

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 <u>01/01/2010</u> and ending <u>12/31/2010</u>			
A This return/report is for:	☐ a multiemployer plan;	☐ a multiple-employer plan; or	
	☒ 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:	☒ Form 5558;	☐ automatic extension;	☐ the DFVC program;
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a Name of plan <u>REVEAL IMAGING TECHNOLOGIES, INC. 401(K) PLAN</u>	1b Three-digit plan number (PN) ►	<u>001</u>	
	1c Effective date of plan	<u>01/01/2004</u>	
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>REVEAL IMAGING TECHNOLOGIES, INC.</u> <u>10260 CAMPUS POINT DRIVE</u> <u>MS A3</u> <u>SAN DIEGO, CA 92121</u>	2b Employer Identification Number (EIN) <u>06-1657891</u>	2c Sponsor's telephone number <u>858-826-5330</u>	2d Business code (see instructions) <u>334500</u>

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	<u>Filed with authorized/valid electronic signature.</u>	<u>09/20/2011</u>	<u>LUCY MOFFITT</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") REVEAL IMAGING TECHNOLOGIES, INC. 10260 CAMPUS POINT DRIVE MS A3 SAN DIEGO, CA 92121	3b Administrator's EIN 06-1657891 3c Administrator's telephone number 858-826-5330
--	---

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	129
---	----------	-----

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	145
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	18
d Subtotal. Add lines 6a , 6b , and 6c	6d	163
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	163
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	99
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
--	----------	--

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

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ 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) ☒ 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) ☒ **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) ☒ **H** (Financial Information)
 (2) ☐ **I** (Financial Information – Small Plan)
 (3) ☐ **A** (Insurance Information)
 (4) ☒ **C** (Service Provider Information)
 (5) ☐ **D** (DFE/Participating Plan Information)
 (6) ☐ **G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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 REVEAL IMAGING TECHNOLOGIES, INC. 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 REVEAL IMAGING TECHNOLOGIES, INC.	D Employer Identification Number (EIN) 06-1657891	

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
FID.INV.INST.OPS.CO.
04-2647786

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

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

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

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

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

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

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

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

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

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 37 65 60	RECORDKEEPER	575	Yes ☒ No ☐	Yes ☒ No ☐	0	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 ☐

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ARTISAN MID CAP INV - BOSTON FINANC 04-2526037	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DWS STRATEGIC VAL A - DWS INVESTMEN 02-0432775	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
LD ABBETT MIDCPVAL P - DST SYSTEMS, 43-1581814	0.45%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p style="text-align: center;">(d) Enter name and EIN (address) of source of indirect compensation</p> <p>ROYCE LOW PR STK SER - BOSTON FINAN</p> <p>04-2526037</p> </div> <div style="width: 40%;"> <p style="text-align: center;">(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>0.45%</p> </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p style="text-align: center;">(a) Enter service provider name as it appears on line 2</p> </div> <div style="width: 20%;"> <p style="text-align: center;">(b) Service Codes (see instructions)</p> </div> <div style="width: 20%;"> <p style="text-align: center;">(c) Enter amount of indirect compensation</p> </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p style="text-align: center;">(d) Enter name and EIN (address) of source of indirect compensation</p> </div> <div style="width: 40%;"> <p style="text-align: center;">(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p style="text-align: center;">(a) Enter service provider name as it appears on line 2</p> </div> <div style="width: 20%;"> <p style="text-align: center;">(b) Service Codes (see instructions)</p> </div> <div style="width: 20%;"> <p style="text-align: center;">(c) Enter amount of indirect compensation</p> </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p style="text-align: center;">(d) Enter name and EIN (address) of source of indirect compensation</p> </div> <div style="width: 40%;"> <p style="text-align: center;">(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> </div> </div>		

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan REVEAL IMAGING TECHNOLOGIES, INC. 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 REVEAL IMAGING TECHNOLOGIES, INC.	D Employer Identification Number (EIN) 06-1657891	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	441278	411044
(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)	28186	5563
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2426557	3195969
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	2896021	3612576

