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), 6057(b), 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

2012

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

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
ISEC, INC. 401(K) SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 07/01/1980

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)

ISEC, INC.

33 INVERNESS DR E
ENGLEWOOD, CO 80112-5412

2b Employer Identification Number (EIN)
84-0577348

2c Sponsor's telephone number
303-790-1444

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.	08/14/2013	MARK LANE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	08/14/2013	MARK LANE
	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

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

Preparer's telephone number (optional)

3a Plan administrator's name and address [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address

3b Administrator's EIN

3c Administrator's telephone number

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**	574
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**	472
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	80
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	552
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	552
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	476
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 Characteristics Codes in the instructions:
2E 2F 2G 2J 2K 2R 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics 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)** [X] 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] 2 **A** (Insurance Information)
- **(4)** [X] **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

2012

This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
ISEC, INC. 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
84-0577348

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

PRINCIPAL 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	(g) To
42-0127290	61271	441462	552	01/01/2012	12/31/2012

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 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
36123	18712

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

TRUENORTH SECURITIES INC
8200 E 32ND ST N
STE 100
WICHITA, KS 67226

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
36123	18712	REFERRAL/SERVICE FEE AND PRORATED INCENTIVE, NOT DEDUCTED FROM PLAN	3

(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	

(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	0
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

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 ▶ CUSTODIAL GUA FUND GR ANN CONTRACT

b	Balance at the end of the previous year			7b	1665689
c	Additions: (1) Contributions deposited during the year	7c(1)	116507		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	36198		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	199438		
	▶ LOAN PAYMENT, OUTSIDE INVESTMENT TRANSFER				
	(6) Total additions			7c(6)	352143
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	2017832
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	455692		
	(2) Administration charge made by carrier	7e(2)	102		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	62038		
	▶ LOAN WITHDRAWAL, OUTSIDE INVESTMENT TRANSFER, 401(K) (M) EXCESS CONTRIBUTION				
	(5) Total deductions			7e(5)	517832
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	1500000

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 organizations(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)**	
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)**	
(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)**	
(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 line **9c(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, line 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 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

2012

This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
ISEC, INC. 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
84-0577348

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

PRINCIPAL 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	(g) To
42-0127290	61271	707443	552	01/01/2012	12/31/2012

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 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
0	0

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

(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	

(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	0
5	Current value of plan's interest under this contract in separate accounts at year end	5	26902099

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	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

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 organizations(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)**	
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)**	
(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)**	
(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 line **9c(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, line 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 C
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Service Provider Information

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

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

OMB No. 1210-0110

2012

This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
ISEC, INC. 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
84-0577348

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(b) Enter name and EIN or address of person who provided you disclosure 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

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

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

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 37 50 64	CONTRACT ADMINISTRATOR	14218	Yes [X] No [ ]	Yes [X] No [ ]	2468	Yes [ ] No [X]

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

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

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

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

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)

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PRINCIPAL LIFE INSURANCE COMPANY	13 37 50 64	2468
(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.	
PERSHING, LLC 13-2741729	PRINCIPAL SELF DIRECTED BROKERAGE ACCOUNT FEES	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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

2012

This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
ISEC, INC. 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
84-0577348

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: PRIN MONEY MARKET SEP ACCT-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

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)
42-0127290-024	P	222129

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN U.S. PROPERTY SEP ACCT-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

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)
42-0127290-027	P	519515

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LGCAP S&P 500 INDEX SA-I3

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

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)
42-0127290-016	P	797359

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MIDCAP VALUE I SA-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

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)
42-0127290-043	P	669028

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MIDCAP GROWTH III SA-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

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)
42-0127290-026	P	401483

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETM 2010 SEP ACCT-I2

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

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)
42-0127290-075	P	986527

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETM 2020 SEP ACCT-I2

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

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)
42-0127290-076	P	4882369

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETM 2030 SEP ACCT-I2

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-077	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6899548

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETM 2040 SEP ACCT-I2

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-078	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7861226

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETM 2050 SEP ACCT-I2

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-079	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2366994

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETM STR INC SA-I2

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-080	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 44347

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN REAL ESTATE SECS SA-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-095	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31846

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SMALLCAP VALUE II SA-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-096	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 759948

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN EQUITY INCOME SA-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-120	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 459780

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

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

2012

This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
ISEC, INC. 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
84-0577348

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)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1513	1911
(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)	641121	862763
(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)	929805	1166955
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	22750302	26902099
(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)	8508840	8699107
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	1665689	1500000
(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	34497270	39132835
Liabilities			
g Benefit claims payable	1g	0	
h Operating payables	1h	0	
i Acquisition indebtedness	1i	0	
j Other liabilities	1j	0	
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	34497270	39132835

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)	1136112	
(B) Participants	2a(1)(B)	2337382	
(C) Others (including rollovers)	2a(1)(C)	88185	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		3561679
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	44395	
(F) Other	2b(1)(F)	36198	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		80593
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	10955	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	132997	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		143952
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	87748	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		87748

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		3485939
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		864607
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		8224518
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3568237	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		3568237
f Corrective distributions (see instructions)	2f		3402
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	17314	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		17314
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3588953
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		4635565
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [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: MARTIN, VEJVODA AND ASSOCIATES, INC **(2)** EIN: 84-1038838

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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 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	0
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	0

			Yes	No	Amount
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	0
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	0
e	Was this plan covered by a fidelity bond?	4e	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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)

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

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

2012

This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
ISEC, INC. 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
84-0577348

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): 42-0127290

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 (include any prior year accumulated funding deficiency not waived) **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 or other authority 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. 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 lines 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 lines 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 lines 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 lines 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 lines 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 lines 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 line 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 lines (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 line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

ISEC, INCORPORATED
401(K) SAVINGS PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2012

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INCORPORATED
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INDEPENDENT AUDITORS' REPORT

To the Trustees of
ISEC, Incorporated 401(k) Savings Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of ISEC, Incorporated 401(k) Plan, which comprise the net assets available for plan benefits as of December 31, 2012 and 2011, and the related statements of changes in net assets available for plan benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of 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 (ERISA), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by Principal Life Insurance Company, the Trustee of the Plan, except for comparing the information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2012 and 2011, that the information provided to the Plan administrator by the Trustee is complete and accurate.

Disclaimer of Opinion

Because of the significant of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedule, Schedule of Assets Held for Investment Purposes, as of or for the year ended December 31, 2012 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

Report on Form and Content in Compliance with DOL's Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Martin Vejvoda and Associates

August 1, 2013
Denver, Colorado

ISEC, INCORPORATED
401(k) SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
DECEMBER 31, 2012 AND 2011

	2012	2011
ASSETS		
Investments, at Fair Value		
Mutual Funds (Registered Investment Companies)	$ 7,488,383	$ 7,220,860
Insurance Company General Accounts	1,425,000	1,582,405
Pooled Separate Accounts	26,902,099	22,750,302
Participant-Directed Brokerage Accounts	2,075,398	1,930,614
Total Investments	37,890,880	33,484,181
Notes Receivable from Participants	1,166,955	929,805
Total Assets	39,057,835	34,413,986
Net Assets Reflecting Investments, at Fair Value	39,057,835	34,413,986
Adjustment From Fair Value to Contract Value for Fully Benefit-Responsive Investment Contracts	75,000	83,284
Net Assets Available For Benefits	$ 39,132,835	$ 34,497,270

See accompanying notes to financial statements.

