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
LUMACORP INC. 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 06/01/1998

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

8300 DOUGLAS AVENUE SUITE 729
DALLAS, TX 75225

8300 DOUGLAS AVENUE SUITE 729
DALLAS, TX 75225

2b Employer Identification Number (EIN)
75-1954636

2c Sponsor's telephone number
214-361-6666

2d Business code (see instructions)
531310

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/06/2011	KATHY WHITMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

LUMACORP, INC.

8300 DOUGLAS AVENUE SUITE 729
DALLAS, TX 75225

3b Administrator's EIN
75-1954636

3c Administrator's telephone number
214-361-6666

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**	180
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**	127
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	33
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	160
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	160
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	138
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 2K 2T 3D

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

9a Plan funding arrangement (check all that apply)

(1)		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)		___ **A** (Insurance Information)
(4)	X	**C** (Service Provider Information)
(5)		**D** (DFE/Participating Plan Information)
(6)		**G** (Financial Transaction Schedules)

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

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

A Name of plan	**B** Three-digit plan number (PN) ▶	
LUMACORP INC. 401(K) PLAN		001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
LUMACORP, INC.	75-1954636	

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 65 37	RECORDKEEPER	11900	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

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(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
LUMACORP INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
75-1954636

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)	549103	437153
(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)	141380	156853
(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)	1310400	1833348
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	2000883	2427354
	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	2000883	2427354

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)	58590	
	(B) Participants	2a(1)(B)	292949	
	(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)		351539
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	90	
	(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)	15512	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		15602
	(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)	23581	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		23581
	(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)		222235
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		612957
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	165716	
(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)		165716
f Corrective distributions (see instructions)	2f		8312
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	549	
(4) Other	2i(4)	11909	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		12458
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		186486
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		426471
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: EDWARD E. GRAY, CPA (2) EIN: 20-0483918

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

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

A Name of plan
LUMACORP INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
75-1954636

Part I Distributions

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

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

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

EIN(s): 04-6568107

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

LumaCorp, Inc.
401(k) Plan

Audited Financial Statements

December 31, 2010

LumaCorp, Inc. 401(k) Plan
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INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of
LumaCorp, Inc. 401(k) Plan

I was engaged to audit the accompanying statements of net assets available for benefits of LumaCorp, Inc. 401(k) Plan as of December 31, 2010 and 2009, and the related statement of changes in net assets available for benefits for the year ended December 31, 2010, and the supplemental statements of assets held for investment purposes at end of year (referred to as "supplemental information") as of December 31, 2010. These financial statements and supplemental information 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 me not to perform, and I did not perform, any auditing procedures with respect to the information summarized in Note C which was certified by Fidelity Management Trust Company, the Trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. I have been informed by the Plan Administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the Trustee as of and for the years ended December 31, 2009 and 2008, that the information provided to the Plan Administrator by the Trustee is complete and accurate.

Because of the significance of the information in the Plan's financial statements that I did not audit, I am unable to, and do not, express an opinion on the accompanying financial statements and supplemental information as of December 31, 2010 and 2009 or for the year ended December 31, 2010. The form and content of the information included in the financial statements and supplemental information, other than that derived from the information certified by the Trustee, have been audited by me in accordance with auditing standards generally accepted in the United States of America and, in my 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.

September 27, 2011

LumaCorp, Inc. 401(k) Plan
Statement of Net Assets Available for Benefits

December 31,	2010	2009
ASSETS:		
Investments, at fair value		
Interest bearing cash	$ 437,153	$ 549,103
Mutual Funds	1,833,348	1,310,400
Participant loans	156,853	141,380
Participant withholdings and employer contributions receivable	-	-
	2,427,354	2,000,883
Interest receivable		
Total assets	2,427,354	2,000,883
LIABILITIES:		
Net assets available for benefits	$ 2,427,354	$ 2,000,883

See Notes to Financial Statements.

LumaCorp, Inc. 401(k) Plan
Statement of Changes in Net Assets Available for Benefits

Year ended December 31,	2010
Additions to net assets:	
Investment income:	
Interest and dividend income	$ 23,671
Interest income - participant loans	15,512
Net realized and unrealized investment gains and losses	222,236
	261,419
Contributions	
Employee	292,949
Employer	58,590
	351,539
Total additions (reductions)	612,958
Deductions from net assets:	
Distributions to participants	174,028
Administrative expenses, net	12,458
Total deductions	186,487
Net increase (decrease) in plan assets	426,471
Plan assets beginning of year	2,000,883
Plan assets end of year	$ 2,427,354

See Notes to Financial Statements.

