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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2010</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                           |
| For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u> |                                                                                                                                                                                                                                           |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____                         |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months). |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                               | <input type="checkbox"/>                                                                                                                                                                                                                  |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                 |

|                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                                  | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                         |                                                                     |                                                             |                                                             |  |
| <b>1a</b> Name of plan<br><u>DECRANE AEROSPACE, INC. 401(K) PLAN</u>                                                                                                                                                                            | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>09/01/1991</u></td> </tr> </table>                        | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>001</u>                                                  | <b>1c</b> Effective date of plan<br><u>09/01/1991</u>       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                        | <u>001</u>                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                             |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>09/01/1991</u>                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
| <b>2a</b> Plan sponsor's name and address (employer, if for a single-employer plan)<br>(Address should include room or suite no.)<br><br><u>DECRANE AEROSPACE, INC.</u><br><br><br><u>21653 NANTICOKE AVENUE</u><br><u>GEORGETOWN, DE 19947</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/><u>34-1645569</u></td> </tr> <tr> <td><b>2c</b> Sponsor's telephone number<br/><u>302-253-6135</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/><u>336990</u></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>34-1645569</u> | <b>2c</b> Sponsor's telephone number<br><u>302-253-6135</u> | <b>2d</b> Business code (see instructions)<br><u>336990</u> |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>34-1645569</u>                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
| <b>2c</b> Sponsor's telephone number<br><u>302-253-6135</u>                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>336990</u>                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |

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

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

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/10/2011 | DAWN BURRIS                                                  |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2010)  
v.092307.1

|                                                                                                                                                                          |                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same")<br>DECRANE AEROSPACE, INC.<br><br>21653 NANTICOKE AVENUE<br>GEORGETOWN, DE 19947 | <b>3b</b> Administrator's EIN<br>34-1645569<br><br><b>3c</b> Administrator's telephone number<br>302-253-6135 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                       |                                   |
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| <b>4</b> 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:<br><br><b>a</b> Sponsor's name | <b>4b</b> EIN<br><br><b>4c</b> PN |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|

|                                                                         |          |      |
|-------------------------------------------------------------------------|----------|------|
| <b>5</b> Total number of participants at the beginning of the plan year | <b>5</b> | 2012 |
|-------------------------------------------------------------------------|----------|------|

|                                                                                                                                                        |           |     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). |           |     |
| <b>a</b> Active participants.....                                                                                                                      | <b>6a</b> | 387 |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                     | <b>6b</b> | 3   |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                      | <b>6c</b> | 600 |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                               | <b>6d</b> | 990 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                              | <b>6e</b> | 3   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                | <b>6f</b> | 993 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....         | <b>6g</b> | 847 |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....             | <b>6h</b> | 0   |

|                                                                                                                                      |          |  |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|--|
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) ..... | <b>7</b> |  |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|--|

**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 3H

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

|                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

**a Pension Schedules**

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

**b General Schedules**

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

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                                           |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2010</b>                                                 |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b>              |
| For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010                                                                                                                                |                                                                                                                                                                                                                        |                                                             |
| <b>A</b> Name of plan<br>DECRANE AEROSPACE, INC. 401(K) PLAN                                                                                                                                                              |                                                                                                                                                                                                                        | <b>B</b> Three-digit plan number (PN) ▶ 001                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>DECRANE AEROSPACE, INC.                                                                                                                                  |                                                                                                                                                                                                                        | <b>D</b> Employer Identification Number (EIN)<br>34-1645569 |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

|                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation |
|------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
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|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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

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

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

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

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

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

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**(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)

JP MORGAN RETIREMENT PLAN SERVICES

71-0930784

| <b>(b)</b><br>Service Code(s)                      | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|----------------------------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 15 37 38 49<br>50 52 59 60<br>63 64 65 71<br>72 99 | NONE                                                                                                     | 55811                                                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                                   | 0                                                                                                                                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                 |

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

RELIANCE TRUST COMPANY

58-1428634

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 19 99                         | NONE                                                                                                     | 0                                                                             | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                                   | 1044                                                                                                                                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                 |

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

HARTFORD RETIREMENT SERVICES, LLC

26-1589907

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 15 37 38 49<br>64 65 99       | NONE                                                                                                     | 0                                                                             | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                                   | 119395                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                 |

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

GPC SECURITIES, INC.

58-1517899

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 15 64 65                      | NONE                                                                                                     | 0                                                                             | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                                   | 4174                                                                                                                                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                 |

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

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

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

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

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| JP MORGAN RETIREMENT PLAN SERVICES                                  | 52 59 60 63                                                                                                                                                        | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| SEE ATTACHED FEE DISCLOSURE REPORT<br><br>12-3456789                | SEE FEE AND COMPENSATION DISCLOSURE RPT ATTACHED                                                                                                                   |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| RELiance TRUST COMPANY                                              | 19 99                                                                                                                                                              | 1044                                      |
| (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. |                                           |
| HARTFORD RETIREMENT SERVICES<br><br>26-1589907                      | SEE FEE AND COMPENSATION DISCLOSURE RPT ATTACHED                                                                                                                   |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| HARTFORD RETIREMENT SERVICES, LLC                                   | 15 37 38 49 64 65 99                                                                                                                                               | 119395                                    |
| (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. |                                           |
| JP MORGAN RETIREMENT PLAN SERVICES<br><br>71-0930784                | SEE FEE AND COMPENSATION DISCLOSURE RPT ATTACHED                                                                                                                   |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| GPC SECURITIES, INC.                                                | 15 64 65                                                                                                                                                           | 4174                                      |
| (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. |                                           |
| HARTFORD RETIREMENT SERVICES, LLC                                   | SEE FEE AND COMPENSATION DISCLOSURE RPT ATTACHED                                                                                                                   |                                           |
| 26-1589907                                                          |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(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<br>(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.

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

|                 |                                                                                                                                 |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------|
| <b>Part III</b> | <b>Termination Information on Accountants and Enrolled Actuaries (see instructions)</b><br>(complete as many entries as needed) |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------|

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN;       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN;       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:



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

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

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

**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                             |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>2010</b>                                   |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>This Form is Open to Public Inspection</b> |

|                                                                                                          |                                                                        |            |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------|
| For calendar plan year 2010 or fiscal plan year beginning <b>01/01/2010</b> and ending <b>12/31/2010</b> |                                                                        |            |
| <b>A</b> Name of plan<br><b>DECRANE AEROSPACE, INC. 401(K) PLAN</b>                                      | <b>B</b> Three-digit plan number (PN) ►                                | <b>001</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>DECRANE AEROSPACE, INC.</b>          | <b>D</b> Employer Identification Number (EIN)<br><br><b>34-1645569</b> |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|----------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                      | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                       |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                            | <b>1b(1)</b>    | 0                     | 0               |
| <b>(2)</b> Participant contributions .....                                                         | <b>1b(2)</b>    | 41956                 | 0               |
| <b>(3)</b> Other .....                                                                             | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                      |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities .....                                                        | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                            |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                         | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....                                                                         | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                      |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                         | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                            | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                               | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                   | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                 | <b>1c(8)</b>    | 1512911               | 420168          |
| <b>(9)</b> Value of interest in common/collective trusts .....                                     | <b>1c(9)</b>    | 7051698               | 4564503         |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                    | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                            | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                  | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b>   | 35795365              | 16307602        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                            | <b>1c(15)</b>   |                       |                 |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 44401930              | 21292273        |

**Liabilities**

|                                                                           |           |       |   |
|---------------------------------------------------------------------------|-----------|-------|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |       |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |       |   |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |       |   |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> | 87573 | 0 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 87573 | 0 |