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 through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	2896021	3612576
---	-----------	---------	---------

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** **Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)	611650	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		611650

b **Earnings on investments:**(1) **Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	83	
(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)	891	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		974

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	44296	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		44296

(3) Rents	2b(3)		
-----------------	--------------	--	--

(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		425377
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1082297

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	361180	
(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)		361180
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		3929
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	633	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		633
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		365742

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		716555
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: **MAYER HOFFMAN MCCANN P.C.**

(2) EIN: **43-1947695**

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.).....		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.).....		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.)		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.).....		X	
e Was this plan covered by a fidelity bond?.....	X		15000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.).....	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.).....		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?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		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.		X	

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☒ Yes ☐ No Amount: 0

- 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 <u>REVEAL IMAGING TECHNOLOGIES, INC. 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>REVEAL IMAGING TECHNOLOGIES, INC.</u>	D Employer Identification Number (EIN) <u>06-1657891</u>

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	<u>0</u>
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): <u>04-6568107</u>		
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 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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2010
v.092308.1

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):

- 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): _____



Mayer Hoffman McCann P.C.

An Independent CPA Firm

10616 Scripps Summit Court
San Diego, California 92131
858-795-2000 ph
858-795-2001 fx
www.mhm-pc.com

Independent Auditors' Report

To the SAIC Retirement Programs Committee
San Diego, CA

We were engaged to audit the financial statements and supplemental schedule of the **Reveal Imaging Technologies, Inc. 401(k) Plan** ("Plan") as of December 31, 2010 and for the year then ended, as listed in the accompanying table of contents. 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 ERISA, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fidelity Management 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 certification from the Trustee as of December 31, 2010 and for the year then ended, that the information provided to the Plan administrator by the Trustee is complete and accurate.

As described in Note 1 to the financial statements, the Plan administrator adopted a resolution to terminate the Plan effective August 12, 2010, and the Plan commenced liquidation shortly thereafter. As a result, the Plan has changed its basis of accounting for periods subsequent to August 12, 2010, from the ongoing plan basis to the liquidation basis.

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, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

We have compiled the accompanying statement of net assets available for benefits of **Reveal Imaging Technologies, Inc. 401(k) Plan** as of December 31, 2009, in accordance with Statement on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants.

A compilation is limited to presenting in the form of financial statements information that is the representation of management. We have not audited or reviewed the accompanying December 31, 2009 statement of net assets available for benefits and, accordingly, do not express an opinion or any other form of assurance on it.

Mayer Hoffman McCann P.C.

Reveal Imaging Technologies, Inc. 401(k) Plan



**Financial Statements
and Supplemental Schedule**
Years Ended December 31, 2010 and 2009

Reveal Imaging Technologies, Inc. 401(k) Plan

Contents

Independent Auditors' Report	3
-------------------------------------	---

Financial Statements

Statement of Net Assets in Liquidation Available for Benefits	4
Statement of Net Assets Available for Benefits	5
Statement of Changes in Net Assets in Liquidation Available for Benefits	6
Statement of Changes in Net Assets Available for Benefits	7
Notes to Financial Statements	8-13

Supplemental Schedule *

Schedule H, line 4i – Schedule of Assets (Held at End of Year)	15-16
--	-------

* Other schedules required by 29 CFR 2520.103-10 of the Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA") have been omitted because they are not applicable.



Mayer Hoffman McCann P.C.

An Independent CPA Firm

10616 Scripps Summit Court
San Diego, California 92131
858-795-2000 ph
858-795-2001 fx
www.mhm-pc.com

Independent Auditors' Report

To the SAIC Retirement Programs Committee
San Diego, CA

We were engaged to audit the financial statements and supplemental schedule of the **Reveal Imaging Technologies, Inc. 401(k) Plan** ("Plan") as of December 31, 2010 and for the year then ended, as listed in the accompanying table of contents. 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 ERISA, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fidelity Management 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 certification from the Trustee as of December 31, 2010 and for the year then ended, that the information provided to the Plan administrator by the Trustee is complete and accurate.