A. Description of Plan

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

The Plan is a defined contribution plan, established June 1, 1998, covering all employees of LumaCorp, Inc. (the "Company" or "Plan Sponsor") who have completed at least six months of service and have attained age 20. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1994 (ERISA). In late 2002, the Plan was amended to comply with the IRS Restructuring and Reform Act of 1998 ("GUST") and the Economic Growth and Tax Relief Reconciliation Act of 1998 ("EGTRRA"). The Plan was restated in its entirety by adopting the "Fidelity CORPORATEplan for Retirement 100", effective as of March 18, 2003.

Contributions. Participants may contribute up to 60% of their annual eligible compensation from the Company, subject to legal maximum limitations ($16,500 for 2009). In addition, an employee may contribute up to 100% of any employer paid bonus (subject to the annual contribution limits). Participants age 50 or older may also make "catch-up" contributions as defined by the Internal Revenue Code ($5,500 for 2009). With certain limitations, a participant may "roll over" amounts from other qualified retirement plans into the Plan. The above limits will generally be indexed for 2009 and later years.

The Plan, as amended, also provides that a participant may make an irrevocable election to designate some or all of their contribution to be an after-tax "Roth" contribution.

The Plan was amended effective August 20, 2007, to provide for "automatic" enrollment of all eligible employees into the Plan with a 3% pre-tax contribution. Effective January 1, 2008, this automatic percentage will increase by 1% per year until reaching 10%. Employees may "opt out" of the automatic enrollment.

The Plan Sponsor is required to make non-discretionary matching contributions equal to 20% of employee pre-tax contributions (amended February 5, 2008, to include any "catch-up" contributions). A portion of such matching contributions may be designated as "qualified matching contributions" to be allocated to Non Highly Compensated Employees to meet non-discrimination tests. Forfeited, non-vested benefits ($9,449 at December 31, 2009) may be used to reduce future employer matching.

Participant Accounts. Each participant's account is credited with the participant's contribution and allocation of (a) the Company's matching contribution, and (b) plan earnings. Allocations are based on participant compensation or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account. Participants may choose from a variety of investment options through telephone or on-line access to their account.

Vesting. Participants are immediately vested in their voluntary contributions, employer matching contributions, and roll-overs, plus allocated earnings thereon.

Participant Loans. Participants may borrow from their Fund accounts, subject to a maximum of $50,000 or 50% of their vested account balance. Loan repayments of principal and interest must be made through automatic after-tax payroll deductions over a period of no more than five years (15 years for the purchase of a principal residence).

Loans are secured by the balance in the participant's account, and bear interest at a commercially reasonable rate of interest.

Payment of Benefits. Upon termination of employment from the Company, retirement, or disability, a participant may elect to receive either a lump-sum amount equal to the value of his or her account, or periodic installments over a specified period of time, not exceeding the participant's life expectancy. (Account balances of less than $5,000 are distributed as a lump sum.)

Plan Expenses. Substantially all of the plan operating expenses are absorbed by the Plan Sponsor.

B. Summary of Significant Accounting Policies

Basis of Accounting. The financial statements of the Plan are prepared using the accrual method of accounting, following accounting principles generally accepted in the United States.

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

Investment Valuation. The Plan's investments are stated at fair value. Shares of registered investment companies are valued at quoted market prices which represent the net asset value of shares held by the Plan at year end. Participant notes receivable are valued at cost which approximates fair value.

Payment of Benefits. Benefits are recorded when paid.

Subsequent Events. Management has considered the possible effects on these financial statements of events occurring up to September 27, 2011, the date these financial statements were available to be issued.

C. Investments

Plan assets at December 31 were certified as to existence and value by the Plan's Trustee as follows:

