

<div>Form 5500</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>Complete all entries in accordance with the instructions to the Form 5500.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2010</div> <div>This Form is Open to Public Inspection</div>
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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: <div><div>☐ a multiemployer plan;</div><div>☒ a single-employer plan;</div><div>☐ a multiple-employer plan; or</div><div>☐ a DFE (specify) _____</div></div>
B	This return/report is: <div><div>☐ the first return/report;</div><div>☐ the final return/report;</div><div>☐ an amended return/report;</div><div>☐ a short plan year return/report (less than 12 months).</div></div>
C	If the plan is a collectively-bargained plan, check here. ☐
D	Check box if filing under: <div><div>☒ Form 5558;</div><div>☐ automatic extension;</div><div>☐ the DFVC program;</div><div>☐ special extension (enter description)</div></div>

Part II	Basic Plan Information—enter all requested information			
1a	Name of plan THRIFT AND PROFIT SHARING PLAN AND TRUST FOR EMPLOYEES OF THE CUES DIVISION OF ELXSI	1b	Three-digit plan number (PN) ▶	003
		1c	Effective date of plan 01/01/1986	
2a	Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) ELXSI 3600 RIO VISTA AVENUE, SUITE A ORLANDO, FL 32805		2b	Employer Identification Number (EIN) 94-2691593
		2c	Sponsor's telephone number 407-849-1090	
		2d	Business code (see instructions) 335900	

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.	10/07/2011	LYNN MACGREGOR
	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") ELXSI 3600 RIO VISTA AVENUE, SUITE A ORLANDO, FL 32805	3b Administrator's EIN 94-2691593 3c Administrator's telephone number 407-849-1090
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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
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5 Total number of participants at the beginning of the plan year	5	202
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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	178
b Retired or separated participants receiving benefits.....	6b	4
c Other retired or separated participants entitled to future benefits.....	6c	11
d Subtotal. Add lines 6a , 6b , and 6c	6d	193
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	193
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	164
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	16

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2E 2F 2G 2J 2K 2S 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
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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)
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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 THRIFT AND PROFIT SHARING PLAN AND TRUST FOR EMPLOYEES OF THE CUES DIVISION OF ELXSI	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 ELXSI	D Employer Identification Number (EIN) 94-2691593	

Part I	Service Provider Information (see instructions)
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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)

SAGEPOINT FINANCIAL, INC.

220 LOOKOUT PLACE STE 200
MAITLAND, FL 32751

(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?
16	CONSULTING	28694	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SUNTRUST BANK

25 PARK PLACE
ATLANTA, GA 30303

(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?
21	TRUSTEE	10363	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 ☐

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

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: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u>		
A Name of plan <u>THRIFT AND PROFIT SHARING PLAN AND TRUST FOR EMPLOYEES OF THE CUES DIVISION OF ELXSI</u>	B Three-digit plan number (PN) ►	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ELXSI</u>	D Employer Identification Number (EIN) <u>94-2691593</u>	

Part I	Asset and Liability Statement
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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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	67036	57522
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	6538591	7293761
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	6605627	7351283

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h		
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
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	6605627	7351283
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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)	28359	
(B) Participants	2a(1)(B)	488989	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		517348

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	3574	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3574
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	132087	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		132087
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		782377
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		1435386

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	644648	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		644648
f Corrective distributions (see instructions)	2f		1746
g Certain deemed distributions of participant loans (see instructions).....	2g		4279
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	39057	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		39057
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		689730

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		745656
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ 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: MCGLADREY & PULLEN LLP

(2) EIN: 42-0714325

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		500000
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:

- 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>THRIFT AND PROFIT SHARING PLAN AND TRUST FOR EMPLOYEES OF THE CUES DIVISION OF ELXSI</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ELXSI</u>	D Employer Identification Number (EIN) <u>94-2691593</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>20-3691658</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
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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): _____

**Thrift and Profit Sharing
Plan and Trust for
Employees of the Cues
Division of ELXSI**

Financial Report
December 31, 2010



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Independent Auditor's Report

To the Plan Administrator
Thrift and Profit Sharing Plan and Trust for
Employees of the Cues Division of ELXSI
Orlando, Florida

We were engaged to audit the accompanying statements of net assets available for benefits of the Thrift and Profit Sharing Plan and Trust for Employees of the Cues Division of ELXSI (the 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 schedules of (1) schedule H, line 4i – schedule of assets (held at end of year) and (2) schedule H, line 4j – schedule of reportable transactions as of and for the year ended December 31, 2010. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified or provided by SunTrust Bank of Florida, Inc., the trustee of the Plan, except for comparing this information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the trustee holds the Plan's assets and executes transactions. The Plan Administrator has obtained certifications from the trustee regarding the completeness and accuracy of the information summarized in Note 3 that was provided to the Plan Administrator by the trustee as of and for the year ended December 31, 2010, and as of December 31, 2009.