As described in Note 1 to the financial statements, the Plan administrator adopted a resolution to terminate the Plan effective August 12, 2010, and the Plan commenced liquidation shortly thereafter. As a result, the Plan has changed its basis of accounting for periods subsequent to August 12, 2010, from the ongoing plan basis to the liquidation basis.

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, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

We have compiled the accompanying statement of net assets available for benefits of **Reveal Imaging Technologies, Inc. 401(k) Plan** as of December 31, 2009, in accordance with Statement on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants.

A compilation is limited to presenting in the form of financial statements information that is the representation of management. We have not audited or reviewed the accompanying December 31, 2009 statement of net assets available for benefits and, accordingly, do not express an opinion or any other form of assurance on it.

Mayer Hoffman McCann P.C.

Reveal Imaging Technologies, Inc. 401(k) Plan

Statement of Net Assets in Liquidation Available for Benefits

December 31, 2010

Assets:

Participant directed investments – at fair value: \$ 3,607,013

Receivables:

Notes receivable from participant loans: 9,492

Net Assets in Liquidation Available for Benefits \$ 3,616,505

The accompanying notes are an integral part of this financial statement.

Reveal Imaging Technologies, Inc. 401(k) Plan

Statement of Net Assets Available for Benefits

December 31, 2009 (unaudited)

Assets:

Participant directed investments – at fair value: \$ 2,867,835

Receivables

Notes receivable from participant loans: 28,186

Net Assets Available for Benefits \$ 2,896,021

The accompanying notes are an integral part of this financial statement.

Reveal Imaging Technologies, Inc. 401(k) Plan

Statement of Changes in Net Assets in Liquidation Available for Benefits

For the Period from August 13 to December 31, 2010

ADDITIONS:	
Investment income	
Net appreciation in fair value of investments	\$ 456,090
Dividends	33,581
Net investment income	489,671
Interest income on notes receivable from participants	178
Contributions:	
Employee contributions	39,449
Total additions	529,298
DEDUCTIONS:	
Benefits paid to participants	286,143
Expenses	42
Total deductions	286,185
Net Increase in Net Assets in Liquidation Available for Benefits	243,113
Net Assets Available for Benefits, Beginning of Period	3,373,392
Net Assets in Liquidation Available for Benefits, End of Period	\$ 3,616,505

The accompanying notes are an integral part of this financial statement.

Reveal Imaging Technologies, Inc. 401(k) Plan

Statement of Changes in Net Assets Available for Benefits

For the Period from January 1 to August 12, 2010

ADDITIONS:	
Investment income (loss)	
Net depreciation in fair value of investments	\$ (30,713)
Dividends	10,798
Net investment loss	(19,915)
Interest income on notes receivable from participants	713
Contributions:	
Employee contributions	572,201
Total additions	552,999
DEDUCTIONS:	
Benefits paid to participants	75,037
Expenses	591
Total deductions	75,628
Net Increase in Net Assets Available for Benefits	477,371
Net Assets Available for Benefits, Beginning of Period	2,896,021
Net Assets Available for Benefits, End of Period	\$ 3,373,392

The accompanying notes are an integral part of this financial statement.

Reveal Imaging Technologies, Inc. 401(k) Plan

Notes to Financial Statements

1. Description of the Plan

The following description of The Reveal Imaging Technologies 401(k) Plan (“Plan”) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

General

The Plan was established on January 1, 2004, to provide retirement benefits to eligible employees. The Plan is subject to the Employee Retirement Income Security Act of 1974 (“ERISA”). On August 12, 2010 (“acquisition date”) Reveal Imaging Technologies Inc. (“the Company”) was acquired by Science Application International Corporation (“SAIC”). As a prerequisite of this acquisition, the Plan was terminated on August 12, 2010.