	# Sh. / Prin. Amt	December 31, 2010	Cost	Fair Value
		Short-Term Investments		
*	437,153.390	Fidelity Retirement Money Market	$ 437,153	$ 437,153
		Mutual Funds		
	903.133	Fidelity Fund	26,576	29,036
	1,605.093	Fidelity Puritan	27,899	28,747
	609.537	Fidelity Value Strategies	15,306	16,976
	1,245.246	Fidelity Contrafund	73,563	84,341
	428.592	Fidelity Equity Income	18,671	18,969
	704.511	Fidelity Growth Company	48,299	58,580
	6,895.960	Fidelity Invst Gr Bd	49,916	50,961
	3,841.152	Fidelity Inter Bond	39,527	40,524
*	1,963.803	Fidelity Value	117,245	134,894
	804.306	Fidelity OTC Portfolio	32,150	44,181
	1,823.664	Fidelity Overseas	61,298	59,233
	1,207.680	Fidelity Real Estate Invs	28,070	31,025
	1,114.134	Fidelity Blue Chip Growth	43,303	50,526
*	3,373.044	Fidelity Low Pr Stk	107,383	129,457
	683.394	Fidelity Equity Income II	13,286	12,472
	1,525.835	Fidelity Growth Strategies	25,758	31,188
*	5,858.296	Fidelity Diversified Intl	165,207	176,628
	962.309	Fidelity Dividend Growth	23,344	27,358
	841.770	Fidelity Exp & Multinatl	16,896	18,359
*	4,472.264	Fidelity Mid-Cap Stk	102,033	129,025
	1,714.919	Fidelity Large Cap Stk	24,864	30,200
	1,854.152	Fidelity Freedom Income	20,355	20,915
	26.595	Fidelity Freedom 2000	311	318
	3,509.538	Fidelity Freedom 2010	42,309	47,695
	6,519.651	Fidelity Freedom 2020	80,871	89,906
	6,577.905	Fidelity Freedom 2030	84,289	90,578
	1,170.430	Fidelity Sm Cap Discovery	19,785	23,959
	1,380.585	Spartan Total Market Index	44,367	50,295
	388.690	Spartan Extended Market Index	12,351	14,836
	2,950.374	Fidelity Short Term Bond	24,999	24,960
	4,440.285	Fidelity Fifty	77,966	78,282
	5,674.093	Fidelity Freedom 2040	42,529	45,449
	0.996	Fidelity Freedom 2005	11	11
	999.211	Fidelity Freedom 2015	10,525	11,331
	53.149	Fidelity Freedom 2025	624	612
	3,715.610	Fidelity Freedom 2035	39,245	42,618
	1,103.394	Fidelity Small Cap Value	14,366	17,224
	2,905.371	Fidelity Freedom 2045	23,869	27,572
	4,702.410	Fidelity Freedom 2050	38,482	44,109
		Total mutual funds	**1,637,848**	**1,833,348**
*		Participant Loans		156,853
		TOTAL	**$ 2,075,002**	**$ 2,427,354**

	Shares	December 31, 2009	Cost	Fair Value
		Short-Term Investments		
*	549,103.110	Fidelity Retirement Money Market	$ 549,103	$ 549,103
		Mutual Funds		
	795.195	Fidelity Fund	23,447	22,536
	1,748.808	Fidelity Puritan	30,103	28,086
	854.014	Fidelity Value Strategies	19,019	18,882
	469.433	Fidelity Contrafund	26,653	27,359
	515.433	Fidelity Equity Income	21,892	20,174
	448.796	Fidelity Growth Company	28,227	30,958
	4,863.903	Fidelity Invst Gr Bd	34,657	34,242
	2,559.228	Fidelity Inter Bond	25,569	25,976
	1,653.057	Fidelity Value	98,459	94,125
	1,614.310	Fidelity OTC Portfolio	64,078	73,806
	1,233.384	Fidelity Overseas	44,076	38,149
	978.840	Fidelity Real Estate Invs	22,809	19,733
	1,169.405	Fidelity Blue Chip Growth	44,225	44,379
	2,330.262	Fidelity Low Pr Stk	72,234	74,429
	667.402	Fidelity Equity Income II	12,907	10,899
	1,190.133	Fidelity Growth Strategies	19,535	19,363
*	4,617.848	Fidelity Diversified Intl	132,269	129,300
	1,520.693	Fidelity Dividend Growth	36,229	35,995
	1,420.533	Fidelity Exp & Multinatl	27,128	27,871
	4,578.683	Fidelity Mid-Cap Stk	88,139	95,523
	1,747.136	Fidelity Large Cap Stk	25,220	26,190
	908.371	Fidelity Freedom Income	9,784	9,756
	25.260	Fidelity Freedom 2000	295	287
	3,231.848	Fidelity Freedom 2010	38,657	40,430
	4,698.684	Fidelity Freedom 2020	57,218	58,969
	5,515.155	Fidelity Freedom 2030	70,813	68,333
	107.002	Fidelity Sm Cap Discovery	1,506	1,663
	545.758	Spartan Total Market Index	17,058	17,230
	61.199	Spartan Extended Market Index	1,822	1,860
	1,599.152	Fidelity Short Term Bond	13,282	13,289
	3,946.783	Fidelity Fifty	68,534	59,360
	4,631.055	Fidelity Freedom 2040	34,270	33,158
	1.860	Fidelity Freedom 2005	20	19
	1,001.406	Fidelity Freedom 2015	10,996	10,435
	116.149	Fidelity Freedom 2025	1,206	1,207
	2,609.441	Fidelity Freedom 2035	26,864	26,773
	894.371	Fidelity Small Cap Value	11,531	11,341
	3,528.334	Fidelity Freedom 2045	27,667	29,885
	3,405.290	Fidelity Freedom 2050	26,937	28,434
		Total mutual funds	**1,315,335**	**1,310,400**
*		Participant Loans (excluding year-end receivable)	141,380	141,380
		TOTAL	**$ 2,005,818**	**$ 2,000,883**