ISEC, INCORPORATED
401(k) SAVINGS PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2012 AND 2011

	2012	2011
ADDITIONS TO NET ASSETS ATTRIBUTABLE TO:		
Investment Income (Loss)		
Interest Income	$ 36,198	$ 46,224
Interest on Participant Loans	44,395	38,485
Mutual Fund Dividends	143,952	128,330
Net Increase (Decrease) in Fair Value of Investments	4,438,294	(1,207,692)
Total Investment Income (Loss)	4,662,839	(994,653)
Contributions		
Employer	1,136,112	586,962
Employees	2,337,382	2,446,345
Employee Rollover	88,185	23,558
Total Contributions	3,561,679	3,056,865
Total Additions to Net Assets	8,224,518	2,062,212
DEDUCTIONS FROM NET ASSETS ATTRIBUTABLE TO:		
Benefits Paid to Participants	3,571,639	3,810,615
Other Expenses	17,314	18,115
Total Deductions from Net Assets	3,588,953	3,828,730
Net Increase (Decrease) in Net Assets	4,635,565	(1,766,518)
NET ASSETS AVAILABLE FOR BENEFITS:		
BEGINNING OF YEAR	34,497,270	36,263,788
END OF YEAR	$ 39,132,835	$ 34,497,270

See accompanying notes to financial statements.

ISEC, INCORPORATED
401(k) SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2012

1 Description of Plan

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

A. General. The Plan is a defined contribution plan covering all full-time employees of the Company who have ninety days of service and are twenty-one or older, except those who are non-resident aliens, leased employees or covered by a collective bargaining agreement. Participants may elect to enter the Plan on the first day of the month coinciding with or next following the date when they become eligible. It is subject to the provisions of the ERISA.

B. Contributions. Eligible employees may contribute up to 100% of their salary, subject to certain statutory limits. Participants may elect traditional (tax-deferred) or Roth 401(k) contributions, or a combination of the two. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers a range of pooled separate accounts, mutual funds, a fixed income account, and a participant-directed brokerage-style fund. In 2011, the Company contributed 50% of the first 4% of compensation that an employee contributes to the Plan; matching contributions in 2012 were 100% of the first 4%. Company contributions are invested according to the participant's investment options.

C. Participant Accounts. Each participant's account is credited with the participant's contribution and allocations of: a) the Company's contributions; and, b) the Plan earnings, and charged with an allocation of administrative expenses. 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.

D. Vesting. Participants are 100% vested in both participant contributions and employer contributions upon entering the Plan. Under previous Plan rules, employer contributions vested over a five-year schedule.

E. Notes Receivable from Participants. Participants may borrow from their fund accounts a minimum of $1,000, up to a maximum of the lesser of $50,000 or 50% of their account balance. The loans are secured by the balance in the participant's account and bear interest rates based on market rates. Principal and interest is paid ratably through periodic payroll deductions.

F. Payment of Benefits. On termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the participant's interest in his or her account or annual installments. A participant may also request a hardship distribution if certain conditions are met.

G. Forfeited Accounts. Amounts forfeited under prior Plan rules may be used to offset employer contributions of Plan expenses, or may be allocated to all participant accounts. At December 31, 2012 and 2011, there were no forfeited balances.

2 Summary of Significant Accounting Policies

A. Basis of Accounting. The financial statements of the Plan are prepared on the accrual method of accounting. 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 Statements 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 Statements of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

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

C. 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 9 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.

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

E. Payment of Benefits. Benefits are recorded when paid.

F. Operating Expenses. Except for loan origination fees associated with notes receivable from participant, distribution fees, and certain investment fees charged to participants who use brokerage services, all administrative expenses of maintaining the plan are paid by the Company. Other investment related expenses are included in net increase in fair value of investments.

3 Investments

The following presents investments that represent 5% or more of the Plan's net assets, at December 31, 2012 and 2011:

	2012	2011
Principal Lifetime 2020 Pooled Separate Account	$ 4,882,369	$ 4,209,446
Principal Lifetime 2030 Pooled Separate Account	6,899,548	6,030,067
Principal Lifetime 2040 Pooled Separate Account	7,861,226	6,271,424
Principal Lifetime 2050 Pooled Separate Account	2,366,994	1,785,632
	$ 22,010,137	$ 18,296,569

4 Information Prepared and Certified by the Trustee

The following information, included in the accompanying financial statements and supplemental schedule, was taken from data that has been prepared and certified to as complete and accurate by the Trustee.

	2012	2011
Investments, at Fair Value		
Mutual Funds (Registered Investment Companies)	$ 7,488,383	$ 7,220,860
Insurance Company General Accounts	$ 1,425,000	$ 1,582,405
Pooled Separate Accounts	$ 26,902,099	$ 22,750,302
Participant-Directed Brokerage Accounts	$ 2,075,398	$ 1,930,614
Investment Income (Loss)	$ 4,618,444	$ (1,033,138)

5 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.

6 Tax Status

The trust established under the Plan to hold the Plan's assets is qualified pursuant to the appropriate section of the Internal Revenue Code (IRC), and, accordingly, the trust's net investment income is exempt from income taxes. The Plan has obtained a favorable tax determination letter from the Internal Revenue Service (IRS). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's 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 IRS.

The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2012 and 2011, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2009.

7 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.

7 Risks and Uncertainties (Continued)

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 Plan benefits.

8 Investment Contract with Insurance Company

In 2006, the Plan entered into a benefit-responsive investment contract with Principal Life Insurance Company (the Principal). The Principal maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract is included in the financial statements at contract value as reported to the Plan by the Principal.

Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The guaranteed investment contract issuer is contractually obligated to repay the Principal and a specified interest rate that is guaranteed to the Plan.

As described in Note 2, because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract.

Contract value, as reported to the Plan by the Principal, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the investment contract at December 31, 2012 and 2011 was $1,425,000 and $1,582,405, respectively. The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be less than 0%. Such interest rates are reviewed on a semiannual basis for resetting.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: 1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), 2) bankruptcy of the Plan sponsor or other Plan sponsor events that cause a significant withdrawal from the Plan, or 3) the failure of the trust to qualify for exemption from Federal income taxes or any required prohibited transaction exemption under ERISA. The Plan administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants are probable of occurring.

The guaranteed investment contract does not permit the Principal to terminate the agreement prior to the scheduled maturity date.

