainStay S&P 500 Index Fund	1,953,405
Oakmark Equity & Income Fund	1,431,071
Davis New York Venture Fund	2,570,757
Fidelity Diversified International Fund	886,096

NOTE 7 - RECONCILIATION OF FINANCIAL STATEMENTS TO THE FORM 5500

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

	December 31, 2010	December 31, 2009
Net Assets Available for Benefits per the Financial Statements	$ 15,901,453	$ 13,490,760
Less: Contributions Receivable	(40,972)	(73,373)
Net Assets per the Form 5500	$ 15,860,481	$ 13,417,387

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

	January 1, 2010 to December 31, 2010
Net Increase per the Financial Statements	$ 2,410,693
Less: Contributions Receivable at December 31, 2010	(40,972)
Add: Contributions Receivable at December 31, 2009	73,373
Net Income per the Form 5500	$ 2,443,094

NOTE 8 - RELATED PARTY TRANSACTIONS

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

NOTE 9 - SUBSEQUENT EVENTS

Management has evaluated subsequent events through August 29, 2011, the date on which the financial statements were available to be issued. There were no material subsequent events that required recognition or addition disclosure in these financial statements.

NOTE 10 - RECLASSIFICATIONS

Certain information reported in the 2009 financial statements has been reclassified to conform to the 2010 presentation.

SUPPLEMENTAL SCHEDULE

SCHEDULE 1

401(k) PLAN FOR THE EMPLOYEES OF
THE DECURION CORPORATION
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 95-2460015; PLAN NO. 003
DECEMBER 31, 2010

Identity of Issuer	Description	Fair Value
	Pooled Separate Account	
New York Life Trust Company*	Anchor Account II	$ 2,255,237
	Mutual Funds	
American Beacon	Large Cap Value Investment Fund	336,121
American Funds	Growth Fund of America	170,392
Artisan	Mid Cap Value Fund	127,866
Davis	New York Venture Fund	2,570,757
Fidelity	Diversified International Fund	886,096
Invesco	Real Estate Institutional Fund	545,988
Ivy	Small Cap Growth Fund	368,038
MainStay*	S&P 500 Index Fund	1,953,405
Oakmark	Equity & Income Fund	1,431,071
PIMCO	Total Return Fund	1,352,478
RS Partners	Fund A	181,699
T. Rowe Price:	Retirement Income	169,624
	Retirement 2005	8,517
	Retirement 2010	122,709
	Retirement 2015	8,731
	Retirement 2020	963,242
	Retirement 2025	260,113
	Retirement 2030	603,047
	Retirement 2035	310,238
	Retirement 2040	252,832
	Retirement 2045	44,374
	Retirement 2050	38,991
	Retirement 2055	90,311
Wells Fargo	Advantage Enterprise Fund	531,322
Participant Loans *	Secured; 4.00% - 11.00%	251,276
	TOTAL	$ 15,834,475

* Party-in-Interest

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

FINANCIAL STATEMENTS

DECEMBER 31, 2010 AND 2009

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

INDEX

			Page No.
INDEPENDENT AUDITORS' REPORT			1
EXHIBIT "A"	-	Statements of Net Assets Available for Benefits as of December 31, 2010 and 2009	2
EXHIBIT "B"	-	Statement of Changes in Net Assets Available for Benefits - January 1, 2010 to December 31, 2010	3
NOTES TO FINANCIAL STATEMENTS			4-9
SUPPLEMENTAL SCHEDULE			
SCHEDULE 1	-	Schedule of Assets (Held At End of Year) - December 31, 2010	10

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Independent Auditors' Report

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

We were engaged to audit the financial statements and supplemental schedule of the 401(k) Plan for the Employees of The Decurion Corporation as of December 31, 2010 and 2009 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.

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August 29, 2011

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STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

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Mid Cap	659,188	-	-	659,188
Equity	2,570,757	-	-	2,570,757
Small Cap	549,737	-	-	549,737
International	886,096	-	-	886,096
Pooled Separate Account	-	2,255,237	-	2,255,237
	$ 13,327,962	$ 2,255,237	$ -	$ 15,583,199

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

C. Investment Valuation and Income Recognition (Continued)

	2009			
	Level 1	Level 2	Level 3	Total
Mutual Funds:				
Income/Fixed Income	$ 2,509,828	$ -	$ -	$ 2,509,828
Age-based	2,051,092	-	-	2,051,092
Real Estate	350,366	-	-	350,366
Large Cap	235,891	-	-	235,891
S&P 500 Index	1,701,529	-	-	1,701,529
Growth	193,593	-	-	193,593
Mid Cap	553,376	-	-	553,376
Equity	2,420,184	-	-	2,420,184
Small Cap	266,369	-	-	266,369
International	898,404	-	-	898,404
Pooled Separate Account	-	2,021,462	-	2,021,462
	$ 11,180,632	$ 2,021,462	$ -	$ 13,202,094