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 schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified or provided 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 United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

As described in Note 2, the Plan adopted Financial Accounting Standards Board Accounting Standards Update 2010-25, *Plan Accounting – Defined Contribution Pension Plan (Topic 962): Reporting Loans to Participants by Defined Contribution Pension Plans*, as of December 31, 2010, which clarifies how loans to participants should be classified and measured. This update was retrospectively applied to December 31, 2009.

McGladrey & Pullen, LLP

Orlando, Florida
September 30, 2011

**Thrift and Profit Sharing Plan and Trust for
Employees of the Cues Division of ELXSI**

**Statements of Net Assets Available for Benefits
December 31, 2010 and 2009**

	2010	2009
Assets:		
Investments, at fair value (Notes 3 and 4):		
Money market fund	\$ 1,103,013	\$ -
Shares of registered investment companies (mutual funds)	6,190,748	6,538,591
Total investments	7,293,761	6,538,591
 Receivables:		
Notes from participants (Note 3)	57,522	67,036
Total assets	7,351,283	6,605,627
 Liabilities:		
Accrued expenses	10,183	8,557
Net assets available for benefits	\$ 7,341,100	\$ 6,597,070

See Notes to Financial Statements.

**Thrift and Profit Sharing Plan and Trust for
Employees of the Cues Division of ELXSI**

**Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2010**

Additions to net assets attributed to:	
Investment income (Note 3):	
Net appreciation in fair value of investments	\$ 782,374
Interest and dividends	132,089
Total investment income	914,463
Interest income on notes receivable from participants	3,578
Contributions:	
Participants'	488,989
Employer's	28,359
Total contributions	517,348
Total additions	1,435,389
Deductions from net assets attributed to:	
Benefits paid to participants	850,676
Administrative expenses (Note 6)	40,683
Total deductions	691,359
Net increase	744,030
Net assets available for benefits:	
Beginning of year	6,597,070
End of year	\$ 7,341,100

See Notes to Financial Statements.

Thrift and Profit Sharing Plan and Trust for Employees of the Cues Division of ELXSI

Notes to Financial Statements

Note 1. Description of Plan

The following description of the Thrift and Profit Sharing Plan and Trust for Employees of the Cues Division of ELXSI (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General: The Plan is a defined contribution plan covering substantially all employees of Cues, a wholly-owned subsidiary of ELXSI (the "Company", "Employer", or "Plan sponsor"), and was organized to facilitate savings for retirement by employees. The Plan was established by Cues on January 1, 1986, and has been amended from time to time thereafter. Employees of Cues become eligible to participate in the Plan effective as of the first day of the month subsequent to the employee's completion of 90 days of service with Cues. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Contributions: Plan participants may voluntarily contribute, on a pre-tax basis, up to 100% of their annual compensation to the Plan up to the maximum allowable pre-tax voluntary contribution, as determined by the Internal Revenue Service. Participants may also rollover amounts representing distributions from other eligible retirement plans. All contributions are held in trust and invested by the Plan's trustee in accordance with the options elected by the participants (i.e. all investments are participant directed). The maximum allowable pre-tax voluntary contribution, as determined by the Internal Revenue Service, was \$16,500 for 2010. Employees age 50 and older may be eligible to make additional "catch-up" contributions subject to certain limitations and restrictions as determined by the Internal Revenue Service. The maximum allowable catch-up contribution was \$5,500 for 2010.

All eligible participants who did not affirmatively elect a deferral contribution in the Plan, or did not opt out of the Plan, will be automatically enrolled in the Plan and will defer 3% of the participant's compensation. These contributions are invested in one of three fund options which is determined by the age of the individual Plan participant. The three fund options are the T. Rowe Price Retirement 2020 Fund, the T. Rowe Price Retirement 2030 Fund or the T. Rowe Price Retirement 2040 Fund. On January 1 of each year, all active participants will automatically have a 1% increase in the deferral amount unless the participant elects to reject this option or have reached 15% deferral.

