Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
HP COMMUNICATIONS, INC. 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1999

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

13341 TEMESCAL CANYON RD
CORONA, CA 92883

2b Employer Identification Number (EIN) 33-0810391

2c Sponsor's telephone number 951-471-1919

2d Business code (see instructions) 238900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2011	NICHOLAS GOLDMANN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

13341 TEMESCAL CANYON RD
CORONA, CA 92883

3b Administrator's EIN
33-0810391

3c Administrator's telephone number
951-471-1919

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

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	232
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	196
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	15
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	211
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	211
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	101
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

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

A Name of plan
HP COMMUNICATIONS, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
33-0810391

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
TRANSAMERICA LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year (f) From	Policy or contract year (g) To
39-0989781	86231	997368-000	114	01/01/2010	12/31/2010

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
8736	849

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
WFP SECURITIES CORPORATION
6020 CONERSTONE CT., STE 240
SAN DIEGO, CA 92121

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
8736		BROKER COMMISSIONS	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
THE PENSION GROUP, INC.
23046 AVE DE LA CARLOTA, STE 500
LAGUNA HILLS, CA 92653

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
	849	CONTRACT MANAGEMENT ASSISTANCE	5

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	219151
5	Current value of plan's interest under this contract in separate accounts at year end	5	1799357

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			7b	175343
c	Additions: (1) Contributions deposited during the year	7c(1)	108128		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	5062		
	(4) Transferred from separate account	7c(4)	47314		
	(5) Other (specify below)	7c(5)	9445		
	▶ LOAN REPAYMENT				
	(6) Total additions			7c(6)	169949
d	Total of balance and additions (add **b** and **c(6)**)			7d	345292
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	71402		
	(2) Administration charge made by carrier	7e(2)	1415		
	(3) Transferred to separate account	7e(3)	34457		
	(4) Other (specify below)	7e(4)	18867		
	▶ LOAN DISBURSEMENT				
	(5) Total deductions			7e(5)	126141
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	219151

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

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

A Name of plan
HP COMMUNICATIONS, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
HP COMMUNICATIONS, INC.

D Employer Identification Number (EIN)
33-0810391

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: TA EQUITY RET OPT

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

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)
39-0989781-101	P	116163

a Name of MTIA, CCT, PSA, or 103-12 IE: TA BALANCED RET OPT

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

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)
39-0989781-119	P	82966

a Name of MTIA, CCT, PSA, or 103-12 IE: TEMPLETON FOREIGN RET OPT

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

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)
39-0989781-143	P	95588

a Name of MTIA, CCT, PSA, or 103-12 IE: GOLDMAN SACHS MID CAP OPP RET OPT

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

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)
39-0989781-147	P	117878

a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES BOND RET OPT

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

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)
39-0989781-150	P	133589

a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN GOVERNMENT SEC RET OPT

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

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)
39-0989781-158	P	110744

a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER GLOBAL RET OPT

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

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)
39-0989781-216	P	114279

a Name of MTIA, CCT, PSA, or 103-12 IE: TA PARTNERS MID VALUE RET OPT			
b Name of sponsor of entity listed in (a): TRANSAMERICA			
c EIN-PN 39-0989781-427	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	91105
a Name of MTIA, CCT, PSA, or 103-12 IE: TA PARTNERS LARGE VALUE RET OPT			
b Name of sponsor of entity listed in (a): TRANSAMERICA			
c EIN-PN 39-0989781-428	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	94847
a Name of MTIA, CCT, PSA, or 103-12 IE: TA PARTNERS HIGH YIELD BOND RET OPT			
b Name of sponsor of entity listed in (a): TRANSAMERICA			
c EIN-PN 39-0989781-434	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	59133
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADVISOR SMALL CAP INV OPT			
b Name of sponsor of entity listed in (a): TRANSAMERICA			
c EIN-PN 39-0989781-445	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	102273
a Name of MTIA, CCT, PSA, or 103-12 IE: TA PARTNERS STOCK INDEX RET OPT			
b Name of sponsor of entity listed in (a): TRANSAMERICA			
c EIN-PN 39-0989781-003	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	56615
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS GWTH FD AMERICA INV			
b Name of sponsor of entity listed in (a): TRANSAMERICA			
c EIN-PN 39-0989781-015	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	54474
a Name of MTIA, CCT, PSA, or 103-12 IE: TA PARTNERS SMALL CORE RET OPT			
b Name of sponsor of entity listed in (a): TRANSAMERICA			
c EIN-PN 39-0989781-034	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	17637
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY LARGE CO VAL INV			
b Name of sponsor of entity listed in (a): TRANSAMERICA			
c EIN-PN 39-0989781-038	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	54953
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY SMALL CAP VAL INV			
b Name of sponsor of entity listed in (a): TRANSAMERICA			
c EIN-PN 39-0989781-401	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	108832
a Name of MTIA, CCT, PSA, or 103-12 IE: NEUBERGER BERMAN PARTNERS INV OPT			
b Name of sponsor of entity listed in (a): TRANSAMERICA			
c EIN-PN 95-6140222-044	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	106174