8 Investment Contract with Insurance Company (Continued)

Average Yields	2012	2011
Based on Actual Earnings	2.43%	2.73%
Based on Interest Rate Credited to Participants	2.43%	2.73%

9 Fair Value Measurements

FASB ASC 820-10-50, *Fair Value Measurements*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 Measurements) and the lowest priority to unobservable inputs (Level 3 Measurements). The three levels of the fair value hierarchy under FASB ASC 820-10-50 are described as follows:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

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

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

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

The asset or liability's fair value measurement 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:

Mutual Funds: Valued at the daily closing price as reported by the fund.

Pooled Separate Accounts, Mutual Funds: Valued at Net Asset Value (NAV) of shares held by the Plan at year-end. Underlying assets are investments in single mutual funds with quoted prices, but the NAV of pooled separate accounts are not publicly quoted.

Pooled Separate Account, Real Estate: Valued at Net Asset Value (NAV) of shares held by the Plan at year-end. Underlying assets are primarily commercial real estate and includes mortgage loans which are backed by the associated properties.

9 Fair Value Measurements (Continued)

Insurance Company General Accounts: The Insurance Company General Account is a guaranteed investment contract. Fair value represents discontinuation value, or contract value times 95% (the amount realized if the Plan were to withdraw or transfer funds within the Plan prior to maturity).

Participant Self-Directed Accounts: Self-directed accounts are valued at the value of the underlying assets. The self-directed accounts consist of securities that have publicly quoted prices, both common stock and mutual funds.

The preceding methods described may produce a fair value calculation 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 would result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as December 31, 2012 and 2011, respectively:

	Assets at Fair Value as of December 31, 2012			
	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 7,488,383	$ -	$ -	$ 7,488,383
Insurance Company, General Account	-	-	1,425,000	1,425,000
Participant-Directed Brokerage Account	2,075,398	-	-	2,075,398
Pooled Separate Accounts, Mutual Funds	-	26,382,584	-	26,382,584
Pooled Separate Account, Real Estate	-	519,515	-	519,515
	$ 9,563,781	$ 26,902,099	$ 1,425,000	$ 37,890,880

	Assets at Fair Value as of December 31, 2011			
	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 7,220,860	$ -	$ -	$ 7,220,860
Insurance Company, General Account	-	-	1,582,405	1,582,405
Participant-Directed Brokerage Account	1,930,614	-	-	1,930,614
Pooled Separate Accounts, Mutual Funds	-	22,167,117	-	22,167,117
Pooled Separate Account, Real Estate	-	583,185	-	583,185
	$ 9,151,474	$ 22,750,302	$ 1,582,405	$ 33,484,181

9 Fair Value Measurements (Continued)

The following tables set forth a summary of changes in the fair value of the Plan's Level 3 assets for the years ended December 31, 2012 and 2011, respectively:

Level 3 Assets for the Year Ended December 31, 2012

	Insurance Company, General Account
Balance, Beginning of Year	$ 1,582,405
Total Gain	8,284
Interest Credited	36,198
Purchases, Sales, Issuances, and Settlements Net)	(201,887)
Balance, End of Year	$ 1,425,000
Unrealized Gain	$ 26,598

Level 3 Assets for the Year Ended December 31, 2011

	Insurance Company, General Account	Pooled Separate Accounts	Total
Balance, Beginning of Year	$ 2,087,761	$ 576,907	$ 2,664,668
Total Gain	26,598	17,031	43,629
Interest Credited	46,224	-	46,224
Purchases, Sales, Issuances, and Settlements (Net)	(578,178)	53,333	(524,845)
Transfer In or Out of Level 3 Assets	-	(647,271)	(647,271)
Balance, End of Year	$ 1,582,405	$ -	$ 1,582,405
Unrealized Gain	$ 26,598	$ 17,426	$ 44,024

Quantitative Information about Significant Unobservable Inputs used in Level 3 Fair Value Measurements:

The following tables represent the Plan's Level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and the ranges of values for those inputs.

	Fair Value at December 31,2012	Valuation Technique	Unobservable Input	Range (Weighted Average)
Insurance Company, General Account	$ 1,425,000	Discounted Cash Flows	Withdrawal Charge	5%

9 Fair Value Measurements (Continued)

	Fair Value at December 31,2011	Valuation Technique	Unobservable Input	Range (Weighted Average)
Insurance Company, General Account	$ 1,582,405	Discounted Cash Flows	Withdrawal Charge	5%

Fair Value of Investments in Entities that Use NAV:

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2012 and 2011, respectively.

December 31, 2012	Fair Value	Unfunded Commitments	Redemption Frequency (If Currently Applicable)	Redemption Notice Period
Pooled Separate Accounts, Mutual Funds	$ 26,382,584	N/A	Daily	Daily
Pooled Separate Account, Real Estate	519,515	N/A	Daily	Daily
	$ 26,902,099			

December 31, 2011	Fair Value	Unfunded Commitments	Redemption Frequency (If Currently Applicable)	Redemption Notice Period
Pooled Separate Accounts, Mutual Funds	$ 22,167,117	N/A	Daily	Daily
Pooled Separate Account, Real Estate	583,185	N/A	Daily	Daily
	$ 22,750,302			

10 Related-Party Transactions

Certain Plan investments are shares of mutual funds managed by Principal Life Insurance. Principal Life Insurance is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services are included in net increase (decrease) in fair value of investments.

11 Subsequent Events

Subsequent events have been evaluated through August 1, 2013, the date the financial statements were available to be issued.

SUPPLEMENTAL INFORMATION

ISEC, INCORPORATED
401(k) SAVINGS PLAN

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
FOR THE YEAR ENDED DECEMBER 31, 2012

EIN: 84-0577348
Plan #: 002

(a)	(b)	(c)	(d)	(e)
	Identity	Description of Investment	Cost	Current Value
*	Principal Life Insurance Co.	Insurance Co. General, Principal Fixed Income 401(a)/(k) Cont Value	n/a	$ 1,500,000
*	Principal Life Insurance Co.	Pooled Separate Accounts-Principal Equity Income SA-R6	n/a	459,780
*	Principal Life Insurance Co.	Pooled Separate Accounts-Principal Large Cap S&P 500 Index	n/a	797,359
*	Principal Life Insurance Co.	Pooled Separate Accounts-Principal Lifetime 2010	n/a	986,527
*	Principal Life Insurance Co.	Pooled Separate Accounts-Principal Lifetime 2020	n/a	4,882,369
*	Principal Life Insurance Co.	Pooled Separate Accounts-Principal Lifetime 2030	n/a	6,899,548
*	Principal Life Insurance Co.	Pooled Separate Accounts-Principal Lifetime 2040	n/a	7,861,226
*	Principal Life Insurance Co.	Pooled Separate Accounts-Principal Lifetime 2050	n/a	2,366,994
*	Principal Life Insurance Co.	Pooled Separate Accounts-Principal Lifetime Strategic Income	n/a	44,347
*	Principal Life Insurance Co.	Pooled Separate Accounts-Principal MidCap Growth III SA-R5	n/a	401,483
*	Principal Life Insurance Co.	Pooled Separate Accounts-Principal Money Market	n/a	222,129
*	Principal Life Insurance Co.	Pooled Separate Accounts-Principal PTR MidCap Value I	n/a	669,028
*	Principal Life Insurance Co.	Pooled Separate Accounts-Principal Real Estate Securities	n/a	31,846
*	Principal Life Insurance Co.	Pooled Separate Accounts-Principal Small Cap Value II	n/a	759,948
*	Principal Life Insurance Co.	Pooled Separate Accounts-Principal US Property	n/a	519,515
	The American Funds	Registered Investment Company-AM Funds Growth Fund of America	n/a	887,755
	Eaton Vance	Registered Investment Company-Eaton Vance Large-Cap Value A	n/a	201,012
	Fidelity Investments	Registered Investment Company-Fidelity Adv Small Cap A	n/a	501,930

See accompanying notes to financial statements.