In accordance with the Plan agreement, the Company shall contribute and allocate to each eligible participant's account an amount equal to 50% of the first 6% of compensation contributed by the employee. Effective March 2010, the Company temporarily discontinued the employer matching contribution. In addition, the Company may make additional discretionary contributions which are allocated to all participants based on compensation as a percent of compensation of all eligible participants. During the year ended December 31, 2010, no additional discretionary contributions were made to the Plan by the Company. Effective March 2011, the Plan reinstated the employer matching contribution.

Participant accounts: Individual accounts are maintained for each Plan participant. Each participant's account is credited with the participant's contributions, their pro rata share of Company matching and discretionary contributions, if any, and an allocation of Plan earnings (including market value adjustments on Plan investments) and charged with allocations of Plan losses and administrative expenses. Allocations are based on participant account balances, as defined in the Plan agreement. A participant is entitled to the benefit that can be provided from the participant's vested account.

Thrift and Profit Sharing Plan and Trust for Employees of the Cues Division of ELXSI

Notes to Financial Statements

Note 1. Description of Plan (Continued)

Vesting: Employee contributions and rollover contributions plus or minus actual earnings or losses thereon have full and immediate vesting. The Company's matching and discretionary contributions (and earnings or losses thereon) vest according to the following schedule:

Years of Service	Vesting Percentage
Less than 1	0%
1	25%
2	50%
3	75%
4 or more	100%

Participant accounts become fully vested regardless of the above vesting schedule upon death, disability, attainment of normal retirement age, or upon termination of the Plan.

Investment options: Upon enrollment in the Plan, a participant may direct participant and employer contributions in a variety of investment choices as more fully described in the Plan's literature. Participants may change their investment options at any time.

Notes receivable from participants: Participants may borrow from their fund accounts a minimum of \$1,000 to a maximum equal to the lesser of \$50,000 or 50% of the participant's vested balance in the Plan. A participant may not have more than two notes outstanding at any time. The notes signed by the participant are collateralized by a portion of the balance in the participant's account and bear interest at a fixed rate (prime plus 1% as determined on the first business day of each month), which ranged from 4.25% to 9.25% as of December 31, 2010. Principal and interest are repaid ratably through payroll deductions. Notes with an original face amount of less than \$2,000 are repaid within a period of no more than three years. All other notes are repaid within a period of five years, except notes to acquire the participant's principal residence which must be repaid in a reasonable period of time, not to exceed 15 years. Effective February 9, 2010, the Plan's note policy was amended to change the repayment terms in regards to leave of absences to allow participants to suspend repayments while on leave.

Payment of benefits: Distributions of a participant's account are made upon retirement from the Company, in cases of financial hardship, termination from service with the Company, death, or disability. Participants still employed who have reached the age 59½ and are 100% vested are eligible for one distribution per calendar year. The normal retirement age, as defined by the Plan, is 65. Distributions after termination of service are made in a single lump-sum payment as soon as administratively feasible. If a participant terminates before retirement, the participant will receive a lump sum payment of their account balance or if the account exceeds \$1,000, the participant may elect to defer any distribution up to age 70½.

Forfeited accounts: Any non-vested account balance after the distribution of a terminated participant's vested account balance is forfeited. Forfeitures of participants' non-vested account balances are used to reduce the Company's contributions to the Plan. During the year ended December 31, 2010, forfeitures of \$2,500 were used to reduce the Company's contributions. As of December 31, 2010 and 2009, forfeited non-vested accounts totaled \$7,001 and \$1,600, respectively.

Thrift and Profit Sharing Plan and Trust for Employees of the Cues Division of ELXSI

Notes to Financial Statements

Note 2. Summary of Significant Accounting Policies

Basis of accounting: The accompanying financial statements are prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America.

Use of estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires Plan management to make estimates and assumptions that affect the reported amounts of Plan assets and liabilities and changes therein, and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Investment valuation and income recognition: Investments are reported at fair value. 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. See Note 4 for discussion of fair value measurements.

Interest income is recorded on the accrual basis as earned. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year. Purchases and sales of securities are recorded on a trade-date basis. The Plan presents in the statement of changes in net assets available for benefits the net appreciation (depreciation) in the fair value of its investments which consists of the realized gains or losses and the unrealized appreciation (depreciation) on those investments.