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 44314357 | 21292273 |
|-----------------------------------------------------------|-----------|----------|----------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 0          |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 1969273    |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 33747      |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 2003020   |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 73994      |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                                     | <b>2b(1)(G)</b> |            | 73994     |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 398917     |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                         | <b>2b(2)(D)</b> |            | 398917    |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |

|                                                                                                   |                 | (a) Amount | (b) Total |
|---------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>2b</b> (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....              | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                                   | <b>2b(5)(B)</b> |            |           |
| (C) Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....    | <b>2b(5)(C)</b> |            | 0         |
| (6) Net investment gain (loss) from common/collective trusts .....                                | <b>2b(6)</b>    |            | 178824    |
| (7) Net investment gain (loss) from pooled separate accounts .....                                | <b>2b(7)</b>    |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                        | <b>2b(8)</b>    |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                              | <b>2b(9)</b>    |            |           |
| (10) Net investment gain (loss) from registered investment<br>companies (e.g., mutual funds)..... | <b>2b(10)</b>   |            | 3768211   |
| <b>c</b> Other income.....                                                                        | <b>2c</b>       |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....           | <b>2d</b>       |            | 6422966   |

**Expenses**

|                                                                                            |              |         |          |
|--------------------------------------------------------------------------------------------|--------------|---------|----------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |              |         |          |
| (1) Directly to participants or beneficiaries, including direct rollovers .....            | <b>2e(1)</b> | 9909939 |          |
| (2) To insurance carriers for the provision of benefits .....                              | <b>2e(2)</b> |         |          |
| (3) Other .....                                                                            | <b>2e(3)</b> |         |          |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                | <b>2e(4)</b> |         | 9909939  |
| <b>f</b> Corrective distributions (see instructions) .....                                 | <b>2f</b>    |         | 55603    |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | <b>2g</b>    |         |          |
| <b>h</b> Interest expense.....                                                             | <b>2h</b>    |         |          |
| <b>i</b> Administrative expenses: (1) Professional fees .....                              | <b>2i(1)</b> |         |          |
| (2) Contract administrator fees .....                                                      | <b>2i(2)</b> | 55811   |          |
| (3) Investment advisory and management fees .....                                          | <b>2i(3)</b> |         |          |
| (4) Other .....                                                                            | <b>2i(4)</b> |         |          |
| (5) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....         | <b>2i(5)</b> |         | 55811    |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>    |         | 10021353 |

**Net Income and Reconciliation**

|                                                                               |              |  |          |
|-------------------------------------------------------------------------------|--------------|--|----------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | -3598387 |
| <b>l</b> Transfers of assets:                                                 |              |  |          |
| (1) To this plan.....                                                         | <b>2l(1)</b> |  |          |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  | 19423697 |

**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: SWINDOLL, JANZEN, HAWK & LOYD LLC

(2) EIN: 48-1041128

**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  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
| <b>a</b> 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>b</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  |         |
| <b>c</b> 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  |         |
| <b>d</b> 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  |         |
| <b>e</b> Was this plan covered by a fidelity bond?.....                                                                                                                                                                                                                                                         | X   |    | 5000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                         |     | X  |         |
| <b>g</b> 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  |         |
| <b>h</b> 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  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....                                                                                                                                                   | X   |    |         |
| <b>j</b> 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  |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....                                                                                                                                              |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                              |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....                                                                                                                                                                                     | X   |    |         |
| <b>n</b> 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) |
|---------------------------------------------|--------------|-------------|
| GOODRICH CORPORATION EMPLOYEES SAVINGS PLAN | 34-0252680   | 002         |
|                                             |              |             |
|                                             |              |             |
|                                             |              |             |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2010</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

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

|                                                                                                 |                                                                    |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>DECRANE AEROSPACE, INC. 401(K) PLAN</u>                             | <b>B</b> Three-digit plan number (PN) ▶<br><u>001</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>DECRANE AEROSPACE, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>34-1645569</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                    |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                              | <b>1</b> |
| <b>2</b> 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):<br><br>EIN(s): <u>06-0974148</u> |          |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                   |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                    | <b>3</b> |

|                |                                                                                                                                                                              |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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) |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                         |                                                                                                                         |                             |                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....                                                                                                                                     | <input type="checkbox"/> Yes                                                                                            | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                    |                                                                                                                         |                             |                              |
| <b>5</b> 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. |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year .....                                                                                                                                                                             | <b>6a</b>                                                                                                               |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                              | <b>6b</b>                                                                                                               |                             |                              |
| <b>c</b> 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).....                                                                                                         | <b>6c</b>                                                                                                               |                             |                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                           |                                                                                                                         |                             |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                      | <input type="checkbox"/> Yes                                                                                            | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>8</b> 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?..... | <input type="checkbox"/> Yes                                                                                            | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                                |                                   |                                   |                               |                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....                                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> 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:

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 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:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                               | <b>16a</b> |  |
| <b>b</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 ..... | <b>16b</b> |  |

- 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): \_\_\_\_\_

**DeCrane Aerospace, Inc. 401(k) Plan**

**FINANCIAL STATEMENTS  
AND SUPPLEMENTAL SCHEDULE**

**December 31, 2010 and 2009  
With Report of Independent Certified Public Accountants**

**DeCrane Aerospace, Inc. 401(k) Plan**

**December 31, 2010**

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SWINDOLL  
JANZEN  
HAWK &  
LOYD, LLC

Certified Public Accountants

*Celebrating* **75<sup>th</sup>** *Anniversary*  
1936 - 2011

B. Carver Swindoll, CPA  
Keith S. Janzen, CPA  
Kyle J. Hawk, CPA, CMAP  
D. Scot Loyd, CPA, CGFM  
Chet L. Buchman, CPA, CVA

## INDEPENDENT AUDITOR'S REPORT

To the Participants and Administrator of the  
DeCrane Aerospace, Inc. 401(k) Plan

We were engaged to audit the accompanying statements of net assets available for benefits of DeCrane Aerospace, Inc. 401(k) Plan (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 schedule of assets (held at year end) for the year ended December 31, 2010. These financial statements and supplemental schedule are the responsibility of the Plan's management.

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

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

*Swindoll, Janzen, Hawk & Loyd, LLC*

Swindoll, Janzen, Hawk & Loyd, LLC  
McPherson, Kansas

October 7, 2011

**DeCrane Aerospace, Inc. 401(k) Plan**  
**Statements of Net Assets Available for Benefits**

**Participant Directed**

|                                                                                                   | <b>December 31,</b> |               |
|---------------------------------------------------------------------------------------------------|---------------------|---------------|
|                                                                                                   | <b>2010</b>         | <b>2009</b>   |
| <i>Assets</i>                                                                                     |                     |               |
| Investments at fair value (See notes D and E):                                                    | \$ 20,972,653       | \$ 42,861,375 |
| Receivables:                                                                                      |                     |               |
| Participant contributions                                                                         | 28,646              | 41,956        |
| Notes receivable from participants                                                                | 420,168             | 1,512,911     |
| Total receivables                                                                                 | 448,814             | 1,554,867     |
| Total assets                                                                                      | 21,421,467          | 44,416,242    |
| <i>Liabilities</i>                                                                                |                     |               |
| Distributions payable                                                                             | -                   | 31,970        |
| Excess contributions payable                                                                      | 29,140              | 55,604        |
| Total liabilities                                                                                 | 29,140              | 87,574        |
| Net assets reflecting investments at fair value                                                   | 21,392,327          | 44,328,668    |
| Adjustment from fair value to contract value for<br>fully benefit-responsive investment contracts | (100,549)           | (14,311)      |
| Net assets available for benefits                                                                 | \$ 21,291,778       | \$ 44,314,357 |

**DeCrane Aerospace, Inc. 401(k) Plan**  
**Statement of Changes in Net Assets Available for Benefits**  
**Year Ended December 31, 2010**

**Participant Directed**

**ADDITIONS**

Additions to net assets attributed to:

Investment income:

|                                               |                  |
|-----------------------------------------------|------------------|
| Net appreciation in fair value of investments | \$ 3,946,902     |
| Mutual funds' earnings                        | 399,050          |
| Interest                                      | <u>73,924</u>    |
|                                               | <u>4,419,876</u> |