ISEC, INCORPORATED
401(k) SAVINGS PLAN

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES (CONTINUED)
FOR THE YEAR ENDED DECEMBER 31, 2012

(a)	(b)	(c)	(d)	(e)
	Identity	Description of Investment	Cost	Current Value
	Janus International Holdings	Registered Investment Company-Janus Overseas S Fund	n/a	$ 872,323
	Oakmark	Registered Investment Company-Oakmark Equity & Income I	n/a	1,341,326
	PIMCO Funds	Registered Investment Company-Pimco Real Return A	n/a	591,301
	PIMCO Funds	Registered Investment Company-Pimco Total Return ADM	n/a	1,814,423
	T Rowe Price	Registered Investment Company-T Rowe Price Int'l Growth & Income	n/a	776,619
	Wells Fargo Advantage	Registered Investment Company-Wells Fargo Adv LGCPGR A Fund	n/a	501,694
	Aastrom Biosciences, Inc.	Corporate Stock-Common	n/a	5,985
	Activision Blizzard	Corporate Stock-Common	n/a	7,169
	Aeropostale	Corporate Stock-Common	n/a	5,855
	Anchor Bancorp Wisconsin	Corporate Stock-Common	n/a	1,540
	Apple Computer, Inc.	Corporate Stock-Common	n/a	12,772
	Arcos Dorados Holdings	Corporate Stock-Common	n/a	7,774
	Array Biopharma	Corporate Stock-Common	n/a	3,720
	Banco Latinoamericano	Corporate Stock-Common	n/a	4,312
	Bank of America Corp	Corporate Stock-Common	n/a	4,644
	Berkshire Hathaway	Corporate Stock-Common	n/a	8,522
	Bionovo	Corporate Stock-Common	n/a	7
	BP Prudhoe Bay Rlty Tr	Corporate Stock-Common	n/a	1,576
	Bridgeport Education, Inc.	Corporate Stock-Common	n/a	9,888
	Brigus Gold Corp	Corporate Stock-Common	n/a	11,280
	CapitalSource, Inc.	Corporate Stock-Common	n/a	7,580
	Cell Therapeutics, Inc.	Corporate Stock-Common	n/a	1,083
	Citizens Rep Bancorp Inc.	Corporate Stock-Common	n/a	9,485
	Costco Wholesale Corp.	Corporate Stock-Common	n/a	8,886
	Cyclacel Pharmaceuticals	Corporate Stock-Common	n/a	7,787
	Denbury Resoruces, Inc.	Corporate Stock-Common	n/a	8,748
	Devon Energy Corporation	Corporate Stock-Common	n/a	5,204
	Dynamics Materials Corp	Corporate Stock-Common	n/a	4,170
	Eastman Kodak Company	Corporate Stock-Common	n/a	179
	Emerson Electric Co.	Corporate Stock-Common	n/a	10,592
	Excel Maritime Carriers Ltd.	Corporate Stock-Common	n/a	43
	Exelixis Inc.	Corporate Stock-Common	n/a	10,283
	Facebook Inc.	Corporate Stock-Common	n/a	17,303

See accompanying notes to financial statements.

ISEC, INCORPORATED
401(k) SAVINGS PLAN

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES (CONTINUED)
FOR THE YEAR ENDED DECEMBER 31, 2012

(a)	(b)	(c)	(d)	(e)
	Identity	Description of Investment	Cost	Current Value
	First Majestic Silver Corp	Corporate Stock-Common	n/a	$ 201,900
	First Trust Value Line	Corporate Stock-Common	n/a	54,841
	Flagstar Bancorp Inc.	Corporate Stock-Common	n/a	5,820
	Ford Motor Company	Corporate Stock-Common	n/a	2,590
	Google, Inc	Corporate Stock-Common	n/a	4,244
	Hillenbrand Inc.	Corporate Stock-Common	n/a	4,748
	Infinera Corp.	Corporate Stock-Common	n/a	14,525
	Inovio Biomedical Corp	Corporate Stock-Common	n/a	26,105
	Invensense Inc Com	Corporate Stock-Common	n/a	4,444
	IPG Photonics Corp.	Corporate Stock-Common	n/a	19,995
	Ishares MSCI Malaysia Idx	Corporate Stock-Common	n/a	7,565
	Ishares Silver TR	Corporate Stock-Common	n/a	2,643
	JP Morgan Chase & Co	Corporate Stock-Common	n/a	17,588
	Kewaunee Scientific Corp	Corporate Stock-Common	n/a	3,645
	Lumber Liquidators	Corporate Stock-Common	n/a	21,132
	Markel Corp.	Corporate Stock-Common	n/a	6,501
	Microsoft Corporation	Corporate Stock-Common	n/a	9,883
	Oncolytics Biotech Inc.	Corporate Stock-Common	n/a	7,840
	Powershares DB Comm.	Corporate Stock-Common	n/a	3,473
	Powershares OOO TR	Corporate Stock-Common	n/a	31,718
	Repros Therapeutics Inc.	Corporate Stock-Common	n/a	11,813
	Retail Opportunity Invest.	Corporate Stock-Common	n/a	4,498
	Select Sector Spdr Tr	Corporate Stock-Common	n/a	31,864
	Sirius XM Radio Inc.	Corporate Stock-Common	n/a	289
	SPDR Gold Trust	Corporate Stock-Common	n/a	31,594
	SPDR Series Trust	Corporate Stock-Common	n/a	31,143
	Stemcells, Inc.	Corporate Stock-Common	n/a	163
	Stemcells, Inc. New	Corporate Stock-Common	n/a	10,991
	Stryker Corporation	Corporate Stock-Common	n/a	16,446
	TIM Technologies	Corporate Stock-Common	n/a	110
	Timmins Gold Corp	Corporate Stock-Common	n/a	21,000
	Vanguard	Corporate Stock-Common	n/a	63,628
	Verenium Corp.	Corporate Stock-Common	n/a	899
	XOMA Limited	Corporate Stock-Common	n/a	511
	Yahoo! Inc.	Corporate Stock-Common	n/a	1,990
	Zipcar, Inc.	Corporate Stock-Common	n/a	8,240
	Pershing LLC	Interest Bearing Cash-Cash Account	n/a	1,911
	Access One TR	Registered Investment Company-Access Flex High-Yield Fund	n/a	40,760

See accompanying notes to financial statements.

