Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

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
MINI-CIRCUITS LAB EMPLOYEE BENEFIT PLAN II

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 08/31/1972

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

13 NEPTUNE AVE.
BROOKLYN, NY 11235-4404

2b Employer Identification Number (EIN)
11-2161210

2c Sponsor's telephone number
718-934-4500

2d Business code (see instructions)
334410

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2010	ROBERTA KAYLIE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

HARVEY KAYLIE, ROBERTA KAYLIE
C/O SCIENTIFIC COMPONENTS CORP.
13 NEPTUNE AVE.
BROOKLYN, NY 11235-4404

3b Administrator's EIN: 11-6227571

3c Administrator's telephone number: 718-934-4500

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**	736
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**	403
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	276
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	679
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	679
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	679
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	39
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2A 2E 3H

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

(1)	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	3	**A** (Insurance Information)
(4)			**C** (Service Provider Information)
(5)			**D** (DFE/Participating Plan Information)
(6)	X		**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

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
MINI-CIRCUITS LAB EMPLOYEE BENEFIT PLAN II

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500.
SCIENTIFIC COMPONENTS CORPORATION

D Employer Identification Number (EIN)
11-2161210

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
METROPOLITAN 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
04-2708937	91626	7409975	1	01/01/2009	12/31/2009

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
261	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

LEON J. HOCHHEISER CO., INC.
527 TOWN LINE RD.
HAUPPAUGE, NY 11788

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
261			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 ▶ SEE ATTACHED

b	Premiums paid to carrier	6b	12538
c	Premiums due but unpaid at the end of the year	6c	0
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) [X] 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	0
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)	0
d	Total of balance and additions (add **b** and **c(6)**)			7d	0
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)	0
f	Balance at the end of the current year (subtract **e(5)** from **d**)			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 organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
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 **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE 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

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
MINI-CIRCUITS LAB EMPLOYEE BENEFIT PLAN II

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500.
SCIENTIFIC COMPONENTS CORPORATION

D Employer Identification Number (EIN)
11-2161210

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
HARTFORD 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
06-0974148	88072	LL1731806	1	01/01/2009	12/31/2009

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
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	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ AS PER PUBLISHED RATE FILES

b	Premiums paid to carrier	6b	0
c	Premiums due but unpaid at the end of the year	6c	0
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. Specify nature of costs ▶	6d	

e Type of contract: (1) [X] 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	0
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)	0
d	Total of balance and additions (add **b** and **c(6)**)			7d	0
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)	0
f	Balance at the end of the current year (subtract **e(5)** from **d**)			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 organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
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 **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE 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

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
MINI-CIRCUITS LAB EMPLOYEE BENEFIT PLAN II

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500.
SCIENTIFIC COMPONENTS CORPORATION

D Employer Identification Number (EIN)
11-2161210

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
PHOENIX 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
06-0493340	67814	2769533	1	01/01/2009	12/31/2009

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
2250	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

LEON J. HOCHHEISER CO., INC.
527 TOWN LINE RD
HAUPPAUGE, NY 11788

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2250			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 ▶ AS PER PUBLISHED RATE FILES

b	Premiums paid to carrier	6b	75000
c	Premiums due but unpaid at the end of the year	6c	0
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. Specify nature of costs ▶	6d	

e Type of contract: (1) [X] 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	0
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)	0
d	Total of balance and additions (add **b** and **c(6)**)			7d	0
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)	0
f	Balance at the end of the current year (subtract **e(5)** from **d**)			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 organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
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 **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE G (Form 5500)

Department of Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Financial Transaction Schedules

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

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan:
MINI-CIRCUITS LAB EMPLOYEE BENEFIT PLAN II

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
SCIENTIFIC COMPONENTS CORPORATION

D Employer Identification Number (EIN):
11-2161210

Part I Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible

Complete as many entries as needed to report all loans or fixed income obligations in default or classified as uncollectible. Check box (a) if obligor is known to be a party in interest. Attach Overdue Loan Explanation for each loan listed. See Instructions.