The Plan is a defined contribution plan established and sponsored by the Company. The Plan covers substantially all employees of the Company and is administered by the Company. The Plan’s Trustee, Fidelity Management Trust Company, has the authority and responsibility for the management and investment of Plan assets.

Eligibility

All employees of the Company at least 18 years of age are eligible to participate in the Plan except for employees who reside in Puerto Rico. The Plan Entry Date is the first day of the calendar month following attainment of eligibility.

Contributions

Participants may elect to have the Company contribute their eligible pre-tax compensation to the Plan up to the amount allowable under the Plan document and current income tax regulations. Participants who elect to have the Company contribute a portion of their compensation to the Plan agree to accept an equivalent reduction in taxable compensation. Contributions withheld are invested in accordance with the participant’s direction.

Participants are also allowed to make rollover contributions of amounts received from other tax-qualified employer-sponsored retirement plans. Such contributions are deposited in the appropriate investment funds in accordance with the participants’ direction and the Plan’s provisions. Rollovers were no longer allowed following termination of the Plan.

Vesting

Participants are immediately vested in their rollover contributions and employee deferrals. The Plan does not provide any Company contributions.

Allocations

Each participant’s account is credited with an allocation of investment earnings. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s account balance.

Reveal Imaging Technologies, Inc.

401(k) Plan

Notes to Financial Statements

*Notes
receivable
from
participants*

The Plan allowed participants to borrow against their vested balances. Loans were not to be made for less than \$1,000 and were not to exceed the lesser of \$50,000 or 50% of a participant's vested balance. Loans were secured by the balance in the participant's account. Loans must be paid in full within a five year period unless it is for the purchase of a principal residence, in which the loan must be paid within a 10 year period. Loans were no longer available following termination of the Plan.

*Benefit
payments*

Upon termination of service due to death, or retirement, participants (or beneficiaries) may elect to receive a lump-sum amount equal to the value of the participant's vested interest in their account. Participants who terminate employment with an account balance of \$5,000 or less receive a mandatory cash-out distribution from the Plan. For participants (or beneficiaries) with an account balance in excess of \$5,000, the participant must elect to take a distribution, make a rollover to another plan or IRA or may leave their balance in the Plan.

*Administrative
expenses*

Expenses related to the operation and administration of the Plan are paid by the Company.

*Plan
termination*

In connection with the termination of the Plan, the Plan document provides that the participants' accounts become 100% vested and not subject to forfeiture upon termination.

**2. Summary of
Significant
Accounting
Policies**

A summary of the Plan's significant accounting policies applied in the preparation of the accompanying financial statements are as follows:

*Basis of
accounting*

As a result of the Plan's termination, the basis of accounting used to value Plan assets is on a liquidation basis, in conformity with accounting principles generally accepted in the United States of America ("U.S. GAAP").

*Use of
estimates*

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of income and expenses during the reporting period. Actual results may differ from estimates.

Reveal Imaging Technologies, Inc.

401(k) Plan

Notes to Financial Statements

Notes receivable from participants

Notes receivable from participants are carried at the aggregate unpaid principal balance of loans outstanding.

Adoption of new accounting pronouncement

In September 2010 the Financial Accounting Standards Board (FASB) issued guidance that participant loans should be reported as notes receivable rather than investments. The guidance was adopted effective for the Plan's financial statements for the year ended December 31, 2010.

In January 2010, the FASB issued ASU No. 2010-06, Fair Value Measurements and Disclosures (ASU No. 2010-06), which amends ASC 820, adding new disclosure requirements for Levels 1 and 2, separate disclosures of purchases, sales, issuances, and settlements relating to Level 3 measurements and clarification of existing fair value disclosures. ASU No. 2010-06 was adopted in 2010, except for the requirement to provide Level 3 activity of purchases, sales, issuances, and settlements on a gross basis, which will be effective for fiscal years beginning after December 15, 2010. The adoption of the remaining requirements of ASU No. 2010-6 is not expected to have a significant impact on the financial statements.