ISEC, INCORPORATED
401(k) SAVINGS PLAN

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES (CONTINUED)
FOR THE YEAR ENDED DECEMBER 31, 2012

(a)	(b)	(c)	(d)	(e)
	Identity	Description of Investment	Cost	Current Value
	American Century	Registered Investment Company-American Cent. Equity Growth Fund	n/a	$ 16,552
	Artisan Funds	Registered Investment Company-Artisan Mid Cap Value Fund	n/a	61
	Aston Funds	Registered Investment Company-Aston Montag & Caldwell Growth	n/a	16,878
	Dreyfus Funds	Registered Investment Company-Dreyfus Small Cap Stock Index Fund	n/a	18,278
	Federated Investors, Inc.	Registered Investment Company-Federated Capital Reserves	n/a	194,927
	Fidelity Group	Registered Investment Company-Fidelity Blue Chip Growth	n/a	16,339
	Fidelity	Registered Investment Company-Fidelity Canada Fund	n/a	204
	Fidelity Investments	Registered Investment Company-Fidelity Emerging Asia Fund	n/a	3,410
	Fidelity	Registered Investment Company-Fidelity Emerging Markets	n/a	27,982
	Fidelity Investments	Registered Investment Company-Fidelity Europe Capital Appreciation	n/a	11,873
	Fidelity Investments	Registered Investment Company-Fidelity Europe	n/a	5,462
	Fidelity Investments	Registered Investment Company-Fidelity Export and Multinational Corp	n/a	131
	Fidelity Group	Registered Investment Company-Fidelity Growth Strategies Fund	n/a	2,254
	Fidelity Group	Registered Investment Company-Fidelity Independence Fund	n/a	4,369
	Fidelity Investments	Registered Investment Company-Fidelity Inflation Protected Bond	n/a	62
	Fidelity Investments	Registered Investment Company-Fidelity Int'l Capital Appreciation	n/a	722
	Fidelity	Registered Investment Company-Fidelity International Real Estate	n/a	151
	Fidelity Investments	Registered Investment Company-Fidelity Latin America	n/a	25,128
	Fidelity Group	Registered Investment Company-Fidelity Leveraged Company Stock	n/a	147,911

See accompanying notes to financial statements.

ISEC, INCORPORATED
401(k) SAVINGS PLAN

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES (CONTINUED)
FOR THE YEAR ENDED DECEMBER 31, 2012

(a)	(b)	(c)	(d)	(e)
	Identity	Description of Investment	Cost	Current Value
	Fidelity Investments	Registered Investment Company-Fidelity Mortgage Securities Portfolio	n/a	$ 796
	Fidelity Investments	Registered Investment Company-Fidelity NASDAQ Composite Index	n/a	966
	Fidelity Investments	Registered Investment Company-Fidelity Real Estate Income	n/a	3,876
	Fidelity Group	Registered Investment Company-Fidelity Real Estate Invest Portfolio	n/a	19,582
	Fidelity Select Portfolios	Registered Investment Company-Fidelity Select Biotechnology	n/a	24,698
	Fidelity Investments	Registered Investment Company-Fidelity Select Energy Services	n/a	1,996
	Fidelity Group	Registered Investment Company-Fidelity Select Health Care	n/a	104,661
	Fidelity Group	Registered Investment Company-Fidelity Select Technology Portfolio	n/a	21,444
	Heartland Funds	Registered Investment Company-Heartland Value Plus Fund	n/a	41,260
	Hennessy	Registered Investment Company-Hennessy Cornerstone Growth Fund	n/a	19,581
	Hennessy	Registered Investment Company-Hennessy Mid Cap 30 Fund	n/a	32,627
	Hennessy	Registered Investment Company-Hennessy Focus Fund Investor Class	n/a	35,888
	Keeley Fds	Registered Investment Company-Keeley Small Cap Value Class A	n/a	14,577
	Managers Funds	Registered Investment Company-Managers Bond Fund	n/a	3,854
	Matthews Asian Fds	Registered Investment Company-Matthews Asia Dividend Fund	n/a	2,249
	Nicholas Fd Inc	Registered Investment Company-Nicholas Fund	n/a	15,590
	Parnassus FD	Registered Investment Company-Parnassus Fund	n/a	9,342
	Prudential	Registered Investment Company-Royce Value Plus Fund	n/a	91
	Scout Funds	Registered Investment Company - Scout Funds	n/a	37,255

See accompanying notes to financial statements.

ISEC, INCORPORATED
401(k) SAVINGS PLAN

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES (CONTINUED)
FOR THE YEAR ENDED DECEMBER 31, 2012

(a)	(b)	(c)	(d)	(e)
	Identity	Description of Investment	Cost	Current Value
	Northern Lights Funds	Registered Investment Company - Southernsun Small Cap Fund	n/a	$ 40,685
	T. Rowe Price	Registered Investment Company - T Rowe Price New Horizons	n/a	15,085
	Templeton	Registered Investment Company - Templeton Developing Markets Trust	n/a	21,542
	Harris Assoc	Registered Investment Company - Oakmark Fund Class 1	n/a	15,826
	Managers AMG	Registered Investment Company - Managers Yackman Focused Fund	n/a	42,343
	Profunds	Registered Investment Company - US Government Plus Fund	n/a	2,690
	Vanguard Specialized	Registered Investment Company - Vanguard REIT Index Fund	n/a	42,993
	Wasatch	Registered Investment Company - Wasatch Emerging Mkts Small Cap	n/a	49,460
	Wasatch	Registered Investment Company - Wasatch International Growth	n/a	56,310
	Participant Loans	Various Loans with Interest Rates Ranging from 4.25% to 9.25%	n/a	1,166,955
				$ 39,132,835

*Denotes Party-In-Interest.

See accompanying notes to financial statements.

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SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