Notes receivable from participants: Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable from participants are reclassified as distributions based upon the terms of the Plan document.

Payment of benefits: Benefits are recorded when paid.

Administrative expenses: Administrative expenses which are not paid by the Plan sponsor are paid directly from the Plan assets. Administrative expenses paid by the Plan include investment management services and consulting services incurred in connection with the administration of the Plan.

Income taxes: Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan. Management evaluated the Plan's tax positions and concluded that the Plan had maintained its tax exempt status and had taken no uncertain tax positions that require adjustment to the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements. The Plan is not subject to income tax examinations by the U.S. federal, state, or local tax authorities for years before 2007.

Adoption of new accounting pronouncements: In January 2010, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") No. 2010-06, *Improving Disclosures about Fair Value Measurements* ("ASU 2010-06"), which primarily requires new disclosures related to the levels within the fair value hierarchy. An entity is now required to disclose significant transfers in and out of Levels 1 and 2 of the fair value hierarchy, and separately present information related to purchases, sales, issuances and settlements in the reconciliation of fair value measurements classified as Level 3. In addition, ASU 2010-06 amends the fair value disclosure requirement for pension and postretirement benefit plan assets to require this disclosure at the investment class level. ASU 2010-06 was effective for interim and annual reporting periods beginning after December 15, 2009, except for the disclosures related to purchases, sales, issuances and settlements for Level 3 fair value measurements, which are effective for reporting periods beginning after December 15, 2010. The Plan adopted the amendment effective January 1, 2010. The adoption did not have material impact on the Plan's financial statements.

Notes to Financial Statements

Note 2. Summary of Significant Accounting Policies (Continued)

In September 2010, the FASB issued an amendment, *Plan Accounting-Defined Contribution Pension Plans (Topic 962): Reporting Loans to Participants by Defined Contribution Pension Plans* ("ASU 2010-25"), which provides guidance on how loans to participants should be classified and measured by defined contribution pension plans. This amendment requires that participant loans be classified as notes receivable from participants, which are segregated from plan investments and measured at their unpaid principal balance plus any accrued but unpaid interest. This amendment was effective for periods ending after December 15, 2010 with early adoption permitted. This amendment requires retrospective application to all periods presented. This amendment was adopted for the year ended December 31, 2010, and retrospectively applied to December 31, 2009. Prior year amounts and disclosures have been revised to reflect the retrospective application of adopting this new amendment. The adoption resulted in a reclassification of participant loans totaling \$57,522 and \$67,036 from investments to notes receivable from participants as of December 31, 2010 and 2009, respectively. There was no impact to net assets as of December 31, 2010 or 2009, as a result of the adoption of ASU 2010-25.

Recent accounting pronouncements: In May 2011, the FASB issued ASU 2011-04, *Amendments to Achieve Common Fair Value Measurements and Disclosure Requirements in U.S. GAAP and IFRSs*, ("ASU 2011-04"). ASU 2011-04 amended ASC 820, *Fair Value Measurements and Disclosures*, to converge the fair value measurement guidance in GAAP and International Financial Reporting Standards (IFRSs). Some of the amendments clarify the application of existing fair value measurement requirements, while other amendments change a particular principle in ASC 820. In addition, ASU 2011-04 requires additional fair value disclosures. The amendments are to be applied prospectively and are effective for annual periods beginning after December 15, 2011. Plan management is currently evaluating the effect that the provisions of ASU 2011-04 will have on the Plan's financial statements.

Subsequent events: The Plan Administrator has evaluated subsequent events (events occurring after December 31, 2010) through September 30, 2011, which is the date these financial statements were available to be issued (see Notes 1 (Contributions) and 10).

Thrift and Profit Sharing Plan and Trust for Employees of the Cues Division of ELXSI

Notes to Financial Statements

Note 3. Investment Information Certified or Provided by Trustee

The following is a summary of the Plan's asset information as of December 31, 2010 and 2009, and for the year ended December 31, 2010, included throughout the Plan's financial statements and supplemental schedules, that was prepared by or derived from information certified or provided by SunTrust Bank of Florida, Inc. ("SunTrust"), the trustee under the Plan, and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the trustee that information provided to the Plan Administrator by the trustee related to the following assets and asset activity is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to this information, except for comparing such certified information to information included in the Plan's financial statements and supplemental schedules.

The following table presents the assets in this Plan as of December 31, 2010 and 2009. Single assets representing 5% or more of the Plan's net assets are separately identified.