Investments

Investments are stated at fair value. Fair value has been measured using quoted market prices in an active market. The mutual funds are stated at fair value, which has been determined using the net asset value of the fund determined daily. The Plan presents in the statement of changes in net assets the net appreciation or depreciation in the fair value of its investments which consisted of the realized gains or losses on sale of investments and the unrealized appreciation or depreciation of those investments.

Fair value measurements

Accounting guidance has been issued that establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value.

Various inputs are used in determining the value of the Plan's investments. These inputs are summarized in the three broad levels listed below:

Level 1 – Valuation is based upon quoted prices in active markets for identical assets or liabilities.

Level 2 – Valuation is based upon other significant observable inputs (including quoted prices for similar assets or liabilities in active markets, identical or similar assets or liabilities in inactive markets, inputs other than quoted prices that are observable for the asset or liability, etc.).

Reveal Imaging Technologies, Inc. 401(k) Plan

Notes to Financial Statements

Fair value measurements, cont'd

Level 3 – Valuation is based upon significant unobservable inputs, including the reporting entity's own assumptions in determining the fair value of investments.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2010 and 2009:

	Level 1		Total	
	2010	2009	2010	2009
Mutual funds:				
Domestic stock funds	\$1,915,451	\$1,412,165	\$1,915,451	\$1,412,165
Balanced funds	844,499	689,477	844,499	689,477
Short term reserve fund	411,044	441,278	411,044	441,278
International equity funds	348,034	276,828	348,034	276,828
Bond funds	87,985	48,087	87,985	48,087
Total investments at fair value	\$3,607,013	\$2,867,835	\$3,607,013	\$ 2,867,835

3. Information Certified by the Plan's Trustee (Unaudited)

Trustee

The Plan Sponsor has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA.

All Plan assets are held by the Plan Trustee, who is responsible for the maintenance of all accounting records and the preparation of reports of activity related to those assets. The Trustee has certified to the Plan Administrator the completeness and accuracy of the financial information and data presented below.

Reveal Imaging Technologies, Inc. 401(k) Plan

Notes to Financial Statements

*Trustee,
cont'd*

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

Description of Investment	2010	2009
Fidelity Retirement Market	\$ 411,044	\$ 441,278
Fidelity Contrafund	\$ 368,589	\$ 385,000
Fidelity Diversified Intl	\$ 348,034	\$ 276,828
Artisan Mid Cap Inv	\$ 227,915	\$ 150,883
Royce Low PR Stk	\$ 207,916	\$ 158,328
Fidelity Blue Chip Growth	\$ 203,737	\$ 159,084
Fidelity Capital Appreciation	\$ 188,019	*
Spartan 500 Index Inv	\$ 186,201	*

* Investment did not represent 5% or more of Plan's net assets available for benefits.

*Dividend
income*

Dividend income totaling \$10,798 are included in the statement of changes in net assets available for benefits and \$33,581 are included in statements of changes in liquidation available for benefits for 2010.

*Net change in
investments*

Investment losses totaling \$30,713 are included in the statement of changes in net assets available for benefits and investment gains totaling \$456,090 are included in the statement of changes in net assets in liquidation available for benefits in 2010.

4. Tax Status

The Plan obtained its latest opinion letter on March 31, 2008 in which the Internal Revenue Service stated that the Plan and the related trust are designed in accordance with the applicable sections of the Internal Revenue Code ("IRC"). Although the Plan has been amended since receiving the opinion letter, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. The Plan received the letter of determination upon Plan termination on June 23, 2011.

5. Party-In-Interest Transactions

Certain Plan assets are invested in Trustee accounts. These transactions with the Trustee qualify as party-in-interest transactions.