ISEC, INC. 401(K) SAVINGS PLAN

EIN 84 0577348
PLAN NUMBER 002
PLAN YEAR 01/01/2012 TO 12/31/2012

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	The American Funds	Registered Investment Company Am Fds Grth Fd of Am R4 Fund	$ 0.00	$ 887,755.40
	AASTROM BIOSCIENCES INC	Corporate Stock - Common AASTROM BIOSCIENCES INC COM NEW	$ 0.00	$ 5,985.00
	ACCESS ONE TR	Registered Investment Company ACCESS FLEX HIGH YIELD FUND (INVESTOR CL	$ 0.00	$ 40,760.06
	ACTIVISION BLIZZARD INC	Corporate Stock - Common ACTIVISION BLIZZARD INC COM	$ 0.00	$ 7,168.50
	AEROPOSTALE	Corporate Stock - Common AEROPOSTALE COM	$ 0.00	$ 5,854.50
	AMERICAN CENTY QUANTITATIVE	Registered Investment Company AMERICAN CENTURY EQUITY GROWTH FUND	$ 0.00	$ 16,551.84
	ANCHOR BANCORP WIS INC	Corporate Stock - Common ANCHOR BANCORP WIS INC COM	$ 0.00	$ 1,540.00
	APPLE INC	Corporate Stock - Common APPLE INC COM	$ 0.00	$ 12,772.15
	ARCOS DORADOS HOLDINGS INC	Corporate Stock - Common ARCOS DORADOS HLDGS INC SHS CL A ISIN#VG	$ 0.00	$ 7,774.00
	ARRAY BIOPHARMA INC	Corporate Stock - Common ARRAY BIOPHARMA INC COM	$ 0.00	$ 3,720.00
	ARTISAN PARTNERS FDS INC	Registered Investment Company ARTISAN MID-CAP VALUE FUND	$ 0.00	$ 61.25
	ASTON FDS	Registered Investment Company ASTON/MONTAG & CALDWELL GROWTH FUND CLA	$ 0.00	$ 16,879.67
	BANCO LATINAMERICANO	Corporate Stock - Common BANCO LATINAMERICANODE COMERCIO EXTERIOR	$ 0.00	$ 4,312.00
	BANK AMER CORP	Corporate Stock - Common BANK AMER CORP COM	$ 0.00	$ 4,644.00
	BERKSHIRE HATHAWAY INC DEL	Corporate Stock - Common BERKSHIRE HATHAWAY INC DEL CL B NEW	$ 0.00	$ 8,521.50

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

F051TF

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

ISEC, INC. 401(K) SAVINGS PLAN

EIN 84 0577348
PLAN NUMBER 002
PLAN YEAR 01/01/2012 TO 12/31/2012

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	BIONOVO INC	Corporate Stock - Common BIONOVO INC COM NEW	$ 0.00	$ 6.66
	BP PRUDHOE BAY RTY TR	Corporate Stock - Common BP PRUDHOE BAY ROYALTY TRUST	$ 0.00	$ 1,576.42
	BRIDGEPOINT ED INC	Corporate Stock - Common BRIDGEPOINT ED INC COM	$ 0.00	$ 9,888.00
	BRIGUS GOLD CORP	Corporate Stock - Common BRIGUS GOLD CORP COM ISIN#CA1094901024	$ 0.00	$ 11,280.00
	CAPITALSOURCE INC	Corporate Stock - Common CAPITALSOURCE INC COM	$ 0.00	$ 7,580.00
	PERSHING LLC.	Interest Bearing Cash CASH ACCOUNT	$ 0.00	$ 1,911.22
	CELL THERAPEUTICS INC	Corporate Stock - Common CELL THERAPEUTICS INC COM NO PAR NEW 201	$ 0.00	$ 1,082.90
	CITIZENS REP BANCORP INC	Corporate Stock - Common CITIZENS REP BANCORPINC COM NEW	$ 0.00	$ 9,485.00
	COSTCO WHOLESALE CORP NEW	Corporate Stock - Common COSTCO WHOLESALE CORP NEW COM	$ 0.00	$ 8,885.70
	CYCLACEL PHARMACEUTICALS INC	Corporate Stock - Common CYCLACEL PHARMACEUTICALS INC COM NEW	$ 0.00	$ 7,787.10
	DENBURY RES INC	Corporate Stock - Common DENBURY RES INC COM NEW	$ 0.00	$ 8,748.00
	DEVON ENERGY CORP NEW	Corporate Stock - Common DEVON ENERGY CORP NEW COM	$ 0.00	$ 5,204.00
	DREYFUS INDEX FDS	Registered Investment Company DREYFUS SMALL-CAP STOCK INDEX FUND	$ 0.00	$ 18,278.20
	DYNAMIC MATLS CORP	Corporate Stock - Common DYNAMIC MATERIALS INC (DE) FORMALLY (CO)	$ 0.00	$ 4,170.00
	Eaton Vance	Registered Investment Company Eaton Vance Lg-Cap Value A Fd	$ 0.00	$ 201,011.68

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

F051TF

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

ISEC, INC. 401(K) SAVINGS PLAN

EIN 84 0577348
PLAN NUMBER 002
PLAN YEAR 01/01/2012 TO 12/31/2012

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	EASTMAN KODAK CO	Corporate Stock - Common EASTMAN KODAK CO COM	$ 0.00	$ 179.00
	EMERSON ELEC CO	Corporate Stock - Common EMERSON ELEC CO COM	$ 0.00	$ 10,592.00
	EXCEL MARITIME CARRIERS LTD	Corporate Stock - Common EXCEL MARITIME CARRIERS LTD ISIN#LR00087	$ 0.00	$ 43.49
	EXELIXIS INC	Corporate Stock - Common EXELIXIS INC COM	$ 0.00	$ 10,282.50
	FACEBOOK INC	Corporate Stock - Common FACEBOOK INC CL A	$ 0.00	$ 17,302.81
	FEDERATED INVESTORS, INC.	Registered Investment Company FEDERATED CAPITAL RESERVES	$ 0.00	$ 194,927.01
	Fidelity Investments	Registered Investment Company FIDELITY ADV SMALL CAP I FUND	$ 0.00	$ 501,929.61
	FIDELITY SECS FD	Registered Investment Company FIDELITY BLUE CHIP GROWTH FUND	$ 0.00	$ 16,338.85
	FIDELITY INVT TR	Registered Investment Company FIDELITY CANADA FUND	$ 0.00	$ 203.61
	FIDELITY INVT TR	Registered Investment Company FIDELITY EMERGING ASIA FUND	$ 0.00	$ 3,410.27
	FIDELITY INVT TR	Registered Investment Company FIDELITY EMERGING MARKETS FUND	$ 0.00	$ 27,982.12
	FIDELITY INVT TR	Registered Investment Company FIDELITY EUROPE CAPITAL APPRECIATIONFUND	$ 0.00	$ 11,873.01
	FIDELITY OVERSEAS FD	Registered Investment Company FIDELITY EUROPE FUND	$ 0.00	$ 5,461.69
	FIDELITY UN STR TR	Registered Investment Company FIDELITY EXPORT & MULTINATIONAL FUND	$ 0.00	$ 130.66
	FIDELITY MT VERNON STR TR	Registered Investment Company FIDELITY GROWTH STRATEGIES FUND	$ 0.00	$ 2,253.64