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐	LEHMAN BROTHERS HOLDINGS INC 745 7TH AVE. NEW YORK, NY 10019	LEHMAN BROTHERS HOLDINGS INC 6.5%, ISSUE 2/13/2007 MATURES 2/13/2037

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
20000	0	0	20000	0	1300

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐	LEHMAN BROTHERS HOLDINGS INC 745 7TH AVE. NEW YORK, NY 10019	LEHMAN BROTHERS HOLDINGS INC 7.0%, ISSUE 7/27/2007 MATURES 7/27/2037

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
200000	0	0	200000	0	14000

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐	GENERAL MOTORS CORP 100 RENAISSANCE CENTER DETROIT, MI 48243	GENERAL MOTORS CORP 7.5%, ISSUE 6/23/2004 MATURES 7/1/2044

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
125000	0	4688	125000	0	4688

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

Part II Schedule of Leases in Default or Classified as Uncollectible

Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions)

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

Part III Nonexempt Transactions

Complete as many entries as needed to report all nonexempt transactions. **Caution:** If a nonexempt prohibited transaction occurred with respect to a disqualified person, file Form 5330 with the IRS to pay the excise tax on the transaction.

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transactions including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transactions including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transactions including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transactions including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transactions including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

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

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
MINI-CIRCUITS LAB EMPLOYEE BENEFIT PLAN II

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
SCIENTIFIC COMPONENTS CORPORATION

D Employer Identification Number (EIN)
11-2161210

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	7518	10877
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	78296	426107
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	713139	323869
(2) U.S. Government securities	1c(2)	482233	405163
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	3531179	4695954
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	1052720	1289061
(B) Common	1c(4)(B)	79146	83338
(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)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	118489	127430

			(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	6062720	7361799
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	6062720	7361799

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)		
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	14577	
	(B) U.S. Government securities	2b(1)(B)	27512	
	(C) Corporate debt instruments	2b(1)(C)	318523	
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)	6250	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		366862
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	118783	
	(B) Common stock	2b(2)(B)	2570	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		121353
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	666605	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	626738	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		39867

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1206812	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		1206812
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		237218
d Total income. Add all **income** amounts in column (b) and enter total	2d		1972112
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	585495	
(2) To insurance carriers for the provision of benefits	2e(2)	87538	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		673033
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		0
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		673033
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		1299079
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: MARGOLIN, WINER & EVENS LLP (2) EIN: 11-1558868

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**	X		345000
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		5000000
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**			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
MINI-CIRCUITS LAB EMPLOYEE BENEFIT PLAN II

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
SCIENTIFIC COMPONENTS CORPORATION

D Employer Identification Number (EIN)
11-2161210

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): 55-0840955

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

MINI-CIRCUITS LAB
EMPLOYEE BENEFIT PLAN II

FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION

Year Ended December 31, 2009

MINI-CIRCUITS LAB EMPLOYEE BENEFIT PLAN II

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Margolin, Winer & Evens LLP
CERTIFIED PUBLIC ACCOUNTANTS

Report of Independent Accountants

Trustees
Mini-Circuits Lab Employee Benefit Plan II
Brooklyn, New York

We have audited the accompanying statements of net assets available for benefits of Mini-Circuits Lab Employee Benefit Plan II (the "Plan") as of December 31, 2009 and 2008, and the related statement of changes in net assets available for benefits for the year ended December 31, 2009. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

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

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Mini-Circuits Lab Employee Benefit Plan II as of December 31, 2009 and 2008, and the changes in net assets available for benefits for the year ended December 31, 2009 in conformity with accounting principles generally accepted in the United States of America.

Margolin, Winer & Evens LLP

Garden City, New York
October 13, 2010

MINI-CIRCUITS LAB EMPLOYEE BENEFIT PLAN II

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31,	**2009**	2008
ASSETS		
Investments, at fair value (Notes 4, 6 and 7):		
Corporate bonds and notes	**$ 4,613,395**	$ 3,461,179
Preferred stocks	**1,371,621**	1,122,720
Common stocks	**83,338**	79,146
Collateralized mortgage obligations	**98,424**	89,405
U.S. government securities	**306,738**	392,828
U.S. treasury money market fund	**112,423**	107,423
Certificates of deposit	**198,298**	395,285
Tax-exempt municipal bond	**127,430**	118,489
Total Investments	**6,911,667**	5,766,475
Receivables:		
Other receivable (Note 8)	**355,827**	-
Accrued interest receivable	**70,280**	78,296
Total Receivables	**426,107**	78,296
Cash and Cash Equivalents (Note 5)	**24,024**	217,949
Net Assets Available for Benefits	**$ 7,361,798**	$ 6,062,720

The accompanying notes are an integral part of these statements.