Contributions:

|             |                  |
|-------------|------------------|
| Participant | 1,968,848        |
| Rollover    | <u>33,747</u>    |
|             | <u>2,002,595</u> |

|               |                  |
|---------------|------------------|
| Net additions | <u>6,422,471</u> |
|---------------|------------------|

**DEDUCTIONS**

Deductions from net assets attributed to:

|                               |                   |
|-------------------------------|-------------------|
| Benefits paid to participants | 9,965,542         |
| Administrative expenses       | 55,811            |
| Transfers out of the plan     | <u>19,423,697</u> |

|                  |                   |
|------------------|-------------------|
| Total deductions | <u>29,445,050</u> |
|------------------|-------------------|

|              |              |
|--------------|--------------|
| Net decrease | (23,022,579) |
|--------------|--------------|

**NET ASSETS AVAILABLE FOR BENEFITS**

|                   |                   |
|-------------------|-------------------|
| Beginning of year | <u>44,314,357</u> |
|-------------------|-------------------|

|             |                      |
|-------------|----------------------|
| End of year | <u>\$ 21,291,778</u> |
|-------------|----------------------|

## **DeCrane Aerospace, Inc. 401(k) Plan**

### **Notes to Financial Statements December 31, 2010 and 2009**

#### **NOTE A – DESCRIPTION OF THE PLAN**

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

##### **General**

On January 1, 1993, the Plan was adopted by DeCrane Aircraft Holdings, Inc., now known as DeCrane Aerospace, Inc. (the "Company"). The Plan includes participants from the following subsidiaries of the Company as of December 31, 2010:

PATS Aircraft, LLC

The Plan is a defined contribution plan covering substantially all employees of the Company who have met certain eligibility requirements. All employees who have completed two months of service are eligible to participate in the Plan.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA") and is administered by the Investment Committee of the Company. As of December 31, 2010 and 2009 and for the year ended December 31, 2010, the Plan's assets were held, under the direction of the Investment Committee, by JPMorgan Chase Bank, N.A., ("the Trustee").

##### **1. Contributions**

Participants can elect to make pre-tax contributions of 1% to 50% of their eligible annual income as defined by the Plan. Contributions are subject to limitations as defined by the Internal Revenue Code ("IRC"). Participants who have obtained the age of 50 before the end of the plan year are eligible to make catch-up contributions. Contributions under the Plan are invested by the Trustee under the participant's directions.

Effective January 1, 2008, the Plan began auto-enrollment for their new employees. If an employee has not elected to defer at least 3% of his or her earnings, 3% is automatically withheld from the paycheck each pay period. In addition, contributions are automatically invested in the T. Rowe Price Retirement Age Based Funds if the employee does not customize his or her investment elections. An employee may opt out of auto-enrollment.

Contributions received from participants for 2010 and 2009 are net of payments of \$29,140 and \$55,604 made in March 2011 and 2010, respectively, to certain active participants to return to them excess deferral contributions as required to satisfy the relevant non-discrimination provisions of the IRC. These amounts are also included in the Plan's statement of net assets available for benefits as excess contributions payable at December 31, 2010 and 2009.

The Company may provide a discretionary matching contribution. For the Plan year ended December 31, 2009, the Company elected a discretionary matching contribution of 50% of the first 6% of the participant's voluntary contributions through January 2009. The Company made no discretionary matching contributions after January 2009.

The Plan also permits discretionary profit sharing contributions in an amount determined annually by the Company's Board of Directors. There was no discretionary profit sharing contribution made by the Company for the Plan years ended December 31, 2010 and 2009.

## **NOTE A – DESCRIPTION OF THE PLAN (cont.)**

### **2. Participant Accounts**

Each participant's account is credited with the participant's contributions and allocations of (a) the Company's matching contributions, and (b) Plan earnings. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

### **3. Vesting**

Participants are immediately vested in their contributions and rollover amounts plus actual earnings thereon. Vesting in the Company's matching contribution portion of their accounts and discretionary profit sharing contributions, plus actual earnings thereon is based on years of participation. A participant is 25% vested after one year, 50% after two years, and 100% after three years.

### **4. Forfeitures**

As of December 31, 2010 and 2009, forfeited nonvested accounts totaled \$64,671 and \$79,036, respectively. These accounts will be used to reduce future employer contributions. During the years ended December 31, 2010 and 2009, employer contributions were reduced by \$42,445 and \$36,581 from forfeited nonvested accounts.

### **5. Payment of Benefits**

The full value of a participant's account becomes payable upon retirement, disability or death. Upon termination of employment for any other reason, a participant's account becomes payable to the extent vested. Those participants with vested account balances greater than \$1,000 have the option of leaving their accounts invested in the Plan until age 70½. All benefits less than \$1,000 are paid as a lump-sum distribution.

### **6. Notes Receivable from Participants**

Participants may borrow a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loan terms range from one to five years or up to 15 years for the purchase of a primary residence. The loans are collateralized by the balance in the participant's account and bear interest at a fixed rate of one percent (1%) above the prime interest rate as published from time to time in the Wall Street Journal. Principal and interest are paid ratably through payroll deductions. The rate shall remain constant for the term of the loan. A participant may have no more than one outstanding loan at any time. In the case of termination, the entire outstanding loan balance shall be payable immediately.

## **NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

### **1. Basis of Accounting**

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

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for the benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The Statement of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

## **NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (cont.)**

### **2. Use of Estimates**

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

### **3. Investment Valuation and Income Recognition**

Mutual funds are stated at fair value as determined by quoted market prices. The common collective trust is stated at estimated fair value, which has been determined based on the unit values of the trust. The trustee sponsoring the common collective trust determines the unit value by dividing the trust's net assets at fair value by its units outstanding at the valuation dates. See Note E for discussion of fair value measurements.

As required by FASB ASC 962-325, *Plan Accounting – Defined Contribution Pension Plans-Investments – Other*, the Statement of Net Assets Available for Benefits presents the fair value of the Plan's investments in collective trusts which invest in fully benefit-responsive investment contracts with corresponding adjustment to show these investments at the unit value as reported by such trusts. The value of each unit is determined by subtracting total liabilities from the total value of the assets, including accrued income, and dividing the amount remaining by the number of units outstanding on the valuation date. The Statement of Changes in Net Assets Available for Benefits is prepared on a unit value basis of the investment; therefore there is no impact on the Statements of Changes in Net Assets Available for Benefits.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

### **4. Net Appreciation in Fair Value of Investments**

Net realized and unrealized appreciation is recorded in the accompanying Statement of Changes in Net Assets Available for Benefits as net appreciation in fair value of investments.

### **5. Benefit Payments**

Benefit payments are recorded when paid.

### **6. Administrative Expenses**

Non-investment costs, investment service fees, and administrative expenses of the Plan are paid by the Company, a party-in-interest. Loan fees are paid by the participants.

### **7. Notes Receivable from Participants**

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

### **8. Subsequent Events**

The Plan has evaluated subsequent events through October 7, 2011, the date the financial statements were available to be issued.

#### NOTE C – INFORMATION CERTIFIED BY THE INVESTMENT CUSTODIAN

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the investment custodian has certified that the following data included in the financial statements and supplemental schedule is complete and accurate:

- Investments (excluding participant loans), as shown in the statements of net assets available for benefits as of December 31, 2010 and 2009.
- Investment income (excluding investment income on participant loans of \$73,924), as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2010.
- Schedule H, Line 4i – schedule of assets (excluding participant loans) held at end of year, December 31, 2010.