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

ISEC, INC. 401(K) SAVINGS PLAN

EIN 84 0577348
PLAN NUMBER 002
PLAN YEAR 01/01/2012 TO 12/31/2012

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	FIDELITY FINL TR	Registered Investment Company FIDELITY INDEPENDENCE FUND	$ 0.00	$ 4,369.18
	FIDELITY SALEM STREET TRUST	Registered Investment Company FIDELITY INFLATION PROTECTED BOND FUND	$ 0.00	$ 62.26
	FIDELITY SECS FD	Registered Investment Company FIDELITY INTERNATIONAL REAL ESTATE FUND	$ 0.00	$ 151.45
	FIDELITY CONTRAFUND	Registered Investment Company FIDELITY INTL CAPITAL APPRECIATION FUND	$ 0.00	$ 721.82
	FIDELITY INVT TR	Registered Investment Company FIDELITY LATIN AMERICA FUND	$ 0.00	$ 25,127.53
	FIDELITY SECS FD	Registered Investment Company FIDELITY LEVERAGED COMPANY STOCK FUND RE	$ 0.00	$ 147,910.58
	FIDELITY INCOME FD	Registered Investment Company FIDELITY MORTGAGE SECURITIES PORTFOLIOFU	$ 0.00	$ 796.21
	FIDELITY COMWLTH TR	Registered Investment Company FIDELITY NASDAQ COMPOSITE INDEX FUND	$ 0.00	$ 965.73
	FIDELITY SECS FD	Registered Investment Company FIDELITY REAL ESTATEINCOME FUND	$ 0.00	$ 3,876.41
	FIDELITY EQUITY INCOME FD	Registered Investment Company FIDELITY REAL ESTATEINVESTMENT PORTFOLIO	$ 0.00	$ 19,582.36
	FIDELITY SELECT PORTFOLIOS	Registered Investment Company FIDELITY SELECT BIOTECHNOLOGY FUND	$ 0.00	$ 24,698.14
	FIDELITY SELECT PORTFOLIOS	Registered Investment Company FIDELITY SELECT ENERGY SERVICES FUND	$ 0.00	$ 1,996.20
	FIDELITY SELECT PORTFOLIOS	Registered Investment Company FIDELITY SELECT HEALTH CARE FUND	$ 0.00	$ 104,661.01
	FIDELITY SELECT PORTFOLIOS	Registered Investment Company FIDELITY SELECT TECHNOLOGY PORTFOLIO FD	$ 0.00	$ 21,444.29
	FIRST MAJESTIC SILVER CORP	Corporate Stock - Common FIRST MAJESTIC SILVER CORP COM ISIN#CA32	$ 0.00	$ 201,900.00

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

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SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

ISEC, INC. 401(K) SAVINGS PLAN

EIN 84 0577348
PLAN NUMBER 002
PLAN YEAR 01/01/2012 TO 12/31/2012

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	FIRST TR VALUE LINE DIVID	Corporate Stock - Common FIRST TR VALUE LINE DIVID INDEX FD SHS I	$ 0.00	$ 54,841.00
	FLAGSTAR BANCORP INC	Corporate Stock - Common FLAGSTAR BANCORP INCCOM PAR	$ 0.00	$ 5,820.00
	FORD MTR CO DEL	Corporate Stock - Common FORD MOTOR CO DEL COM PAR	$ 0.00	$ 2,590.00
	GOOGLE INC	Corporate Stock - Common GOOGLE INC CL A	$ 0.00	$ 4,244.28
	HEARTLAND GROUP INC	Registered Investment Company HEARTLAND VALUE PLUS FUND	$ 0.00	$ 41,260.04
	HENNESSY MUT FDS INC	Registered Investment Company HENNESSY CORNERSTONE GROWTH FUND INVESTO	$ 0.00	$ 19,580.86
	HENNESSY MUT FDS INC	Registered Investment Company HENNESSY CORNERSTONE MID CAP 30 FUND INV	$ 0.00	$ 32,627.15
	HENNESSY FDS TR	Registered Investment Company HENNESSY FOCUS FUND INVESTOR CLASS	$ 0.00	$ 35,888.04
	HILLENBRAND INC	Corporate Stock - Common HILLENBRAND INC COM	$ 0.00	$ 4,748.10
	INFINERA CORP	Corporate Stock - Common INFINERA CORP COM	$ 0.00	$ 14,524.75
	INOVIO BIOMEDICAL CORP	Corporate Stock - Common INOVIO BIOMEDICAL CORP COM	$ 0.00	$ 26,104.87
	INVENSENSE INC	Corporate Stock - Common INVENSENSE INC COM	$ 0.00	$ 4,444.00
	IPG PHOTONICS CORP	Corporate Stock - Common IPG PHOTONICS CORP COM	$ 0.00	$ 19,995.00
	ISHARES INC	Corporate Stock - Common ISHARES INC MSCI MALAYSIA FREE INDEX FD	$ 0.00	$ 7,565.00
	ISHARES SILVER TR	Corporate Stock - Common ISHARES SILVER TR ISHARES	$ 0.00	$ 2,643.30

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

ISEC, INC. 401(K) SAVINGS PLAN

EIN 84 0577348
PLAN NUMBER 002
PLAN YEAR 01/01/2012 TO 12/31/2012

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	Janus International Holding, LLC	Registered Investment Company JANUS OVERSEAS T FUND	$ 0.00	$ 872,322.60
	JPMORGAN CHASE & CO	Corporate Stock - Common JP MORGAN CHASE & CO COM ISIN#US46625H10	$ 0.00	$ 17,587.64
	KEELEY FDS INC	Registered Investment Company KEELEY SMALL CAP VALUE FUND CLASS A	$ 0.00	$ 14,576.76
	KEWAUNEE SCIENTIFIC CORP	Corporate Stock - Common KEWAUNEE SCIENTIFIC CORP	$ 0.00	$ 3,645.00
	LUMBER LIQUIDATORS HLDGS INC	Corporate Stock - Common LUMBER LIQUIDATORS HLDGS INC COM	$ 0.00	$ 21,132.00
	MANAGERS FDS	Registered Investment Company MANAGERS BOND FUND	$ 0.00	$ 3,854.20
	MARKEL CORP	Corporate Stock - Common MARKEL CORP COM	$ 0.00	$ 6,501.30
	MATTHEWS ASIAN FDS	Registered Investment Company MATTHEWS ASIA DIVIDEND FUND INVESTOR CLA	$ 0.00	$ 2,249.21
	MICROSOFT CORP	Corporate Stock - Common MICROSOFT CORP COM	$ 0.00	$ 9,882.59
	NICHOLAS FD INC	Registered Investment Company NICHOLAS FUND	$ 0.00	$ 15,590.42
	Oakmark	Registered Investment Company Oakmark Equity & Income I Fund	$ 0.00	$ 1,341,325.70
	ONCOLYTICS BIOTECH INC	Corporate Stock - Common ONCOLYTICS BIOTECH INC COM ISIN#CA682310	$ 0.00	$ 7,840.00
*	Principal Life Insurance Company	Pooled Separate Accounts Prin Equity Income SA-R6	$ 0.00	$ 459,779.58
*	Principal Life Insurance Company	Insurance Company General Prin Fixed Income 401(a)/(k)	$ 0.00	$ 1,500,000.31
*	Principal Life Insurance Company	Pooled Separate Accounts Prin LgCap S&P 500 Index SA-I3	$ 0.00	$ 797,358.97

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

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SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