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2005 RET OPT

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

c EIN-PN 39-0989781-047	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1239

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2015 RET OPT

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

c EIN-PN 39-0989781-048	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 191

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2025 RET OPT

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

c EIN-PN 39-0989781-049	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 44284

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2035 RET OPT

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

c EIN-PN 39-0989781-050	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 34223

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2045 RET OPT

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

c EIN-PN 39-0989781-051	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 130139

a Name of MTIA, CCT, PSA, or 103-12 IE: FIRST AMERICAN REAL ESTATE SEC RET

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

c EIN-PN 39-0989781-075	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 72031

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

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

c EIN-PN 39-0989781-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 219151

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

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

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a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

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

A Name of plan
HP COMMUNICATIONS, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
33-0810391

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	100	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	87890	194834
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	1426105	1799357
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	175343	219151
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	1689438	2213342
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	1689438	2213342

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	187724	
(B) Participants	2a(1)(B)	324878	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		512602
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	6511	
(F) Other	2b(1)(F)	32	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		6543
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		241647
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		760792
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	223677	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		223677
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	13211	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		13211
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		236888
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		523904
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: STEVE FLORES **(2)** EIN: 95-4169712

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		170000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

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

A Name of plan
HP COMMUNICATIONS, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
33-0810391

Part I Distributions

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

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

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

EIN(s): 39-0989781

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

HP COMMUNICATIONS, INC.
401(k) PLAN
AUDITED FINANCIAL STATEMENTS
AND SUPPLEMENTARY INFORMATION
December 31, 2010 and 2009,
And for the Year Ended December 31, 2010

HP COMMUNICATIONS, INC.
401(k) PLAN
December 31, 2010 and 2009,
and for the Year Ended December 31, 2010

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HP COMMUNICATIONS, INC.
401(k) PLAN
GENERAL INFORMATION
December 31, 2010 and 2009

1.	Full official name of the Plan	HP Communications, Inc. 401(k) Plan
2.	Employer Federal Identification Number	33-0810391
3.	Contract number	997368-000
4.	Address of Employer and headquarters	13341 Temescal Canyon Road Corona, CA 92883
5.	Name and address of plan sponsor	HP Communications, Inc. c/o Nicholas L. Goldmann 13341 Temescal Canyon Road Corona, CA 92883
6.	Telephone number	(951) 471-1919
7.	Name and address of trustee that holds the Plan's investment assets	Transamerica Retirement Services 100 G Executive Drive Edgewood, NY 11717 January 1, 2010 - December 31, 2010
8.	Telephone number	(800) 333-0963
9.	Name and address of third-party plan administrator	David R. Head, QKA Pension Group, Inc. 23046 Avenida De La Carlota Suite 500 Laguna Hills, CA 92653-1548
10.	Telephone number	(949) 768-4015
11.	Period covered by examination	As of December 31, 2010 and 2009 and for the Year Ended December 31, 2010

SAF
STEVEN A. FLORES
Certified Public Accountant
701 KIMBERLY AVE., STE 190
PLACENTIA, CA 92870
TEL: (714) 961-7439
FAX: (714) 961-7442
WWW.SAFCPA.COM

INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of
HP Communications, Inc.
401(k) Plan
Corona, California

I was engaged to audit the financial statements of HP Communications, Inc. 401(k) Plan (the "Plan") as of December 31, 2010 and 2009, and for the year ended December 31, 2010, and the supplemental schedule as of and for the year ended December 31, 2010, as listed in the accompanying index. These financial statements and schedule are the responsibility of the Plan's management.