The Plan's independent certified public accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

#### NOTE D – INVESTMENTS, AT FAIR VALUE

The following presents investments that represent 5% or more of the Plan's net assets as of December 31. All investments are participant-directed.

|                                                 | 2010                 | 2009                 |
|-------------------------------------------------|----------------------|----------------------|
| Allianz NFJ Small Cap Value                     | \$ 1,244,400         | \$ 2,805,986         |
| American Fund American Balance                  | 1,638,180            | 3,401,547            |
| American Growth Fund of America                 | 2,881,453            | 6,615,681            |
| Fidelity Advisor Diversified International Fund | -                    | 2,251,361            |
| * JP Morgan Core Bond Fund                      | **                   | 2,386,115            |
| * JP Morgan Equity Index Select                 | 3,184,447            | 6,788,236            |
| Wells Fargo Stable Return Fund                  | 4,665,050            | 7,066,009            |
| American Funds Europacific                      | 1,183,856            | -                    |
|                                                 | <u>\$ 14,797,386</u> | <u>\$ 31,314,935</u> |

\* Party-in-interest as define by ERISA

\*\* Amount does not exceed 5% of the Plan's net assets at the specified date.

The Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value for the year ended December 31 as set forth below:

|                        | 2010                | 2009                |
|------------------------|---------------------|---------------------|
| Mutual funds           | \$ 3,768,211        | \$ 7,222,577        |
| Common collective fund | 178,691             | 83,324              |
|                        | <u>\$ 3,946,902</u> | <u>\$ 7,305,901</u> |

## NOTE E – FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (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 assets or liabilities (level 3 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 | <p>Inputs to the valuation methodology include</p> <ul style="list-style-type: none"><li>• Quoted prices for similar assets or liabilities in active markets;</li><li>• Quoted prices for identical or similar assets or liabilities in inactive markets;</li><li>• Inputs other than quoted prices that are observable for the asset or liability;</li><li>• Inputs that are derived principally from or corroborated by observable market data by correlation or other means.</li></ul> <p>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.</p> |
| Level 3 | Inputs to the valuation methodology are unobservable and significant to the fair value measurement.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

The asset 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.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2010 and 2009.

*Mutual funds:* Valued at the net asset value of shares held by the Plan at year end.

*Common collective funds:* Unit value based on the observable net asset value of the underlying investment.

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.

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

**NOTE E – FAIR VALUE MEASUREMENTS (cont.)**

| <b>Investments at Fair Value as of December 31, 2010</b> |                      |                     |                |                      |
|----------------------------------------------------------|----------------------|---------------------|----------------|----------------------|
|                                                          | <b>Level 1</b>       | <b>Level 2</b>      | <b>Level 3</b> | <b>Total</b>         |
| Mutual funds:                                            |                      |                     |                |                      |
| Growth funds                                             | \$ 4,440,203         | \$ -                | \$ -           | \$ 4,440,203         |
| Core funds                                               | 3,184,447            | -                   | -              | 3,184,447            |
| Value funds                                              | 2,924,593            | -                   | -              | 2,924,593            |
| Lifecycle funds                                          | 2,248,413            | -                   | -              | 2,248,413            |
| Balanced funds                                           | 1,638,180            | -                   | -              | 1,638,180            |
| Fixed Income funds                                       | 687,911              | -                   | -              | 687,911              |
| International funds                                      | 1,183,856            | -                   | -              | 1,183,856            |
| Total Mutual funds                                       | <u>16,307,603</u>    | <u>-</u>            | <u>-</u>       | <u>16,307,603</u>    |
| Common Collective funds:                                 |                      |                     |                |                      |
| Stable Value funds                                       | -                    | 4,665,050           | -              | 4,665,050            |
| Total Common Collective funds                            | <u>-</u>             | <u>4,665,050</u>    | <u>-</u>       | <u>4,665,050</u>     |
| Total investments at fair value                          | <u>\$ 16,307,603</u> | <u>\$ 4,665,050</u> | <u>\$ -</u>    | <u>\$ 20,972,653</u> |

| <b>Investments at Fair Value as of December 31, 2009</b> |                      |                     |                |                      |
|----------------------------------------------------------|----------------------|---------------------|----------------|----------------------|
|                                                          | <b>Level 1</b>       | <b>Level 2</b>      | <b>Level 3</b> | <b>Total</b>         |
| Mutual funds:                                            |                      |                     |                |                      |
| Growth funds                                             | \$ 9,668,631         | \$ -                | \$ -           | \$ 9,668,631         |
| Core funds                                               | 6,788,237            | -                   | -              | 6,788,237            |
| Value funds                                              | 6,398,821            | -                   | -              | 6,398,821            |
| Lifecycle funds                                          | 4,900,654            | -                   | -              | 4,900,654            |
| Balanced funds                                           | 3,401,547            | -                   | -              | 3,401,547            |
| Fixed Income funds                                       | 2,386,115            | -                   | -              | 2,386,115            |
| International funds                                      | 2,251,361            | -                   | -              | 2,251,361            |
| Total Mutual funds                                       | <u>35,795,366</u>    | <u>-</u>            | <u>-</u>       | <u>35,795,366</u>    |
| Common Collective funds:                                 |                      |                     |                |                      |
| Stable Value funds                                       | -                    | 7,066,009           | -              | 7,066,009            |
| Total Common Collective funds                            | <u>-</u>             | <u>7,066,009</u>    | <u>-</u>       | <u>7,066,009</u>     |
| Total investments at fair value                          | <u>\$ 35,795,366</u> | <u>\$ 7,066,009</u> | <u>\$ -</u>    | <u>\$ 42,861,375</u> |

#### **NOTE F – PLAN TERMINATION**

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 will become 100% vested in their accounts.

#### **NOTE G – INCOME TAX STATUS**

The Internal Revenue Service has determined and informed the Company by a letter dated March 31, 2008 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plans' tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believe that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the relevant taxing authority. The Plan administrator has analyzed the tax positions taken by the Plan and had concluded that as of December 31, 2010 there are no uncertain positions taken, or expected to be taken, that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; and there is currently an audit for tax years 2005 through 2009 in progress. The Plan administrator believes it is no longer subject to income tax examinations for the years prior to those years.

#### **NOTE H – RISKS AND UNCERTAINTIES**

The Plan provides various mutual funds and one common collective trust as investment options. Investment securities are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investment securities and level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in 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 benefits.

#### **NOTE I – PARTY-IN-INTEREST TRANSACTIONS**

The Company provides certain administrative services to the Plan at no charge. The cost of providing these services and the payment of these costs by the Company, which is a party-in-interest, constitutes exempt party-in-interest transactions under ERISA.

JPMorgan Chase Bank, N.A. or its affiliates maintains and manages certain of the Plan's investments in registered investment companies and common collective trusts. JPMorgan Chase Bank, N.A. is the trustee, as defined by the Plan, and, therefore, these transactions qualify as party-in-interest transactions for which a statutory exemption exists.

#### NOTE J – PARTIAL PLAN TERMINATION

Company-wide reductions in workforce throughout 2009 resulted in a partial plan termination in 2009. Accordingly, involuntarily terminated Plan participants became retroactively 100% vested in Company contributions on their termination date. As of December 31, 2009, distributions payable of \$31,970, were recorded which represent previously forfeited amounts payable to those participants.

A Company spin-off in September 2010 significantly reduced the workforce resulting in a partial plan termination during 2010. Accordingly, involuntarily terminated Plan participants became retroactively 100% vested in Company contributions on their termination date. As of December 31, 2010, no distributions payable were considered necessary to record previously forfeited amounts payable to those participants as this was completed during the Plan year.