ISEC, INC. 401(K) SAVINGS PLAN

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*	Principal Life Insurance Company	Pooled Separate Accounts Prin LifeTm Str Inc SA-I2	$ 0.00	$ 44,347.44
*	Principal Life Insurance Company	Pooled Separate Accounts Prin LifeTm 2010 Sep Acct-I2	$ 0.00	$ 986,527.44
*	Principal Life Insurance Company	Pooled Separate Accounts Prin LifeTm 2020 Sep Acct-I2	$ 0.00	$ 4,882,369.38
*	Principal Life Insurance Company	Pooled Separate Accounts Prin LifeTm 2030 Sep Acct-I2	$ 0.00	$ 6,899,547.79
*	Principal Life Insurance Company	Pooled Separate Accounts Prin LifeTm 2040 Sep Acct-I2	$ 0.00	$ 7,861,226.35
*	Principal Life Insurance Company	Pooled Separate Accounts Prin LifeTm 2050 Sep Acct-I2	$ 0.00	$ 2,366,993.70
*	Principal Life Insurance Company	Pooled Separate Accounts Prin MidCap Growth III SA-R6	$ 0.00	$ 401,482.90
*	Principal Life Insurance Company	Pooled Separate Accounts Prin MidCap Value I SA-R6	$ 0.00	$ 669,028.02
*	Principal Life Insurance Company	Pooled Separate Accounts Prin Money Market Sep Acct-R6	$ 0.00	$ 222,129.48
*	Principal Life Insurance Company	Pooled Separate Accounts Prin Real Estate Secs SA-R6	$ 0.00	$ 31,845.68
*	Principal Life Insurance Company	Pooled Separate Accounts Prin SmallCap Value II SA-R6	$ 0.00	$ 759,947.81
*	Principal Life Insurance Company	Pooled Separate Accounts Prin U.S. Property Sep Acct-R6	$ 0.00	$ 519,514.63
	PARNASSUS FD	Registered Investment Company PARNASSUS FUND	$ 0.00	$ 9,341.71
	PIMCO Funds	Registered Investment Company PIMCO Real Return Admin Fund	$ 0.00	$ 591,301.21
	PIMCO Funds	Registered Investment Company PIMCO Total Return Adm Fund	$ 0.00	$ 1,814,423.35

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

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SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

ISEC, INC. 401(K) SAVINGS PLAN

EIN 84 0577348
PLAN NUMBER 002
PLAN YEAR 01/01/2012 TO 12/31/2012

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	GLOBAL TIMBER CORP	Corporate Stock - Common POWERSHARES DB COMMODITY INDEX TRACKING	$ 0.00	$ 3,472.50
	POWERSHARES QQQ TR	Corporate Stock - Common POWERSHARES QQQ TR UNIT SER 1	$ 0.00	$ 31,718.36
	REPROS THERAPEUTICS INC	Corporate Stock - Common REPROS THERAPEUTICS INC COM NEW	$ 0.00	$ 11,812.50
	RETAIL OPPORTUNITY INVTS CORP	Corporate Stock - Common RETAIL OPPORTUNITY INVTS CORP COM	$ 0.00	$ 4,498.13
	PRUDENTIAL CALIF MUN FD	Registered Investment Company ROYCE VALUE PLUS FUND SERVICE CLASS	$ 0.00	$ 91.49
	SCOUT FDS	Registered Investment Company SCOUT INTERNATIONAL FUND	$ 0.00	$ 37,254.58
	SELECT SECTOR SPDR TR	Corporate Stock - Common SELECT SECTOR SPDR TR CONSUMER STAPLES	$ 0.00	$ 31,863.70
	SIRIUS XM RADIO INC	Corporate Stock - Common SIRIUS XM RADIO INC COM	$ 0.00	$ 289.00
	NORTHERN LTS FD TR	Registered Investment Company SOUTHERNSUN SMALL CAP FUND	$ 0.00	$ 40,684.53
	SPDR GOLD TR	Corporate Stock - Common SPDR GOLD TR GOLD SHS	$ 0.00	$ 31,593.98
	SPDR SER TR	Corporate Stock - Common SPDR SER TR BARCLAYSHIGH YIELD BD ETF	$ 0.00	$ 31,143.15
	STEMCELLS INC	Corporate Stock - Common STEMCELLS INC COM NEW	$ 0.00	$ 163.00
	STRYKER CORP	Corporate Stock - Common STRYKER CORP	$ 0.00	$ 16,446.00
	SWEDISH EXPT CR CORP	Corporate Stock - Common SWEDISH EXPT CR CORPELEMENTS LKD TO ROGE	$ 0.00	$ 10,990.50
	ROWE PRICE NEW HORIZONS FD INC	Registered Investment Company T ROWE PRICE NEW HORIZONS	$ 0.00	$ 15,084.62

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

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ISEC, INC. 401(K) SAVINGS PLAN

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	T. Rowe Price Funds	Registered Investment Company T. R Price Intl Grth&Inc Ad Fd	$ 0.00	$ 776,619.40
	TEMPLETON DEVELOPING MKTS TR	Registered Investment Company TEMPLETON DEVELOPINGMARKETS TRUST FUND C	$ 0.00	$ 21,542.35
	HARRIS ASSOC INVT TR	Registered Investment Company THE OAKMARK FUND CLASS I	$ 0.00	$ 15,826.07
	TIMMINS GOLD CORP	Corporate Stock - Common TIMMINS GOLD CORP COM ISIN#CA88741P1036	$ 0.00	$ 21,000.00
	TTM TECHNOLOGIES INC	Corporate Stock - Common TTM TECHNOLOGIES INCCOM	$ 0.00	$ 110.28
	PROFUNDS	Registered Investment Company U.S. GOVERNMENT PLUS FUND PROFUND (SERVI	$ 0.00	$ 2,690.34
	VANGUARD BD INDEX FDS	Corporate Stock - Common VANGUARD BD INDEX FDINC INTERMEDIATE TER	$ 0.00	$ 63,628.25
	VANGUARD SPECIALIZED	Registered Investment Company VANGUARD REIT INDEX FUND	$ 0.00	$ 42,993.07
	VERENIUM CORP	Corporate Stock - Common VERENIUM CORP COM NEW	$ 0.00	$ 898.56
	Wells Fargo	Registered Investment Company Well Far Adtg LgCpGr A Fund	$ 0.00	$ 501,694.05
	WASATCH FDS TR	Registered Investment Company WASATCH EMERGING MARKETS SMALL CAP FUND	$ 0.00	$ 49,460.29
	BBH FD INC	Registered Investment Company WASATCH INTL GROWTH FD	$ 0.00	$ 56,310.20
	XOMA CORP DEL	Corporate Stock - Common XOMA CORP DEL COM	$ 0.00	$ 511.20
	MANAGERS AMG FDS	Registered Investment Company YACKTMAN FOCUSED FUND SERVICE CLASS	$ 0.00	$ 42,342.59
	YAHOO INC	Corporate Stock - Common YAHOO INC COM	$ 0.00	$ 1,990.00

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SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

ISEC, INC. 401(K) SAVINGS PLAN

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	ZIPCAR INC	Corporate Stock - Common ZIPCAR INC COM	$ 0.00	$ 8,240.00
	Participant Loans	Range of Interest Rates Rates Range From 4.25% To 9.25%	$ 0.00	$ 1,166,955.00

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