Except as discussed in the following paragraph, I conducted my audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that I plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. I believe that my audits provide a reasonable basis for my opinion.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed me not to perform, and I did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Transamerica Retirement Services, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. I have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2010 and 2009, that the information provided to the plan administrator by the trustee is complete and accurate.

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

Steven A. Flores
Certified Public Accountant

Placentia, California
October 12, 2011

HP COMMUNICATIONS, INC.
401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2010 and 2009

	December 31, 2010	December 31, 2009
ASSETS		
Investments (at fair value) - notes 3 and 4		
Mutual Funds		
Guaranteed account	$ 219,151	$ 1,426,105
Pooled separate accounts	1,799,357	175,343
Total Mutual Funds	2,018,508	1,601,448
Receivable		
2006 Safe harbor contributions	0	100
Notes receivable from participants - note 2	194,834	87,890
TOTAL ASSETS	$ 2,213,342	$ 1,689,438
NET ASSETS AVAILABLE FOR BENEFITS - page 4	$ 2,213,342	$ 1,689,438

See the accompanying independent auditor's report and notes.

HP COMMUNICATIONS, INC.
401(k) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Year Ended December 31, 2010

ADDITIONS		
Additions to net assets attributed to:		
Investment Income		
Net appreciation in fair market value - note 4	$ 241,647	
Interest earned	6,511	
Total Investment Income		$ 248,158
Contributions		
Employer's, net of $2,416 in forfeitures - note 2	187,724	
Participants'	324,878	
Total Contributions		512,602
Other Income		32
TOTAL ADDITIONS		760,792
DEDUCTIONS		
Deductions from net assets attributed to:		
Benefits paid to participants - notes 2 and 6	223,677	
Administrative expenses - note 2	13,211	
Total Deductions		236,888
NET INCREASE		523,904
NET ASSETS AVAILABLE FOR BENEFITS - page 3		
Beginning of year		1,689,438
END OF YEAR		$ 2,213,342

See the accompanying independent auditor's report and notes.

HP COMMUNICATIONS, INC.
401(k) PLAN
NOTES TO THE FINANCIAL STATEMENTS
For the Year Ended December 31, 2010

NOTE 1 - DESCRIPTION OF PLAN

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

General

The Plan is a defined contribution plan established on January 1, 1999 under the provision of Section 401(k) of the Internal Revenue Code ("IRC"). The Plan covers all eligible employees of the Company who have three months of service and are twenty-one years of age or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Contributions

Each year, participants' contributions shall not exceed the lesser of (a) $40,000, as adjusted for increases in the cost of living or (b) 100% of pretax annual compensation up to a maximum of $16,500 or $22,000 if age 50 or older, as defined in the Plan. In addition, participants who are projected to attain age 50 before the end of a calendar year shall be eligible to make catch-up contributions as of January 1st of that calendar year. Participants may also contribute amounts rolled over from other qualified plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers various mutual funds and an insurance investment contract as investment options for participants. Participants may make changes to the percentage or amount deferred at any time.

The Employer may make a contribution on behalf of each participant based on a discretionary amount deemed appropriate by the Employer. The Employer contributions shall be made in cash or in such property as is acceptable to the trustee.