#### NOTE K – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

|                                                                | <u>2010</u>          | <u>2009</u>          |
|----------------------------------------------------------------|----------------------|----------------------|
| Net assets available for benefits per the financial statements | \$ 21,291,778        | \$ 44,314,357        |
| Plus contributions receivable from participants                | (28,646)             | -                    |
| Less contributions payable to participants                     | 29,140               | -                    |
| Rounding                                                       | <u>1</u>             | <u>-</u>             |
| Net assets available for benefits per the Form 5500            | <u>\$ 21,292,273</u> | <u>\$ 44,314,357</u> |

## **Supplemental Schedule**

# DeCrane Aerospace, Inc. 401(k) Plan

EIN: 34-1645569 #001

## Supplemental Schedule

### Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

As of December 31, 2010

| (a) | (b) Identity of issue, Borrower, Lessor or Similar Party | (c) Description of Investment<br>including maturity date, rate of<br>interest, collateral, par, or | (d) Cost<br>** | (e) Current Value    |
|-----|----------------------------------------------------------|----------------------------------------------------------------------------------------------------|----------------|----------------------|
|     | Goldman Sachs Mid Cap Value                              | Mutual Fund                                                                                        | **             | 914,576              |
|     | American Funds American Balance                          | Mutual Fund                                                                                        | **             | 1,638,181            |
|     | T Rowe Price New Horizons                                | Mutual Fund                                                                                        | **             | 1,021,370            |
|     | T Rowe Price Equity - Income                             | Mutual Fund                                                                                        | **             | 765,617              |
|     | T Rowe Price Retirement 2005                             | Mutual Fund                                                                                        | **             | 31,309               |
|     | T Rowe Price Retirement 2010                             | Mutual Fund                                                                                        | **             | 198,753              |
|     | T Rowe Price Retirement 2015                             | Mutual Fund                                                                                        | **             | 69,802               |
|     | T Rowe Price Retirement 2020                             | Mutual Fund                                                                                        | **             | 275,251              |
|     | T Rowe Price Retirement 2025                             | Mutual Fund                                                                                        | **             | 566,926              |
|     | T Rowe Price Retirement 2030                             | Mutual Fund                                                                                        | **             | 313,813              |
|     | T Rowe Price Retirement 2035                             | Mutual Fund                                                                                        | **             | 214,109              |
|     | T Rowe Price Retirement 2040                             | Mutual Fund                                                                                        | **             | 210,507              |
|     | T Rowe Price Retirement 2045                             | Mutual Fund                                                                                        | **             | 348,588              |
|     | T Rowe Price Retirement Inc                              | Mutual Fund                                                                                        | **             | 19,353               |
|     | American Growth Fund of America                          | Mutual Fund                                                                                        | **             | 2,881,453            |
| *   | JPMorgan Core Bond Fund                                  | Mutual Fund                                                                                        | **             | 687,911              |
| *   | JPMorgan Equity Index Select                             | Mutual Fund                                                                                        | **             | 3,184,447            |
|     | Wells Fargo Stable Return Fund                           | Common Collective                                                                                  | **             | 4,665,050            |
|     | Allianz NFJ Small Cap Value                              | Mutual Fund                                                                                        | **             | 1,244,400            |
|     | American Funds Eurpacific                                | Mutual Fund                                                                                        | **             | 1,183,856            |
|     | TimesSquare Mid Cap Growth                               | Mutual Fund                                                                                        | **             | 537,381              |
| *   | Participant Loans                                        | Interest Rates of 4.25% to 9.25%                                                                   | -              | 420,168              |
|     |                                                          |                                                                                                    |                | <u>\$ 21,392,821</u> |

The information in this schedule (except for participant loans) has been certified as to its completeness and accuracy by the Trustee.

\* Represents a party-in-interest as defined by ERISA

\*\* Not applicable as the fund is participant directed

**FORM 5500 SCHEDULE C REPORT**  
**SCHEDULE C, LINE 2(h) AND LINE 3(e) FORMULA DESCRIPTION**

**DECRANE AEROSPACE INC 401K PLAN (075031)**  
**PLAN YEAR END: 12/31**

*For use with lines 2(h), 3(c), 3(d), 3(e)*

**Recipient: J.P. Morgan EIN: 71-0930784**

**Service Codes: 15, 37, 38, 49, 52, 59, 60, 63, 64, 65, 71, 72, 99, 50 (if direct compensation amount reflected below)**

**1. Direct Compensation**

**\$55,810.76**

The total amount identified above reflects all fees deducted from plan assets at the plan administrator's direction. Of this amount, our records indicate that J.P. Morgan received **\$55,810.76**. Please review your records to determine what other service providers (e.g., a reimbursement paid to any plan fiduciary, your employee benefits counsel, plan auditor) received all or any portion of the remaining amount.

Note: Due to system accounting protocols (including 'cash basis' accounting), amounts reported as Direct Compensation and amounts reported as paid to J.P. Morgan are the net result of aggregating direct compensation after the effects of adjustments processed in 2010, some of which may have pertained to prior years.

**2. Indirect Compensation**

**Compensation paid with respect to Underlying Funds**

| <i>Investment Option Name</i>    | <i>EIN</i>      | <i>Fees Received from Funds<br/>on your Plan's Menu<br/>(rates as of 12/31/10)</i> | <i>Fund's Total<br/>Annual Expenses<br/>(as of 12/31/10)</i> |
|----------------------------------|-----------------|------------------------------------------------------------------------------------|--------------------------------------------------------------|
| AIM SMALL CO GROWTH FD-INV CLOSD | NA <sup>1</sup> |                                                                                    | 0.00%                                                        |
| ALLIANZ NFJ SMALL CAP VAL ADMIN  | 33-0457728      |                                                                                    | 1.05%                                                        |
| AMERICAN FUNDS AMER BALANCED-R4  | 94-6050854      | 0.35% x assets                                                                     | 0.67%                                                        |
| AMERICAN FUNDS EUROPACIFIC-R4    | 95-1411037      | 0.35% x assets                                                                     | 0.86%                                                        |
| AMERICAN FUNDS GROWTH FUND-A     | 52-0792143      | 0.25% x assets plus \$16/participant                                               | 0.69%                                                        |
| FIDELITY ADV DIV INT'L A         | 04-2778701      |                                                                                    | 1.30%                                                        |
| FRANKLIN BALANCE SHEET INVEST-A  | 13-3151768      | 0.34% x assets plus \$16/participant                                               | 1.00%                                                        |
| GOLDMAN SACHS MID CAP VALUE-A    | 13-4019460      | 0.65% x assets                                                                     | 1.16%                                                        |
| INVESCO 500 INDEX TR             | NA <sup>1</sup> |                                                                                    | 0.00%                                                        |
| INVESCO BASIC VALUE FUND-A       | 94-2362417      | 0.45% x assets plus \$16/participant                                               | 1.41%                                                        |
| INVESCO STABLE VAL TR            | NA <sup>1</sup> |                                                                                    | 0.00%                                                        |
| JPMORGAN CORE BOND-A             | 26-3613641      | 0.45% x assets plus \$16/participant                                               | 0.73%                                                        |
| JPMORGAN EQUITY INDEX SELECT     | 26-3613641      | \$16/participant                                                                   | 0.20%                                                        |
| JPMORGAN INVESTOR BALANCED FD-A  | 13-4161079      | 0.45% x assets plus \$16/participant                                               | 0.50%                                                        |
| JPMORGAN INVESTOR GROWTH & INC-A | 13-4161079      | 0.45% x assets plus \$16/participant                                               | 0.50%                                                        |
| MANAGERS CADENCE MID CAP ADMIN   | 22-2528211      |                                                                                    | 0.96%                                                        |
| MFS MID CAP GROWTH FUND-A        | 04-6382595      | 0.64% x assets                                                                     | 1.34%                                                        |
| T ROWE PRICE RETIREMENT 2005     | 52-1151266      | 0.15% x assets                                                                     | 0.00%                                                        |

<sup>1</sup> At the time this report was generated this information was not available.

The list includes any investment option held by the plan during the 2010 calendar year. To arrive at an estimate of the dollar amount that JP Morgan received from each fund, multiply the rate of fees received from each fund by your plan's year-end balance (or if the fund was liquidated prior to year end, the balance on the liquidation date) and, if applicable, the per participant fee by the number of participants in the fund at year end (or the liquidation date if earlier). This will be an estimate because your plan's balance and number of participants will vary over the course of the year, so the year-end balance and number of participants may be higher or lower than the daily balance. In addition, these fees are calculated on a daily basis.