	2010	2009
Investments, at fair value:		
Money market fund:		
Federated Prime Obligations Fund SS	\$ 1,103,013	\$ -
Shares of registered investment companies (mutual funds):		
Ridgeworth Large Cap Growth Stock Fund	772,380	626,999
Ridgeworth Large Cap Value Equity Fund	719,883	577,603
T. Rowe Price Mid Cap Growth Fund	712,646	468,537
Ridgeworth Small Cap Value Equity Fund	672,692	470,548
Ridgeworth Investment Grade Bond Fund	659,285	894,463
Vanguard 500 Index Fund	636,159	544,945
Putnam Multi-Cap Growth Fund	389,640	352,409
Ridgeworth Prime Quality Money Market Fund	-	1,313,404
Other funds	1,628,083	1,290,683
	<u>\$ 7,293,761</u>	<u>\$ 6,538,591</u>
Notes receivable from participants*	<u>\$ 67,522</u>	<u>\$ 67,036</u>

*Amount represents less than 5% of Plan's net assets as of December 31, 2010 and 2009.

SunTrust also certified to the completeness and accuracy of \$782,374 of net appreciation in fair value of assets, \$132,089 of interest and dividends related to the aforementioned Plan assets, and \$3,578 of interest related to notes receivable from participants for the year ended December 31, 2010.

During 2010, the Plan's investments in shares of registered investment companies (mutual funds) (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$782,374.

Thrift and Profit Sharing Plan and Trust for Employees of the Cues Division of ELXSI

Notes to Financial Statements

Note 4. Fair Value Measurements

FASB Accounting Standards Codification ("ASC") 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

- Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 – Inputs to the valuation methodology include:
 - Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability;
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

- Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. There have been no changes in the methodologies used at December 31, 2010 and 2009.

Following is a description of the valuation methodologies used for assets measured at fair value.

Shares of registered investment companies (mutual funds): shares of registered investment company securities are mutual funds and are valued at the closing price reported on the active market on which the individual securities are traded.

Money market fund: valued at the net asset value ("NAV") of shares held by the Plan at year end.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Thrift and Profit Sharing Plan and Trust for Employees of the Cues Division of ELXSI

Notes to Financial Statements

Note 4. Fair Value Measurements (Continued)

The following tables set forth by major type and level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010 and 2009:

	December 31, 2010			
	Level 1	Level 2	Level 3	Total
Money market fund:				
Cash equivalents fund	\$ -	\$ 1,103,013	\$ -	\$ 1,103,013
Shares of registered investment companies (mutual funds):				
Large cap funds	2,961,924	-	-	2,961,924
Small/Mid cap funds	1,555,597	-	-	1,555,597
Balanced funds	780,989	-	-	780,989
Bond funds	659,285	-	-	659,285
International funds	232,973	-	-	232,973
Total	\$ 6,190,748	\$ 1,103,013	\$ -	\$ 7,293,761

	December 31, 2009			
	Level 1	Level 2	Level 3	Total
Shares of registered investment companies (mutual funds):				
Large cap funds	\$ 2,483,266	\$ -	\$ -	\$ 2,483,266
Cash equivalents fund	1,313,404	-	-	1,313,404
Small/Mid cap funds	1,042,441	-	-	1,042,441
Bond funds	894,463	-	-	894,463
Balanced funds	567,669	-	-	567,669
International funds	237,348	-	-	237,348
Total	\$ 6,538,591	\$ -	\$ -	\$ 6,538,591

Changes in fair value levels: The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period. We evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the year ended December 31, 2010, there were no transfers in or out of levels 1, 2 or 3.

The following table sets forth a summary of the Plan's level 2 investments for which fair value is estimated using the net asset value per share as of December 31, 2010:

	December 31, 2010				
	Fair Value Estimated Using Net Asset Value Per Share				
	Fair Value	Unfunded Commitment	Redemption Frequency	Other	
				Redemption Restrictions	Redemption Notice Period
Money market fund (a)	\$ 1,103,013	\$ -	Daily	None	None

- (a) The fund seeks to provide current income consistent with stability of principal. The fund invests primarily in a portfolio of high-quality, fixed-income securities, issued by banks, corporations and the U.S. government, maturing in 397 days or less. The fund's investment advisor actively manages the fund's portfolio, seeking to limit the credit risk taken by the fund and to select investments with enhanced yields.