Participant Accounts

An account is maintained for each participant. The participant's account is credited with the participant's contribution and allocation of (a) employer contribution, and (b) Plan earnings (losses). Allocations are based on participant's earnings or account balances, as defined. The benefit to which a participant is entitled is the benefits that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Employer's contribution portion of their accounts is based on years of continuous service in accordance with the following schedule:

Years of Vesting Service	Percentage
Less than 2 years	0%
2 years	20%
3 years	40%
4 years	60%
5 years	80%
6 years	100%

HP COMMUNICATIONS, INC.
401(k) PLAN
NOTES TO THE FINANCIAL STATEMENTS
For the Year Ended December 31, 2010

NOTE 1 - DESCRIPTION OF PLAN (*continued*)

Participants' Loans

Participants may borrow from their fund accounts up to a maximum equal to the lesser of $50,000 or 50% of their vested account balances. All loans are required to be paid within five years unless the purpose of the loan is to purchase a primary residence. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with the interest rates charged by persons in the business of lending money for loans which would be made under similar circumstances. Principal and interest are paid ratably through monthly payroll deductions.

Payment of Benefits

A participant eligible for distribution may elect to have the amount paid in cash in one lump-sum. Any distribution to a participant who has a benefit which exceeds $5,000, shall require such participant's written (or in such other form as permitted by the Internal Revenue Service) consent if such distribution occurs prior to the time the benefit is "immediately distributable." A benefit is "immediately distributable" if any part of the benefit could be distributed to the participant (or surviving spouse) before the participant attains (or would have attained if not deceased) the later of the participant's normal retirement age or age 62.

Forfeited Accounts

At December 31, 2010 and 2009, forfeited non-vested accounts totaled $2,416 and $262, respectively. Forfeited accounts are used to reduce future employer contributions. Forfeited accounts in the amount of $2,416 were used to reduce employer contributions for the year ended December 31, 2010.

Investment Options

Upon enrollment in the Plan, a participant may direct employee contributions in percentage increments to investments offered by Transamerica Retirement Services ("Transamerica"). Options include fixed rate guaranteed investment contracts and a variety of mutual funds to match the participant's investment profile.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Date of Management's Review

Subsequent events were evaluated through October 12, 2011, which is the date the financial statements were available to be issued.

Use of Estimates and Basis of Accounting

The preparation of financial statements in conformity with generally accepted accounting principles in the United States of America requires the plan administrator to make estimates and assumptions that affect the reported amounts and disclosure. Accordingly, actual results may differ from those estimates.

The financial statements of the Plan are prepared under the accrual method of accounting.

HP COMMUNICATIONS, INC.
401(k) PLAN
NOTES TO THE FINANCIAL STATEMENTS
For the Year Ended December 31, 2010

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (*continued*)

Use of Estimates and Basis of Accounting (continued)

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 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.

Notes Receivable from Participants

Loans to participants are reported at their unpaid principal balances plus any accrued but unpaid interest. At December 31, 2010 and 2009 loan balances totaled $194,834, and $87,890, respectively.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

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.

Payment on Benefits

Benefits are recorded when paid. For the year ended December 31, 2010 $223,677 was paid in benefits to participants.

Operating Expenses

All expenses of maintaining the Plan are paid by the Plan. For the year ended December 31, 2010 administrative expenses totaled $13,211.

NOTE 3 - FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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.

HP COMMUNICATIONS, INC.
401(k) PLAN
NOTES TO THE FINANCIAL STATEMENTS
For the Year Ended December 31, 2010

NOTE 3 - FAIR VALUE MEASUREMENTS (*continued*)

Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820, "Investments - Debt and Equity Securities" establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. No Level 2 or 3 inputs were available to the Plan.

Level 1 Fair Value Measurements

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end.