JPMorgan funds are distributed by JPMorgan Distribution Services, Inc., which is an affiliate of J.P. Morgan Retirement Plan Services LLC and JPMorgan Chase & Co. Affiliates of JPMorgan Chase & Co. receive fees for providing various services to JPMorgan funds, including fees for investment management, shareholder servicing, administration, distribution, custody, fund accounting, securities lending and other services.

|                              |            |
|------------------------------|------------|
| <i>Indirect Compensation</i> |            |
| Custodial/Trust service fee  | \$1,043.61 |
| Service Codes: 19, 99        |            |

**Service Codes: 15, 37, 38, 49, 64, 65, 99**

|                       |                    |                 |                    |
|-----------------------|--------------------|-----------------|--------------------|
| <b>Base Fees</b>      | Payor: J.P. Morgan | EIN: 71-0930784 | <b>\$88,346.04</b> |
| <b>Ancillary Fees</b> | Payor: J.P. Morgan | EIN: 71-0930784 | <b>\$31,049.36</b> |

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**Recipient: GPC Securities, Inc.    EIN: 58-1517899**

**Service Codes: 15, 64, 65**

*Indirect Compensation*

|                                        |                                                             |                   |
|----------------------------------------|-------------------------------------------------------------|-------------------|
| <b>Transaction Processing Services</b> | Payor: Hartford Retirement Services, LLC    EIN: 26-1589907 | <b>\$4,174.42</b> |
|----------------------------------------|-------------------------------------------------------------|-------------------|

**DeCrane Aerospace, Inc. 401(k) Plan**

**FINANCIAL STATEMENTS  
AND SUPPLEMENTAL SCHEDULE**

**December 31, 2010 and 2009  
With Report of Independent Certified Public Accountants**

**DeCrane Aerospace, Inc. 401(k) Plan**

**December 31, 2010**

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SWINDOLL  
JANZEN  
HAWK &  
LOYD, LLC

Certified Public Accountants

*Celebrating*  
*Our* **75<sup>th</sup>** *Anniversary*  
1936 - 2011

B. Carver Swindoll, CPA  
Keith S. Janzen, CPA  
Kyle J. Hawk, CPA, CMAP  
D. Scot Loyd, CPA, CGFM  
Chet L. Buchman, CPA, CVA

## INDEPENDENT AUDITOR'S REPORT

To the Participants and Administrator of the  
DeCrane Aerospace, Inc. 401(k) Plan

We were engaged to audit the accompanying statements of net assets available for benefits of DeCrane Aerospace, Inc. 401(k) Plan (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 schedule of assets (held at year end) for the year ended December 31, 2010. These financial statements and supplemental schedule are the responsibility of the Plan's management.

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

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

*Swindoll, Janzen, Hawk & Loyd, LLC*

Swindoll, Janzen, Hawk & Loyd, LLC  
McPherson, Kansas

October 7, 2011

**DeCrane Aerospace, Inc. 401(k) Plan**  
**Statements of Net Assets Available for Benefits**

**Participant Directed**

|                                                                                                   | <b>December 31,</b> |               |
|---------------------------------------------------------------------------------------------------|---------------------|---------------|
|                                                                                                   | <b>2010</b>         | <b>2009</b>   |
| <i>Assets</i>                                                                                     |                     |               |
| Investments at fair value (See notes D and E):                                                    | \$ 20,972,653       | \$ 42,861,375 |
| Receivables:                                                                                      |                     |               |
| Participant contributions                                                                         | 28,646              | 41,956        |
| Notes receivable from participants                                                                | 420,168             | 1,512,911     |
| Total receivables                                                                                 | 448,814             | 1,554,867     |
| Total assets                                                                                      | 21,421,467          | 44,416,242    |
| <i>Liabilities</i>                                                                                |                     |               |
| Distributions payable                                                                             | -                   | 31,970        |
| Excess contributions payable                                                                      | 29,140              | 55,604        |
| Total liabilities                                                                                 | 29,140              | 87,574        |
| Net assets reflecting investments at fair value                                                   | 21,392,327          | 44,328,668    |
| Adjustment from fair value to contract value for<br>fully benefit-responsive investment contracts | (100,549)           | (14,311)      |
| Net assets available for benefits                                                                 | \$ 21,291,778       | \$ 44,314,357 |

**DeCrane Aerospace, Inc. 401(k) Plan**  
**Statement of Changes in Net Assets Available for Benefits**  
**Year Ended December 31, 2010**

**Participant Directed**

**ADDITIONS**

Additions to net assets attributed to:

Investment income:

|                                               |                  |
|-----------------------------------------------|------------------|
| Net appreciation in fair value of investments | \$ 3,946,902     |
| Mutual funds' earnings                        | 399,050          |
| Interest                                      | <u>73,924</u>    |
|                                               | <u>4,419,876</u> |

Contributions:

|             |                  |
|-------------|------------------|
| Participant | 1,968,848        |
| Rollover    | <u>33,747</u>    |
|             | <u>2,002,595</u> |

|               |                  |
|---------------|------------------|
| Net additions | <u>6,422,471</u> |
|---------------|------------------|

**DEDUCTIONS**

Deductions from net assets attributed to:

|                               |                   |
|-------------------------------|-------------------|
| Benefits paid to participants | 9,965,542         |
| Administrative expenses       | 55,811            |
| Transfers out of the plan     | <u>19,423,697</u> |

|                  |                   |
|------------------|-------------------|
| Total deductions | <u>29,445,050</u> |
|------------------|-------------------|

|              |              |
|--------------|--------------|
| Net decrease | (23,022,579) |
|--------------|--------------|

**NET ASSETS AVAILABLE FOR BENEFITS**

|                   |                   |
|-------------------|-------------------|
| Beginning of year | <u>44,314,357</u> |
|-------------------|-------------------|

|             |                      |
|-------------|----------------------|
| End of year | <u>\$ 21,291,778</u> |
|-------------|----------------------|

## **DeCrane Aerospace, Inc. 401(k) Plan**

### **Notes to Financial Statements December 31, 2010 and 2009**

#### **NOTE A – DESCRIPTION OF THE PLAN**

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

##### **General**

On January 1, 1993, the Plan was adopted by DeCrane Aircraft Holdings, Inc., now known as DeCrane Aerospace, Inc. (the "Company"). The Plan includes participants from the following subsidiaries of the Company as of December 31, 2010:

PATS Aircraft, LLC

The Plan is a defined contribution plan covering substantially all employees of the Company who have met certain eligibility requirements. All employees who have completed two months of service are eligible to participate in the Plan.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA") and is administered by the Investment Committee of the Company. As of December 31, 2010 and 2009 and for the year ended December 31, 2010, the Plan's assets were held, under the direction of the Investment Committee, by JPMorgan Chase Bank, N.A., ("the Trustee").

##### **1. Contributions**

Participants can elect to make pre-tax contributions of 1% to 50% of their eligible annual income as defined by the Plan. Contributions are subject to limitations as defined by the Internal Revenue Code ("IRC"). Participants who have obtained the age of 50 before the end of the plan year are eligible to make catch-up contributions. Contributions under the Plan are invested by the Trustee under the participant's directions.

Effective January 1, 2008, the Plan began auto-enrollment for their new employees. If an employee has not elected to defer at least 3% of his or her earnings, 3% is automatically withheld from the paycheck each pay period. In addition, contributions are automatically invested in the T. Rowe Price Retirement Age Based Funds if the employee does not customize his or her investment elections. An employee may opt out of auto-enrollment.

Contributions received from participants for 2010 and 2009 are net of payments of \$29,140 and \$55,604 made in March 2011 and 2010, respectively, to certain active participants to return to them excess deferral contributions as required to satisfy the relevant non-discrimination provisions of the IRC. These amounts are also included in the Plan's statement of net assets available for benefits as excess contributions payable at December 31, 2010 and 2009.