MINI-CIRCUITS LAB EMPLOYEE BENEFIT PLAN II

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year Ended December 31,	2009
Additions to Net Assets Attributed to:	
Investment income:	
Interest and dividends	$ 488,214
Net realized gain on the sale of investments (Note 7)	39,867
Net unrealized appreciation in fair value of investments (Note 7)	1,206,812
Other income - refund of allocated insurance contract premiums (Note 8)	237,218
Total Additions	1,972,111
Deductions from Net Assets Attributed to:	
Benefits paid to participants	585,495
Allocated insurance contract premiums, net of refund allocated to 2009 premium (Notes 1 and 8)	87,538
Total Deductions	673,033
Net Increase	1,299,078
Net Assets Available for Benefits - beginning of year	6,062,720
Net Assets Available for Benefits - end of year	$ 7,361,798

The accompanying notes are an integral part of this statement.

MINI-CIRCUITS LAB EMPLOYEE BENEFIT PLAN II

NOTES TO FINANCIAL STATEMENTS

1. **Plan Information**

The Mini-Circuits Lab Employee Benefit Plan II (the "Plan") is a defined contribution plan of the profit sharing type covering eligible employees of Scientific Components Corporation, Advanced Systems Research, Inc. and Mini-Circuits Missouri, Inc. (the "Employer"). It is subject to the provisions of the Employee Retirement Income Security Act of 1974.

The following comments provide only general information about the Plan. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

Eligibility - Employees are eligible after completing one year of service (minimum of 1,000 hours) and having attained the age of twenty-one years.

Contributions - Each plan year the Board of Directors of the Employer may elect to make a discretionary contribution to the Plan. The Employer elected not to make any contribution for the year ended December 31, 2009.

Participant accounts - Each participant's account is credited with an allocation of (a) the Employer's contribution, (b) Plan earnings, and (c) forfeitures of terminated participants' non-vested accounts, and charged with an allocation of administrative expenses, if any. 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 account.

Allocated insurance contracts - Each participant can elect to have the Plan purchase allocated insurance contracts for the benefit of the participant. The premiums for these contracts are deducted from the participants' accounts. Allocated insurance contracts are excluded from the Plan assets.

Vesting of participants' accounts - The provisions of the Plan provide for the normal vesting of participants' accounts as follows:

Years of Service	Vested Percentage
Less than 2	0%
2	20%
3 - 6	Annual increments of 20% until fully vested

Loans to participants - Participants may borrow from their accounts any amount up to a maximum of $50,000 or 50% of their vested account balance, whichever is less. For the purpose of this limitation, all loans from all plans of the Employer are aggregated. Loan repayments must

be made monthly, in level payments of principal and interest, and repaid within five years. All loans are required to bear a reasonable rate of interest and are secured by the balance of the participant's account.

2. **Payment of Benefits**

On termination of service due to death, disability or normal retirement at age 65, a participant becomes fully vested and may elect to receive an amount equal to the value of the participant's vested interest in his or her account in either a lump-sum payment, or annual installments over the participant's life, or in 120 monthly installments. For termination of service due to other reasons, participants with a vested interest in their account balance of $5,000 or greater will receive the value of the vested interest in their account upon the earlier of death, disability or reaching normal retirement age. Participants with a vested interest in their account balance of less than $5,000 may receive the value of the vested interest in their account in a lump-sum payment upon the valuation date following termination of employment.

3. **Termination of the Plan**

The Plan is intended to be permanent, but may be terminated by the Board of Directors of the Employer. In the event the Employer terminates the Plan, all participants' account balances at the time of the Plan's termination become fully vested.

4. **Summary of Significant Accounting Policies**

The accompanying financial statements have been prepared on the accrual basis of accounting in conformity with generally accepted accounting principles. The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from these estimates.

Investments may be made in securities or property, as determined by the Trustees.

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 6 for a 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.

Benefits are recorded when paid.

Reclassifications have been made to prior year amounts in order to conform with the current year presentation.

The Plan has evaluated events and transactions for potential recognition or disclosure through October 13, 2010, the date the financial statements were available to be issued.

5. **Cash and Cash Equivalents**

Cash and cash equivalents consist of deposits in interest and noninterest bearing bank accounts and an investment in a money market fund.

6. **Fair Value Measurements**

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, "Fair Value Measurements and Disclosures," establishes a framework for measuring fair value that provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are summarized as follows:

Level 1 - Valuations based on unadjusted quoted prices in active markets for identical assets or liabilities that the Plan has the ability to access. Since valuations are based on quoted prices that are readily and regularly available in an active market, valuation of these securities does not entail a significant degree of judgment. Level 1 investments of the Plan consist of common and preferred stocks which are valued at the closing price reported on the active market on which the individual security is traded and a registered investment company (U.S. treasury money market fund) which is valued at the net asset value (NAV) of shares held by the Plan at year end where NAV is publicly available.