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

	Fair Value	Fair Value Measurement Using: Quoted Prices in Active Markets for Identical Assets (Level 1)
As of December 31, 2010		
Mutual Fund		
Bond Funds	$ 244,333	$ 244,333
Cash Equivalent Fund	219,151	219,151
Global Equity Fund	114,279	114,279
High Yield Funds	131,164	131,164
Hybrid Funds	210,076	210,076
International Equity Fund	95,588	95,588
Large/Mid Blend Equity Funds	162,789	162,789
Large/Mid Growth Equity Funds	288,516	288,516
Large/Mid Value Equity Funds	323,869	323,869
Small Company Equity Funds	228,743	228,743
Total Mutual Funds	$ 2,018,508	$ 2,018,508
As of December 31, 2009		
Mutual Fund		
Bond Funds	$ 187,275	$ 187,275
Cash Equivalent Fund	175,344	175,344
Global Equity Fund	101,283	101,283
High Yield Funds	111,617	111,617
Hybrid Funds	145,254	145,254
International Equity Fund	80,621	80,621
Large/Mid Blend Equity Funds	154,640	154,640
Large/Mid Growth Equity Funds	221,962	221,962
Large/Mid Value Equity Funds	251,732	251,732
Small Company Equity Funds	171,720	171,720
Total Mutual Funds	$ 1,601,448	$ 1,601,448

HP COMMUNICATIONS, INC.
401(k) PLAN
NOTES TO THE FINANCIAL STATEMENTS
For the Year Ended December 31, 2010

NOTE 3 - FAIR VALUE MEASUREMENTS (*continued*)

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the year ended December 31, 2010 are reported in the net appreciation in fair value of investments.

NOTE 4 - INVESTMENTS

The following presents investments at December 31, 2010 and 2009 that represent 5% or more of the Plan's net assets.

	Shares at December 31,		Fair Value at December 31,	
	2010	2009	2010	2009
American Century Small Cap Value	2,698.42	2,488.12	$ 108,832	$ 81,141
Fidelity Advisor Small Cap	2,779.53	2,473.39	102,273	77,415
Goldman-Sachs Mid-Cap Opp	1,473.28	1,385.79	117,878	93,214
JP Morgan Government Securities	3,391.85	2,631.33	110,744	81,742
Loomis Sayles Bond	2,619.14	2,341.68	133,589	105,533
Neuberger Berman Partners	2,874.20	3,041.68	106,174	97,707
Oppenheimer Global	7,560.78	7,741.55	114,279	101,283
Templeton Foreign	2,412.49	2,101.92	95,588	80,622
Transamerica Equity	1,457.66	1,355.85	116,163	89,199
Transamerica Partners Large Value	433.66	385.92	94,847	73,979
Transamerica Partners Mid Value	4,665.84	4,394.04	91,105	71,137
Transamerica Stable Value	12,331.12	10,135.10	219,151	175,343
Vanguard Target 2045	8,737.62	6,666.27	130,139	86,839
Others (Less than 5% of Plan's net assets)			477,746	386,294
TOTAL INVESTMENTS			$ 2,018,508	$ 1,601,448

During the Plan year 2010, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by a total of $241,647 as follows:

Mutual Funds	$ 241,647

NOTE 5 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Employer 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.

HP COMMUNICATIONS, INC.
401(k) PLAN
NOTES TO THE FINANCIAL STATEMENTS
For the Year Ended December 31, 2010

NOTE 6 - RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

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

	December 31,	
	2010	2009
Net assets available for benefits per the financial statements	$ 2,213,342	$ 1,689,438

The following is a reconciliation of benefits paid to participants per the financial statements for the year ended December 31, 2010 to schedule H of Form 5500:

Benefits paid to participants per the financial statements	$ 223,677
Less: Amounts allocated to excessive contributions at December 31, 2010	0
BENEFITS PAID TO PARTICIPANTS PER SCHEDULE H OF FORM 5500	$ 223,677

Amounts allocated to withdrawing participants are recorded on the Schedule H of Form 5500 for benefits claims that have been processed and approved for payment prior to December 31, 2010 but not yet paid as of that date.

NOTE 7 - TAX STATUS

The Plan has not requested or received a determination letter from the Internal Revenue Service ("IRS") indicating that the Plan, as designed, is in compliance with the Internal Revenue Code ("IRC"). The Plan has adopted a Volume Submitter program and opined in a letter dated March 31, 2008, that it is acceptable under Section 401(a) of the IRC. The Plan administrator believes that the Plan is currently being operated in accordance with the IRC.