Thrift and Profit Sharing Plan and Trust for Employees of the Cues Division of ELXSI

Notes to Financial Statements

Note 5. Plan Termination and Amendment

Although it has not expressed any intent to do so, the Company has the right under the Plan agreement to amend any or all provisions of the Plan as well as discontinue its contributions or terminate the Plan at any time subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts, and the net assets of the Plan must be allocated among the participants and beneficiaries of the Plan in the order provided for by ERISA.

Note 6. Parties-in-Interest

Section 3(14) of ERISA defines a party-in-interest to include, among others, fiduciaries or employees of the Plan, any person who provides services to the Plan, or an employer whose employees are covered by the Plan. Accordingly, the contributions of the Employer are considered party-in-interest transactions. Certain Plan investments are shares of registered investment companies managed by SunTrust. SunTrust is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid to the trustee by the Plan for investment management and administrative services amounted to \$10,363 during the year ended December 31, 2010. SagePoint Financial ("SagePoint") provides consulting services as defined by the Retirement Plan Consulting Service Agreement and therefore, these transactions qualify as party-in-interest transactions. Fees paid to SagePoint by the Plan for consulting services amounted to \$28,694 during the year ended December 31, 2010. Certain employees of the Company provide administrative services for the Plan and are not reimbursed for those services from the Plan.

Note 7. Income Tax Status

The Plan adopted a non-standardized 401(k) prototype plan sponsored by SunTrust. The prototype plan has received an opinion letter, dated August 26, 2002, from the Internal Revenue Service as to the prototype plan's qualified status. The prototype plan opinion letter has been relied upon by this Plan. Once qualified, the Plan is required to operate in conformity with the Internal Revenue Code to maintain its qualification. The Plan has been amended since the adoption date. The Plan Administrator believes the Plan, as amended, is designed and is being operated in compliance with the applicable provisions of the Internal Revenue Code.

Note 8. Risks and Uncertainties

The Plan invests in various investment securities. These investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the values of the 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' account balances and the amounts reported in the statements of net assets available for benefit and the statement of changes in net assets available for benefits.

Note 9. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to net assets per the Form 5500 as of December 31, 2010 and 2009:

	2010	2009
Net assets available for benefits per the financial statements	\$ 7,341,100	\$ 6,597,070
Add: accrued expenses	10,183	8,557
Net assets per the Form 5500	<u>\$ 7,351,283</u>	<u>\$ 6,605,627</u>

Thrift and Profit Sharing Plan and Trust for Employees of the Cues Division of ELXSI

Notes to Financial Statements

Note 9. Reconciliation of Financial Statements to Form 5500 (Continued)

The following is a reconciliation of the net increase in net assets available for benefits per the financial statements to net income per the Form 5500 for the year ended December 31, 2010:

Net increase in net assets available for benefits per the financial statements	\$ 744,030
Less: 2009 accrued expenses	(8,557)
Add: 2010 accrued expenses	10,183
Net Income per the Form 5500	<u>\$ 745,656</u>

Note 10. Subsequent Event

During June 2011, the Plan elected to change its trustee from SunTrust to Fidelity Management Trust Company ("Fidelity"). The net assets of the Plan are scheduled to be transferred to Fidelity on or about October 3, 2011.

Thrift and Profit Sharing Plan and Trust for Employees of the Cues Division of ELXSI