6. Pending Distributions

There were no pending distributions at December 31, 2010 and 2009.

Reveal Imaging Technologies, Inc.

401(k) Plan

Notes to Financial Statements

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

- 8. Reconciliation of Financial Statements to Form 5500** The following is a reconciliation of net assets available for benefits as of December 31, 2010 and 2009, as reported in the financial statements to Schedule H on Form 5500:

	2010	2009
Net assets available for benefits as reported in financial statements	\$ 3,616,505	\$ 2,896,021
Less: Participant loans deemed distributed	(3,929)	-
Net assets available for benefits reported on Schedule H on Form 5500	\$ 3,612,576	\$ 2,896,021

The following is a reconciliation of deemed distributions of participant loans for the year ended December 31, 2010, as reported in the financial statements to Schedule H on Form 5500:

	2010
Deemed distributions of participant loans as reported in the financial statements	\$ -
Add: Participant loans deemed distributed in 2010	3,929
Deemed distributions of participant loans reported on Schedule H of Form 5500	\$ 3,929

- 9. Subsequent Events** The date through which subsequent events have been considered for these financial statements is the financial statement issuance date, September 13, 2011.

Reveal Imaging Technologies Inc. 401k Plan

Supplemental Schedule

Reveal Imaging Technologies, Inc.

401k Plan

Schedule H, line 4i – Schedule of Assets (Held at End of Year)

EIN: 06-1657891 Plan # 001

December 31, 2010

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost **	(e) Current Value
*	Fidelity Retirement Market	Money Mutual Fund	\$ -	\$ 411,044
*	Fidelity Contrafund	Market Fund	\$ -	\$ 368,589
*	Fidelity Diversified Intl	Mutual Fund	\$ -	\$ 348,034
	Artisan Mid Cap Inv	Mutual Fund	\$ -	\$ 227,915
	Royce Low Pr Stk	Mutual Fund	\$ -	\$ 207,916
*	Fidelity Blue Chip	Mutual Fund	\$ -	\$ 203,737
*	Fidelity Capital Appreciation	Mutual Fund	\$ -	\$ 188,019
	Spartan 500 Index Inv	Mutual Fund	\$ -	\$ 186,201
*	Fidelity Small Cap Stock	Mutual Fund	\$ -	\$ 160,923
*	Fidelity Strategic Income	Mutual Fund	\$ -	\$ 140,073
*	Fidelity Freedom 2030	Mutual Fund	\$ -	\$ 128,559
	LD Abnett Midcapval	Mutual Fund	\$ -	\$ 122,682
*	Fidelity Growth & Inc	Mutual Fund	\$ -	\$ 108,527
*	Fidelity Real Estate Invs	Mutual Fund	\$ -	\$ 103,029
*	Fidelity Freedom 2025	Mutual Fund	\$ -	\$ 99,432
*	Fidelity Dividend GR	Mutual Fund	\$ -	\$ 98,203
*	Fidelity US BS Index	Mutual Fund	\$ -	\$ 87,985
*	Fidelity Freedom 2015	Mutual Fund	\$ -	\$ 85,158
	DWS Strategic Val A	Mutual Fund	\$ -	\$ 82,525
*	Fidelity Freedom 2020	Mutual Fund	\$ -	\$ 76,925
*	Fidelity Freedom 2035	Mutual Fund	\$ -	\$ 67,891
	Spartan Tot Market Index	Mutual Fund	\$ -	\$ 43,383

Reveal Imaging Technologies, Inc. 401k Plan

Schedule H, line 4i – Schedule of Assets (Held at End of Year)

EIN: 06-1657891 Plan # 001

December 31, 2010

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost **	(e) Current Value
*	Fidelity Freedom 2000	Mutual Fund	\$ -	\$ 26,129
*	Fidelity Freedom Income	Mutual Fund	\$ -	\$ 10,954
*	Fidelity Freedom 2040	Mutual Fund	\$ -	\$ 9,019
*	Fidelity Freedom 2050	Mutual Fund	\$ -	\$ 8,128
*	Fidelity Freedom 2045	Mutual Fund	\$ -	\$ 4,910
*	Fidelity Freedom 2010	Mutual Fund	\$ -	\$ 748
*	Fidelity Freedom 2005	Mutual Fund	\$ -	\$ 375
*	Notes receivable from participants	Interest rates of 5%	\$ -	\$ 9,492
	Total assets			\$ 3,616,505

* Represents a party-in-interest.