NOTE 8 - RISKS AND UNCERTAINTIES

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

SUPPLEMENTARY INFORMATION

HP COMMUNICATIONS, INC.
401(k) PLAN
EIN: 95-4891590
PLAN NUMBER: 001
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2010

(a)	Identity of issue, borrower, lessor, or similar party (b)	Description of investment including maturity date, rate of interest, collateral, par or maturity value (c)	Cost (d)	Current Value (e)
	Transamerica	American Century Large Value		$ 54,953
	Transamerica	American Century Small Cap Value		108,832
	Transamerica	American Funds Growth Fund of Am		54,474
	Transamerica	Fidelity Advisor Small Cap		102,273
	Transamerica	First American Real Estate		72,031
	Transamerica	Goldman-Sachs Mid-Cap Opp		117,878
	Transamerica	JP Morgan Government Securities		110,744
	Transamerica	Loomis Sayles Bond		133,589
	Transamerica	Neuberger Berman Partners		106,174
	Transamerica	Oppenheimer Global		114,279
	Transamerica	Templeton Foreign		95,588
	Transamerica	Transamerica Balanced		82,966
	Transamerica	Transamerica Equity		116,163
	Transamerica	Transamerica Partners High Yield Bond		59,133
	Transamerica	Transamerica Partners Large Value		94,847
	Transamerica	Transamerica Partners Mid-Cap Value		91,105
	Transamerica	Transamerica Partners Small Cor		17,637
	Transamerica	Transamerica Partners Stock Index		56,615
	Transamerica	Transamerica Stable Value		219,151
	Transamerica	Vanguard Target 2005		1,239
	Transamerica	Vanguard Target 2015		191
	Transamerica	Vanguard Target 2025		44,284
	Transamerica	Vanguard Target 2035		34,223
	Transamerica	Vanguard Target 2045		130,139
	Total Investments			2,018,508
	Participants' loans	Interest rate 4.25% - 9.25%		194,834
	TOTAL ASSETS HELD AT END OF YEAR, December 31, 2010			$ 2,213,342

Note: Column (a) is blank as there were no parties-in-interest.
Column (d) is blank as all investments are participant direct.

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

Name of Plan: HP Communications, Inc. 401(k) Plan

►

Employer Identification Number:► 33-0810391

For plan year (beginning/ending):► 01/01/2010-12/31/2010 Plan number:► 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	TRANSAMERICA	TA EQUITY		116163
	TRANSAMERICA	TA BALANCED		82966
	TRANSAMERICA	TEMPLETON FOREIGN		95588
	TRANSAMERICA	GS MID-CAP OPPS		117878
	TRANSAMERICA	LOOMIS SLS BOND		133589
	TRANSAMERICA	JPM GVT SECTY		110744
	TRANSAMERICA	OPPENHEIMER GLOBAL		114279
	TRANSAMERICA	TA PARTNER MID VAL		91105
	TRANSAMERICA	TA PARTNERS LARGE VAL		94847
	TRANSAMERICA	TA PARTNER HY BOND		59133
	TRANSAMERICA	FIDELITY ADV SM CAP		102273
	TRANSAMERICA	DV INV STL INX		56615
	TRANSAMERICA	AM FD GR FD AM		54474
	TRANSAMERICA	TA PARTNERS SM COR		17637
	TRANSAMERICA	AM CENT LG VAL		54953
	TRANSAMERICA	AM CENT SCAP VAL		108832
	TRANSAMERICA	NBRGR PARTNERS		106174
	TRANSAMERICA	VANGUARD TGT 2005		1239
	TRANSAMERICA	VANGUARD TGT 2015		191
	TRANSAMERICA	VANGUARD TGT 2025		44284
	TRANSAMERICA	VANGUARD TGT 2035		34223
	TRANSAMERICA	VANGUARD TGT 2045		130139
	TRANSAMERICA	FA REAL ESTATE		72031
	TRANSAMERICA	STABLE VALUE		219151
	PARTICIPANT LOANS	INT RTE 4.25% - 9.25%		194834