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

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

D. Risks and Uncertainties

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

E. New Accounting Pronouncement

The Financial Accounting Standards Board (FASB) recently issued ASU 2010-25, Reporting Loans to Participants by Defined Contribution Pension Plans — a consensus of the FASB Emerging Issues Task Force, clarifying the classification and measurement guidance on participant loans of a defined contribution pension plan. The ASU requires participant loans to be classified as notes receivable from participants and measured at their unpaid principal balance plus accrued unpaid interest. This guidance is a change to the requirement to classify

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

E. New Accounting Pronouncement (Continued)

participant loans as investments recognized in accordance with ASC 820, Fair Value Measurements Disclosures. The new guidance is effective for fiscal years ending after December 15, 2010 and must be applied retroactively. The Plan adopted this new guidance for the Plan year ended December 31, 2010.

NOTE 3 - INCOME TAX STATUS

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

The Plan has adopted guidance on accounting for uncertainty in income taxes issued by the FASB. The Plan administrator believes that the Plan has taken no uncertain tax positions that require adjustment to the financial statements to comply with the provisions of this guidance. Certain information returns filed by the Plan are subject to examination by authorities. As of December 31, 2010, information returns for Plan years subsequent to 2006 were subject to examination by authorities.

NOTE 4 - PLAN TERMINATION

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

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

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

NOTE 6 - 5% INVESTMENTS

The following investments represent 5% or more of the Plan's net assets available for benefits as of December 31, 2010:

	Fair Value
New York Life Anchor Account II	$ 2,255,237
PIMCO Total Return Fund	1,352,478
T. Rowe Price Retirement 2020	963,242
MainStay S&P 500 Index Fund	1,953,405
Oakmark Equity & Income Fund	1,431,071
Davis New York Venture Fund	2,570,757
Fidelity Diversified International Fund	886,096

NOTE 7 - RECONCILIATION OF FINANCIAL STATEMENTS TO THE FORM 5500

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

	December 31, 2010	December 31, 2009
Net Assets Available for Benefits per the Financial Statements	$ 15,901,453	$ 13,490,760
Less: Contributions Receivable	(40,972)	(73,373)
Net Assets per the Form 5500	$ 15,860,481	$ 13,417,387

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

	January 1, 2010 to December 31, 2010
Net Increase per the Financial Statements	$ 2,410,693
Less: Contributions Receivable at December 31, 2010	(40,972)
Add: Contributions Receivable at December 31, 2009	73,373
Net Income per the Form 5500	$ 2,443,094

NOTE 8 - RELATED PARTY TRANSACTIONS

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

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SUPPLEMENTAL SCHEDULE

SCHEDULE 1

401(k) PLAN FOR THE EMPLOYEES OF
THE DECURION CORPORATION
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 95-2460015; PLAN NO. 003
DECEMBER 31, 2010

Identity of Issuer	Description	Fair Value
	Pooled Separate Account	
New York Life Trust Company*	Anchor Account II	$ 2,255,237
	Mutual Funds	
American Beacon	Large Cap Value Investment Fund	336,121
American Funds	Growth Fund of America	170,392
Artisan	Mid Cap Value Fund	127,866
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Fidelity	Diversified International Fund	886,096
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	Retirement 2050	38,991
	Retirement 2055	90,311
Wells Fargo	Advantage Enterprise Fund	531,322
Participant Loans *	Secured; 4.00% - 11.00%	251,276
	TOTAL	$ 15,834,475

* Party-in-Interest

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

FINANCIAL STATEMENTS

DECEMBER 31, 2010 AND 2009

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

INDEX

			Page No.
INDEPENDENT AUDITORS' REPORT			1
EXHIBIT "A"	-	Statements of Net Assets Available for Benefits as of December 31, 2010 and 2009	2
EXHIBIT "B"	-	Statement of Changes in Net Assets Available for Benefits - January 1, 2010 to December 31, 2010	3
NOTES TO FINANCIAL STATEMENTS			4-9
SUPPLEMENTAL SCHEDULE			
SCHEDULE 1	-	Schedule of Assets (Held At End of Year) - December 31, 2010	10

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Independent Auditors' Report

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

We were engaged to audit the financial statements and supplemental schedule of the 401(k) Plan for the Employees of The Decurion Corporation as of December 31, 2010 and 2009 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 5, which was certified by New York Life Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the 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 a certification from the trustee as of December 31, 2010 and 2009 and for the year ended December 31, 2010, 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 supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, has been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Miller, Kaplan, Arase & Co., LLP