* Represents 5% or greater of total assets.

D. Tax Status

The Internal Revenue Service ("IRS") issued an Opinion Letter on December 5, 2001, approving the Plan's prototype plan, Fidelity Basic Plan Document Number 10, as complying with Internal Revenue Code ("IRC") §401. On October 9, 2003, the Internal Revenue Service issued an additional Opinion Letter approving technical modifications that were made to the prototype plan effective December 31, 2002.

E. Plan Termination Provisions

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

E. Fair Value Measurement

Generally accepted accounting principles define fair value, establish a framework for measuring fair value, and establish a fair value hierarchy that prioritizes the inputs to valuation techniques. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. A fair value measurement assumes that the transaction to sell the asset or transfer the liability occurs in the principal market for the asset or liability or, in the absence of a principal market, the most advantageous market. Valuation techniques that are consistent with the market, income or cost approach are used to measure fair value.

The fair value hierarchy prioritizes the inputs to valuation techniques used to measure fair value into three broad levels:

- Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities the Partnership has the ability to access.
- Level 2 inputs are inputs (other than quoted prices included within level 1) that are observable for the asset or liability, either directly or indirectly.
- Level 3 are unobservable inputs for the asset or liability and rely on management's own assumptions about the assumptions that market participants would use in pricing the asset or liability. (The unobservable inputs should be developed based on the best information available in the circumstances and may include the Partnership's own data.)

The following tables present the Entity's fair value hierarchy for those assets and liabilities measured at fair value on a recurring basis:

	Fair Value Measurement on a Recurring Basis as of December 31, 2010			
ASSETS	Level 1	Level 2	Level 3	Total
Money market	$437,153	$ -	$ -	$437,153
Mutual funds	1,833,348		-	1,833,348
Participant loans	-	$156,853	-	156,853
TOTAL	**$2,270,501**	**$156,853**	**$ -**	**$2,427,354**
	Fair Value Measurement on a Recurring Basis as of December 31, 2009			
ASSETS	Level 1	Level 2	Level 3	Total
Money market	$549,103	$ -	$ -	$ 549,103
Mutual funds	1,310,400	-	-	1,310,400
Participant loans	-	141,380	-	141,380
TOTAL	**$ 2,159,503**	**$141,380**	**$ -**	**$ 2,000,883**