** Cost omitted as allowed for participant-directed transactions under an individual account plan.

Reveal Imaging Technologies, Inc.

401k Plan

Schedule H, line 4i – Schedule of Assets (Held at End of Year)

EIN: 06-1657891 Plan # 001

December 31, 2010

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost **	(e) Current Value
*	Fidelity Retirement Market	Money Mutual Fund	\$ -	\$ 411,044
*	Fidelity Contrafund	Market Fund	\$ -	\$ 368,589
*	Fidelity Diversified Intl	Mutual Fund	\$ -	\$ 348,034
	Artisan Mid Cap Inv	Mutual Fund	\$ -	\$ 227,915
	Royce Low Pr Stk	Mutual Fund	\$ -	\$ 207,916
*	Fidelity Blue Chip	Mutual Fund	\$ -	\$ 203,737
*	Fidelity Capital Appreciation	Mutual Fund	\$ -	\$ 188,019
	Spartan 500 Index Inv	Mutual Fund	\$ -	\$ 186,201
*	Fidelity Small Cap Stock	Mutual Fund	\$ -	\$ 160,923
*	Fidelity Strategic Income	Mutual Fund	\$ -	\$ 140,073
*	Fidelity Freedom 2030	Mutual Fund	\$ -	\$ 128,559
	LD Abbett Midcapval	Mutual Fund	\$ -	\$ 122,682
*	Fidelity Growth & Inc	Mutual Fund	\$ -	\$ 108,527
*	Fidelity Real Estate Invs	Mutual Fund	\$ -	\$ 103,029
*	Fidelity Freedom 2025	Mutual Fund	\$ -	\$ 99,432
*	Fidelity Dividend GR	Mutual Fund	\$ -	\$ 98,203
*	Fidelity US BS Index	Mutual Fund	\$ -	\$ 87,985
*	Fidelity Freedom 2015	Mutual Fund	\$ -	\$ 85,158
	DWS Strategic Val A	Mutual Fund	\$ -	\$ 82,525
*	Fidelity Freedom 2020	Mutual Fund	\$ -	\$ 76,925
*	Fidelity Freedom 2035	Mutual Fund	\$ -	\$ 67,891
	Spartan Tot Market Index	Mutual Fund	\$ -	\$ 43,383

Reveal Imaging Technologies, Inc. 401k Plan

Schedule H, line 4i – Schedule of Assets (Held at End of Year)

EIN: 06-1657891 Plan # 001

December 31, 2010

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost **		(e) Current Value
*	Fidelity Freedom 2000	Mutual Fund	\$	-	\$ 26,129
*	Fidelity Freedom Income	Mutual Fund	\$	-	\$ 10,954
*	Fidelity Freedom 2040	Mutual Fund	\$	-	\$ 9,019
*	Fidelity Freedom 2050	Mutual Fund	\$	-	\$ 8,128
*	Fidelity Freedom 2045	Mutual Fund	\$	-	\$ 4,910
*	Fidelity Freedom 2010	Mutual Fund	\$	-	\$ 748
*	Fidelity Freedom 2005	Mutual Fund	\$	-	\$ 375
*	Notes receivable from participants	Interest rates of 5%	\$	-	\$ 9,492
Total assets					\$ 3,616,505

* Represents a party-in-interest.

** Cost omitted as allowed for participant-directed transactions under an individual account plan.