MILLER, KAPLAN, ARASE & CO., LLP

August 29, 2011

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

	December 31, 2010	December 31, 2009
ASSETS		
INVESTMENTS, AT FAIR VALUE		
Mutual Funds	$ 13,327,962	$ 11,180,632
Pooled Separate Account	2,255,237	2,021,462
TOTAL INVESTMENTS	15,583,199	13,202,094
RECEIVABLES		
Participant Contributions	-	5,500
Employer Contributions	40,972	67,873
Notes Receivable from Participants	251,276	113,371
TOTAL RECEIVABLES	292,248	186,744
TOTAL ASSETS	15,875,447	13,388,838
NET ASSETS AVAILABLE FOR BENEFITS AT FAIR VALUE	15,875,447	13,388,838
Adjustment from Fair Value to Contract Value for Fully Benefit-Responsive Investment Contracts	26,006	101,922
NET ASSETS AVAILABLE FOR BENEFITS	$ 15,901,453	$ 13,490,760

(Attached notes are an integral part of this statement)

EXHIBIT "B"

401(k) PLAN FOR THE EMPLOYEES OF THE DECURION CORPORATION
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
JANUARY 1, 2010 TO DECEMBER 31, 2010

ADDITIONS	
INVESTMENT INCOME	
Interest and Dividends	$ 297,735
Net Appreciation in Fair Value of Investments	1,426,813
TOTAL INVESTMENT INCOME	1,724,548
CONTRIBUTIONS AND OTHER ADDITIONS	
Employer Contributions	858,035
Participant Contributions	1,147,119
Rollovers	31,293
Interest on Notes Receivable from Participants	7,923
TOTAL CONTRIBUTIONS AND OTHER ADDITIONS	2,044,370
TOTAL ADDITIONS	3,768,918
DEDUCTIONS	
Benefits	1,355,862
Administrative Expenses	2,363
TOTAL DEDUCTIONS	1,358,225
NET INCREASE	2,410,693
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning of Year	13,490,760
End of Year	$ 15,901,453

(Attached notes are an integral part of this statement)

NOTE 1 - DESCRIPTION OF THE PLAN

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

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

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

A. Eligibility

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

B. Benefits

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

Benefits are recorded when paid.

C. Vesting

Participants are 100% vested in their salary deferral contribution and Company safe harbor matching contributions and rollover contributions, plus actual earnings thereon. Participants actively employed by the Company after December 31, 2007 are 100% vested in any Company matching contributions. Other Company contributions, or if employment terminated prior to January 1, 2008, any Company matching contributions, plus actual earnings thereon is based on years of vested service as follows:

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

NOTE 1 - DESCRIPTION OF THE PLAN (Continued)

D. Contributions

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

The Plan calls for a Company safe harbor matching contribution equal to 100% of the first 6% of deferred amount by employees. Safe harbor Employer matching contributions for the year ended December 31, 2010 were $858,035.

E. Notes Receivable from Participants

The Plan allows participants to borrow not less than $1,000 up to the lesser of $50,000 or 50% of their vested account balance. A loan is secured by a participant's vested account balance, bears interest at available market financing rates and must be repaid to the Plan in five years unless the loan is used for the purchase of a principal residence, in which case the maximum repayment period is 10 years. The Plan administrator establishes the specific terms and conditions of loans to participants. Notes receivable from participants at December 31, 2010 carry interest rates ranging from 4.00% to 11.00%. A loan set up fee of $100 will be deducted from the participant's account for each loan.

F. Forfeitures

Forfeitures, which arise as a result of a participant's termination prior to full vesting are used to reduce future contributions by the Company or to pay Plan expenses. Forfeitures totaled $19,315 for year ended December 31, 2010. $43,664 of forfeitures were used to reduce Company contributions for the year ended December 31, 2010. As of December 31, 2010 and 2009, accumulated forfeitures totaling $84,350 and $106,376, respectively, were available for future use.

G. Administrative Expenses

Most administrative expenses are paid by the Company. Investment fees paid by the Plan totaled $2,363 in 2010.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Basis of Accounting

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

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

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

B. Estimates

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

C. Investment Valuation and Income Recognition

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

The following are the major categories of assets and liabilities measured at fair value on a nonrecurring basis during the years ended December 31, 2010 and 2009, using the following fair value hierarchy and related valuation methodologies:

Level 1 – Inputs are quoted prices in active market.

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

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

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

	2010			
	Level 1	Level 2	Level 3	Total
Mutual Funds:				
Income/Fixed Income	$ 2,953,173	$ -	$ -	$ 2,953,173
Age-based	2,703,105	-	-	2,703,105
Real Estate	545,988	-	-	545,988
Large Cap	336,121	-	-	336,121
S&P 500 Index	1,953,405	-	-	1,953,405
Growth	170,392	-	-	170,392
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C. Investment Valuation and Income Recognition (Continued)

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