❖❖❖

LumaCorp, Inc. 401(k) Plan

Statement of Assets Held for Investment Purposes at End of Year

Sponsor EIN: 75-1954636; Plan Number 001

	(a) Shares/ Par Amt.	(b) Identity of issue, borrower, lessor, or similar party, and c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	December 31, 2010			
		Short-Term Investments		
*	437,153.390	Fidelity Retirement Money Market	$ 437,153	$ 437,153
		Mutual Funds		
	903.133	Fidelity Fund	26,576	29,036
	1,605.093	Fidelity Puritan	27,899	28,747
	609.537	Fidelity Value Strategies	15,306	16,976
	1,245.246	Fidelity Contrafund	73,563	84,341
	428.592	Fidelity Equity Income	18,671	18,969
	704.511	Fidelity Growth Company	48,299	58,580
	6,895.960	Fidelity Invst Gr Bd	49,916	50,961
	3,841.152	Fidelity Inter Bond	39,527	40,524
*	1,963.803	Fidelity Value	117,245	134,894
	804.306	Fidelity OTC Portfolio	32,150	44,181
	1,823.664	Fidelity Overseas	61,298	59,233
	1,207.680	Fidelity Real Estate Invs	28,070	31,025
	1,114.134	Fidelity Blue Chip Growth	43,303	50,526
*	3,373.044	Fidelity Low Pr Stk	107,383	129,457
	683.394	Fidelity Equity Income II	13,286	12,472
	1,525.835	Fidelity Growth Strategies	25,758	31,188
*	5,858.296	Fidelity Diversified Intl	165,207	176,628
	962.309	Fidelity Dividend Growth	23,344	27,358
	841.770	Fidelity Exp & Multinatl	16,896	18,359
*	4,472.264	Fidelity Mid-Cap Stk	102,033	129,025
	1,714.919	Fidelity Large Cap Stk	24,864	30,200
	1,854.152	Fidelity Freedom Income	20,355	20,915
	26.595	Fidelity Freedom 2000	311	318
	3,509.538	Fidelity Freedom 2010	42,309	47,695
	6,519.651	Fidelity Freedom 2020	80,871	89,906
	6,577.905	Fidelity Freedom 2030	84,289	90,578
	1,170.430	Fidelity Sm Cap Discovery	19,785	23,959
	1,380.585	Spartan Total Market Index	44,367	50,295
	388.690	Spartan Extended Market Index	12,351	14,836
	2,950.374	Fidelity Short Term Bond	24,999	24,960
	4,440.285	Fidelity Fifty	77,966	78,282
	5,674.093	Fidelity Freedom 2040	42,529	45,449
	0.996	Fidelity Freedom 2005	11	11
	999.211	Fidelity Freedom 2015	10,525	11,331
	53.149	Fidelity Freedom 2025	624	612
	3,715.610	Fidelity Freedom 2035	39,245	42,618
	1,103.394	Fidelity Small Cap Value	14,366	17,224
	2,905.371	Fidelity Freedom 2045	23,869	27,572
	4,702.410	Fidelity Freedom 2050	38,482	44,109
		Total mutual funds	1,637,848	1,833,348
		Participant Loans		
*		Participant Loans (excluding year-end receivable)		156,853
*	Represents 5% or greater of total assets.		$ 2,075,002	$ 2,427,354

LumaCorp, Inc. 401(k) Plan

Statement of Assets Held for Investment Purposes at End of Year

Sponsor EIN: 75-1954636; Plan Number 001

	(a) Shares/ Par Amt.	(b) Identity of issue, borrower, lessor, or similar party, and c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	December 31, 2010			
		Short-Term Investments		
*	437,153.390	Fidelity Retirement Money Market	$ 437,153	$ 437,153
		Mutual Funds		
	903.133	Fidelity Fund	26,576	29,036
	1,605.093	Fidelity Puritan	27,899	28,747
	609.537	Fidelity Value Strategies	15,306	16,976
	1,245.246	Fidelity Contrafund	73,563	84,341
	428.592	Fidelity Equity Income	18,671	18,969
	704.511	Fidelity Growth Company	48,299	58,580
	6,895.960	Fidelity Invst Gr Bd	49,916	50,961
	3,841.152	Fidelity Inter Bond	39,527	40,524
*	1,963.803	Fidelity Value	117,245	134,894
	804.306	Fidelity OTC Portfolio	32,150	44,181
	1,823.664	Fidelity Overseas	61,298	59,233
	1,207.680	Fidelity Real Estate Invs	28,070	31,025
	1,114.134	Fidelity Blue Chip Growth	43,303	50,526
*	3,373.044	Fidelity Low Pr Stk	107,383	129,457
	683.394	Fidelity Equity Income II	13,286	12,472
	1,525.835	Fidelity Growth Strategies	25,758	31,188
*	5,858.296	Fidelity Diversified Intl	165,207	176,628
	962.309	Fidelity Dividend Growth	23,344	27,358
	841.770	Fidelity Exp & Multinatl	16,896	18,359
*	4,472.264	Fidelity Mid-Cap Stk	102,033	129,025
	1,714.919	Fidelity Large Cap Stk	24,864	30,200
	1,854.152	Fidelity Freedom Income	20,355	20,915
	26.595	Fidelity Freedom 2000	311	318
	3,509.538	Fidelity Freedom 2010	42,309	47,695
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		Total mutual funds	1,637,848	1,833,348
		Participant Loans		
*		Participant Loans (excluding year-end receivable)		156,853
*	Represents 5% or greater of total assets.		$ 2,075,002	$ 2,427,354