The Company may provide a discretionary matching contribution. For the Plan year ended December 31, 2009, the Company elected a discretionary matching contribution of 50% of the first 6% of the participant's voluntary contributions through January 2009. The Company made no discretionary matching contributions after January 2009.

The Plan also permits discretionary profit sharing contributions in an amount determined annually by the Company's Board of Directors. There was no discretionary profit sharing contribution made by the Company for the Plan years ended December 31, 2010 and 2009.

## **NOTE A – DESCRIPTION OF THE PLAN (cont.)**

### **2. Participant Accounts**

Each participant's account is credited with the participant's contributions and allocations of (a) the Company's matching contributions, and (b) Plan earnings. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

### **3. Vesting**

Participants are immediately vested in their contributions and rollover amounts plus actual earnings thereon. Vesting in the Company's matching contribution portion of their accounts and discretionary profit sharing contributions, plus actual earnings thereon is based on years of participation. A participant is 25% vested after one year, 50% after two years, and 100% after three years.

### **4. Forfeitures**

As of December 31, 2010 and 2009, forfeited nonvested accounts totaled \$64,671 and \$79,036, respectively. These accounts will be used to reduce future employer contributions. During the years ended December 31, 2010 and 2009, employer contributions were reduced by \$42,445 and \$36,581 from forfeited nonvested accounts.

### **5. Payment of Benefits**

The full value of a participant's account becomes payable upon retirement, disability or death. Upon termination of employment for any other reason, a participant's account becomes payable to the extent vested. Those participants with vested account balances greater than \$1,000 have the option of leaving their accounts invested in the Plan until age 70½. All benefits less than \$1,000 are paid as a lump-sum distribution.

### **6. Notes Receivable from Participants**

Participants may borrow a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loan terms range from one to five years or up to 15 years for the purchase of a primary residence. The loans are collateralized by the balance in the participant's account and bear interest at a fixed rate of one percent (1%) above the prime interest rate as published from time to time in the Wall Street Journal. Principal and interest are paid ratably through payroll deductions. The rate shall remain constant for the term of the loan. A participant may have no more than one outstanding loan at any time. In the case of termination, the entire outstanding loan balance shall be payable immediately.

## **NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

### **1. Basis of Accounting**

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

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for the benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The Statement of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

## **NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (cont.)**

### **2. Use of Estimates**

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

### **3. Investment Valuation and Income Recognition**

Mutual funds are stated at fair value as determined by quoted market prices. The common collective trust is stated at estimated fair value, which has been determined based on the unit values of the trust. The trustee sponsoring the common collective trust determines the unit value by dividing the trust's net assets at fair value by its units outstanding at the valuation dates. See Note E for discussion of fair value measurements.

As required by FASB ASC 962-325, *Plan Accounting – Defined Contribution Pension Plans-Investments – Other*, the Statement of Net Assets Available for Benefits presents the fair value of the Plan's investments in collective trusts which invest in fully benefit-responsive investment contracts with corresponding adjustment to show these investments at the unit value as reported by such trusts. The value of each unit is determined by subtracting total liabilities from the total value of the assets, including accrued income, and dividing the amount remaining by the number of units outstanding on the valuation date. The Statement of Changes in Net Assets Available for Benefits is prepared on a unit value basis of the investment; therefore there is no impact on the Statements of Changes in Net Assets Available for Benefits.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

### **4. Net Appreciation in Fair Value of Investments**

Net realized and unrealized appreciation is recorded in the accompanying Statement of Changes in Net Assets Available for Benefits as net appreciation in fair value of investments.

### **5. Benefit Payments**

Benefit payments are recorded when paid.

### **6. Administrative Expenses**

Non-investment costs, investment service fees, and administrative expenses of the Plan are paid by the Company, a party-in-interest. Loan fees are paid by the participants.

### **7. Notes Receivable from Participants**

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

### **8. Subsequent Events**

The Plan has evaluated subsequent events through October 7, 2011, the date the financial statements were available to be issued.

#### NOTE C – INFORMATION CERTIFIED BY THE INVESTMENT CUSTODIAN

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the investment custodian has certified that the following data included in the financial statements and supplemental schedule is complete and accurate:

- Investments (excluding participant loans), as shown in the statements of net assets available for benefits as of December 31, 2010 and 2009.
- Investment income (excluding investment income on participant loans of \$73,924), as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2010.
- Schedule H, Line 4i – schedule of assets (excluding participant loans) held at end of year, December 31, 2010.

The Plan's independent certified public accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

#### NOTE D – INVESTMENTS, AT FAIR VALUE

The following presents investments that represent 5% or more of the Plan's net assets as of December 31. All investments are participant-directed.

|                                                 | 2010                 | 2009                 |
|-------------------------------------------------|----------------------|----------------------|
| Allianz NFJ Small Cap Value                     | \$ 1,244,400         | \$ 2,805,986         |
| American Fund American Balance                  | 1,638,180            | 3,401,547            |
| American Growth Fund of America                 | 2,881,453            | 6,615,681            |
| Fidelity Advisor Diversified International Fund | -                    | 2,251,361            |
| * JP Morgan Core Bond Fund                      | **                   | 2,386,115            |
| * JP Morgan Equity Index Select                 | 3,184,447            | 6,788,236            |
| Wells Fargo Stable Return Fund                  | 4,665,050            | 7,066,009            |
| American Funds Europacific                      | 1,183,856            | -                    |
|                                                 | <u>\$ 14,797,386</u> | <u>\$ 31,314,935</u> |

\* Party-in-interest as define by ERISA

\*\* Amount does not exceed 5% of the Plan's net assets at the specified date.

The Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value for the year ended December 31 as set forth below:

|                        | 2010                | 2009                |
|------------------------|---------------------|---------------------|
| Mutual funds           | \$ 3,768,211        | \$ 7,222,577        |
| Common collective fund | 178,691             | 83,324              |
|                        | <u>\$ 3,946,902</u> | <u>\$ 7,305,901</u> |

## NOTE E – FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (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 assets or liabilities (level 3 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 | <p>Inputs to the valuation methodology include</p> <ul style="list-style-type: none"><li>• Quoted prices for similar assets or liabilities in active markets;</li><li>• Quoted prices for identical or similar assets or liabilities in inactive markets;</li><li>• Inputs other than quoted prices that are observable for the asset or liability;</li><li>• Inputs that are derived principally from or corroborated by observable market data by correlation or other means.</li></ul> <p>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.</p> |
| Level 3 | Inputs to the valuation methodology are unobservable and significant to the fair value measurement.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

The asset 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.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2010 and 2009.

*Mutual funds:* Valued at the net asset value of shares held by the Plan at year end.

*Common collective funds:* Unit value based on the observable net asset value of the underlying investment.

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.

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

**NOTE E – FAIR VALUE MEASUREMENTS (cont.)**

| <b>Investments at Fair Value as of December 31, 2010</b> |                      |                     |                |                      |
|----------------------------------------------------------|----------------------|---------------------|----------------|----------------------|
|                                                          | <b>Level 1</b>       | <b>Level 2</b>      | <b>Level 3</b> | <b>Total</b>         |
| Mutual funds:                                            |                      |                     |                |                      |
| Growth funds                                             | \$ 4,440,203         | \$ -                | \$ -           | \$ 4,440,203         |
| Core funds                                               | 3,184,447            | -                   | -              | 3,184,447            |
| Value funds                                              | 2,924,593            | -                   | -              | 2,924,593            |
| Lifecycle funds                                          | 2,248,413            | -                   | -              | 2,248,413            |
| Balanced funds                                           | 1,638,180            | -                   | -              | 1,638,180            |
| Fixed Income funds                                       | 687,911              | -                   | -              | 687,911              |
| International funds                                      | 1,183,856            | -                   | -              | 1,183,856            |
| Total Mutual funds                                       | <u>16,307,603</u>    | <u>-</u>            | <u>-</u>       | <u>16,307,603</u>    |
| Common Collective funds:                                 |                      |                     |                |                      |
| Stable Value funds                                       | -                    | 4,665,050           | -              | 4,665,050            |
| Total Common Collective funds                            | <u>-</u>             | <u>4,665,050</u>    | <u>-</u>       | <u>4,665,050</u>     |
| Total investments at fair value                          | <u>\$ 16,307,603</u> | <u>\$ 4,665,050</u> | <u>\$ -</u>    | <u>\$ 20,972,653</u> |