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2010

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment, including maturity date rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
		Money Market Fund:		
	Federated	Federated Prime Obligations Fund SS	**	\$1,103,013
		Shares of Registered Investment Companies (Mutual Funds):		
*	SunTrust Bank, Inc.	Ridgeworth Large Cap Growth Stock Fund	**	772,380
*	SunTrust Bank, Inc.	Ridgeworth Large Cap Value Equity Fund	**	719,883
	T. Rowe Price	T. Rowe Price Mid Cap Growth Fund	**	712,648
*	SunTrust Bank, Inc.	Ridgeworth Small Cap Value Equity Fund	**	672,692
*	SunTrust Bank, Inc.	Ridgeworth Investment Grade Bond Fund	**	659,285
	Vanguard	Vanguard 500 Index Fund	**	636,159
	Putnam Investment	Putnam Multi-Cap Growth Fund	**	389,840
	Fidelity Management	Fidelity Advisor Equity Growth Institutional Fund	**	300,192
	T. Rowe Price	T. Rowe Price Retirement 2020 Fund	**	275,606
*	SunTrust Bank, Inc.	Ridgeworth International Equity Index Fund	**	227,324
	T. Rowe Price	T. Rowe Price Retirement 2040 Fund	**	191,618
*	SunTrust Bank, Inc.	Ridgeworth Life Vision Moderata Growth Fund	**	162,600
	T. Rowe Price	T. Rowe Price Retirement 2030 Fund	**	151,146
	American Century Investment	American Century Income & Growth Advisor Fund	**	143,670
	Federated Equity	Federated Mid Cap Index Fund	**	67,570
*	SunTrust Bank, Inc.	Ridgeworth Small Cap Growth Stock Fund	**	67,089
	Blackrock	Blackrock Mid-Cap Value Equity Port Fund A	**	35,600
	MFS	MFS International Diversification A Fund	**	5,649
*	Participants	Notes receivable from participants (maturity dates range from June 2011 through June 2018 and interest rates range from 4.25% to 9.25%)	**	57,522
				<u>\$7,351,283</u>

* Indicates a party-in-interest, as defined by ERISA.

** Cost information is not required for participant directed investments.

Thrift and Profit Sharing Plan and Trust for Employees of the Cues Division of ELXSI

Schedule H, Line 4j – Schedule of Reportable Transactions
Year Ended December 31, 2010

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Federated Funds	Federated Prime Obligations Fund SS	\$ 1,084,745	\$ -	\$ 1,084,745	\$ 1,084,745	\$ -
* SunTrust Bank, N.A.	Ridgeworth Prime Quality Money Market Fund	\$ -	\$ 1,084,745	\$ 1,084,505	\$ 1,084,745	\$ 240

*Party-in-interest, as defined by ERISA.

Attachment to 2010 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name THRIFT AND PROFIT SHARING PLAN AND TRUST FOR EMPLOYEES OF BINE ONE **042691593**
Plan Sponsor's Name ELXSI **PN:** 003

(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
	MFS INTERNATIONAL DIVERSIFICATION A	N/A	4,818	5,649
	RIDGEWORTH INTERNATIONAL EQUITY IND	N/A	232,948	227,324
	BLACKROCK MID-CAP VALUE EQUITY PORT	N/A	31,237	35,600
	FEDERATED MID CAP INDEX IS	N/A	52,092	67,570
	RIDGEWORTH SMALL CAP GROWTH STOCK I	N/A	67,720	67,089
	RIDGEWORTH SMALL CAP VALUE EQUITY I	N/A	653,875	672,692
	T. ROWE PRICE MID CAP GROWTH FUND	N/A	630,919	712,646

Attachment to 2010 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name THRIFT AND PROFIT SHARING PLAN AND TRUST FOR EMPLOYEES OF FINE ONE 04E2691593
Plan Sponsor's Name ELXSI **PN:** 003

(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
	AMERICAN CENTURY INCOME AND GROWT	N/A	159,626	143,670
	FIDELITY ADVISOR EQUITY GROWTH INST	N/A	302,702	300,192
	PUTNAM MULTI-CAP GROWTH Y	N/A	374,645	389,640
	RIDGEWORTH LARGE CAP GROWTH STOCK I	N/A	787,337	772,380
	RIDGEWORTH LARGE CAP VALUE EQUITY I	N/A	649,990	719,883
	VANGUARD 500 INDEX SIGNAL	N/A	671,326	636,158
	RIDGEWORTH MODERATE ALLOCATION STRA	N/A	149,524	162,599

Attachment to 2010 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name THRIFT AND PROFIT SHARING PLAN AND TRUST FOR EMPLOYEES OF BINE ONE 042691593
Plan Sponsor's Name ELXSI **PN:** 003

(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
	T. ROWE PRICE RETIREMENT 2020 FUND	N/A	227,337	275,605
	T. ROWE PRICE RETIREMENT 2030 FUND	N/A	128,706	151,146
	T. ROWE PRICE RETIREMENT 2040 FUND	N/A	166,774	191,618
	RIDGEWORTH INVESTMENT GRADE BOND I	N/A	639,420	659,285
	FEDERATED PRIME OBLIGATIONS FUND SS	N/A	1,096,012	1,096,012
	PARTICIPANT LOANS	Interest Rate - 4.250-9.250 Maturity Date - VARIOUS	57,518	57,522
	FORFEITURES	N/A	7,001	7,001