| <b>Investments at Fair Value as of December 31, 2009</b> |                      |                     |                |                      |
|----------------------------------------------------------|----------------------|---------------------|----------------|----------------------|
|                                                          | <b>Level 1</b>       | <b>Level 2</b>      | <b>Level 3</b> | <b>Total</b>         |
| Mutual funds:                                            |                      |                     |                |                      |
| Growth funds                                             | \$ 9,668,631         | \$ -                | \$ -           | \$ 9,668,631         |
| Core funds                                               | 6,788,237            | -                   | -              | 6,788,237            |
| Value funds                                              | 6,398,821            | -                   | -              | 6,398,821            |
| Lifecycle funds                                          | 4,900,654            | -                   | -              | 4,900,654            |
| Balanced funds                                           | 3,401,547            | -                   | -              | 3,401,547            |
| Fixed Income funds                                       | 2,386,115            | -                   | -              | 2,386,115            |
| International funds                                      | 2,251,361            | -                   | -              | 2,251,361            |
| Total Mutual funds                                       | <u>35,795,366</u>    | <u>-</u>            | <u>-</u>       | <u>35,795,366</u>    |
| Common Collective funds:                                 |                      |                     |                |                      |
| Stable Value funds                                       | -                    | 7,066,009           | -              | 7,066,009            |
| Total Common Collective funds                            | <u>-</u>             | <u>7,066,009</u>    | <u>-</u>       | <u>7,066,009</u>     |
| Total investments at fair value                          | <u>\$ 35,795,366</u> | <u>\$ 7,066,009</u> | <u>\$ -</u>    | <u>\$ 42,861,375</u> |

#### **NOTE F – PLAN TERMINATION**

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 will become 100% vested in their accounts.

#### **NOTE G – INCOME TAX STATUS**

The Internal Revenue Service has determined and informed the Company by a letter dated March 31, 2008 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plans' tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believe that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the relevant taxing authority. The Plan administrator has analyzed the tax positions taken by the Plan and had concluded that as of December 31, 2010 there are no uncertain positions taken, or expected to be taken, that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; and there is currently an audit for tax years 2005 through 2009 in progress. The Plan administrator believes it is no longer subject to income tax examinations for the years prior to those years.

#### **NOTE H – RISKS AND UNCERTAINTIES**

The Plan provides various mutual funds and one common collective trust as investment options. Investment securities are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investment securities and level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in 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 benefits.

#### **NOTE I – PARTY-IN-INTEREST TRANSACTIONS**

The Company provides certain administrative services to the Plan at no charge. The cost of providing these services and the payment of these costs by the Company, which is a party-in-interest, constitutes exempt party-in-interest transactions under ERISA.

JPMorgan Chase Bank, N.A. or its affiliates maintains and manages certain of the Plan's investments in registered investment companies and common collective trusts. JPMorgan Chase Bank, N.A. is the trustee, as defined by the Plan, and, therefore, these transactions qualify as party-in-interest transactions for which a statutory exemption exists.

#### NOTE J – PARTIAL PLAN TERMINATION

Company-wide reductions in workforce throughout 2009 resulted in a partial plan termination in 2009. Accordingly, involuntarily terminated Plan participants became retroactively 100% vested in Company contributions on their termination date. As of December 31, 2009, distributions payable of \$31,970, were recorded which represent previously forfeited amounts payable to those participants.

A Company spin-off in September 2010 significantly reduced the workforce resulting in a partial plan termination during 2010. Accordingly, involuntarily terminated Plan participants became retroactively 100% vested in Company contributions on their termination date. As of December 31, 2010, no distributions payable were considered necessary to record previously forfeited amounts payable to those participants as this was completed during the Plan year.

#### NOTE K – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

|                                                                | <u>2010</u>          | <u>2009</u>          |
|----------------------------------------------------------------|----------------------|----------------------|
| Net assets available for benefits per the financial statements | \$ 21,291,778        | \$ 44,314,357        |
| Plus contributions receivable from participants                | (28,646)             | -                    |
| Less contributions payable to participants                     | 29,140               | -                    |
| Rounding                                                       | <u>1</u>             | <u>-</u>             |
| Net assets available for benefits per the Form 5500            | <u>\$ 21,292,273</u> | <u>\$ 44,314,357</u> |

## **Supplemental Schedule**

# DeCrane Aerospace, Inc. 401(k) Plan

EIN: 34-1645569 #001

## Supplemental Schedule

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

As of December 31, 2010

| (a) | (b) Identity of issue, Borrower, Lessor or Similar Party | (c) Description of Investment<br>including maturity date, rate of<br>interest, collateral, par, or | (d) Cost<br>** | (e) Current Value    |
|-----|----------------------------------------------------------|----------------------------------------------------------------------------------------------------|----------------|----------------------|
|     | Goldman Sachs Mid Cap Value                              | Mutual Fund                                                                                        | **             | 914,576              |
|     | American Funds American Balance                          | Mutual Fund                                                                                        | **             | 1,638,181            |
|     | T Rowe Price New Horizons                                | Mutual Fund                                                                                        | **             | 1,021,370            |
|     | T Rowe Price Equity - Income                             | Mutual Fund                                                                                        | **             | 765,617              |
|     | T Rowe Price Retirement 2005                             | Mutual Fund                                                                                        | **             | 31,309               |
|     | T Rowe Price Retirement 2010                             | Mutual Fund                                                                                        | **             | 198,753              |
|     | T Rowe Price Retirement 2015                             | Mutual Fund                                                                                        | **             | 69,802               |
|     | T Rowe Price Retirement 2020                             | Mutual Fund                                                                                        | **             | 275,251              |
|     | T Rowe Price Retirement 2025                             | Mutual Fund                                                                                        | **             | 566,926              |
|     | T Rowe Price Retirement 2030                             | Mutual Fund                                                                                        | **             | 313,813              |
|     | T Rowe Price Retirement 2035                             | Mutual Fund                                                                                        | **             | 214,109              |
|     | T Rowe Price Retirement 2040                             | Mutual Fund                                                                                        | **             | 210,507              |
|     | T Rowe Price Retirement 2045                             | Mutual Fund                                                                                        | **             | 348,588              |
|     | T Rowe Price Retirement Inc                              | Mutual Fund                                                                                        | **             | 19,353               |
|     | American Growth Fund of America                          | Mutual Fund                                                                                        | **             | 2,881,453            |
| *   | JPMorgan Core Bond Fund                                  | Mutual Fund                                                                                        | **             | 687,911              |
| *   | JPMorgan Equity Index Select                             | Mutual Fund                                                                                        | **             | 3,184,447            |
|     | Wells Fargo Stable Return Fund                           | Common Collective                                                                                  | **             | 4,665,050            |
|     | Allianz NFJ Small Cap Value                              | Mutual Fund                                                                                        | **             | 1,244,400            |
|     | American Funds Eurpacific                                | Mutual Fund                                                                                        | **             | 1,183,856            |
|     | TimesSquare Mid Cap Growth                               | Mutual Fund                                                                                        | **             | 537,381              |
| *   | Participant Loans                                        | Interest Rates of 4.25% to 9.25%                                                                   | -              | 420,168              |
|     |                                                          |                                                                                                    |                | <u>\$ 21,392,821</u> |

The information in this schedule (except for participant loans) has been certified as to its completeness and accuracy by the Trustee.

\* Represents a party-in-interest as defined by ERISA

\*\* Not applicable as the fund is participant directed