Level 2 - Valuations based on quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not active or inputs other than quoted prices that are observable, either directly or indirectly. Level 2 investments of the Plan consist of corporate bonds and notes, collateralized mortgage obligations, U.S government securities, certificates of deposit and a tax-exempt municipal bond which are valued based on a model pricing matrix maintained by the broker. This model uses quoted prices of the same or similar securities taking into account the level of trading activity associated with such quoted prices and differences in interest rates, credit ratings, maturity dates, call dates and other market conditions between similar securities for which quoted prices are available and the securities held by the Plan.

Level 3 - Valuations based on inputs that are unobservable and significant to the overall fair value measurement that reflect the reporting entity's own assumptions about the assumptions that market participants would use.

In certain cases, the inputs used to measure fair value may fall into different levels of the fair value hierarchy. In such cases, for disclosure purposes, the level in the fair value hierarchy within which the fair value measurement falls in its entirety is determined by the lowest level input that is significant to the fair value measurement. Although the degree of judgment exercised by the Plan in determining fair value is greatest for investments categorized in Level 3, the inputs or methodology used for valuing investments are not necessarily an indication of the risk associated with those investments.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009 and 2008:

Assets at Fair Value as of December 31, 2009

	Level 1	Level 2	Total
Corporate bonds and notes	$ -	$4,613,395	$ 4,613,395
Preferred stocks	1,371,621	-	1,371,621
Common stocks	83,338	-	83,338
Collateralized mortgage obligations	-	98,424	98,424
U.S. government securities	-	306,738	306,738
U.S. treasury money market fund	112,423	-	112,423
Certificates of deposit	-	198,298	198,298
Tax-exempt municipal bond	-	127,430	127,430
Total assets at fair value	$ 1,567,382	$5,344,285	$ 6,911,667

Assets at Fair Value as of December 31, 2008

	Level 1	Level 2	Total
Corporate bonds and notes	$ -	$3,461,179	$ 3,461,179
Preferred stocks	1,122,720	-	1,122,720
Common stocks	79,146	-	79,146
Collateralized mortgage obligations	-	89,405	89,405
U.S. government securities	-	392,828	392,828
U.S. treasury money market fund	107,423	-	107,423
Certificates of deposit	-	395,285	395,285
Tax-exempt municipal bond	-	118,489	118,489
Total assets at fair value	$ 1,309,289	$4,457,186	$ 5,766,475

7. **Investments** Investments at December 31, 2009 and 2008 are as follows:

	2009	2008
Individual investments that represent 5% or more of the Plan's net assets:		
GMAC Notes:		
GMAC SmartNotes	$ 548,126	$ 307,613
GMAC Med Term Notes	169,542	83,842
Total GMAC Notes	717,668	391,455
U.S. government securities	*	392,828
HSBC Finance Corp.:		
HSBC Finance Corp. Notes	301,130	268,945
HSBC Finance Corp. Preferred Stock	82,560	70,000
Total HSBC Finance Corp.	383,690	338,945
General Electric Notes:		
General Electric Capital Corp. Internotes	520,103	478,183
General Electric Capital Corp. Med Term Notes	437,835	196,237
Total General Electric Notes	957,938	674,420
Individual investments that represent less than 5% of the Plan's net assets	4,852,371	3,968,827
	$ 6,911,667	$ 5,766,475

* Represents less than 5% of the Plan's net assets.

During the year ended December 31, 2009, the Plan's investments (including investments bought, sold and held during the year) appreciated (depreciated) in value by $1,246,679 (including realized gains of $39,867) as follows:

Corporate bonds and notes	$ 895,700
Preferred stocks	312,222
Common stocks	40,538
Collateralized mortgage obligations	9,032
U.S. government securities	(21,768)
Certificates of deposit	2,014
Tax-exempt municipal bond	8,941
Net change in fair value	$ 1,246,679

8. **Disqualifying Event and Other Receivable** During 2009, the Plan paid out premiums for allocated insurance contracts on the life of a Plan participant that were $138,452 in excess of the participant's account balance. Since the Plan is an individual account plan in which each participant owns an undivided interest in the trust funds

based on the allocation formula set forth in the Plan, the excess premiums were paid from funds allocated to Plan participants other than the insured individual. Based in part on the advice of counsel, the Plan administrator has determined that the payment of premiums from assets allocated to other Plan participants is a disqualifying event.

The Employer intends to correct this operational failure pursuant to the Internal Revenue Service Self Correction Program (SCP). The excess premium amount will be paid back to the Plan together with an amount for lost earnings on those amounts.

In researching how the above disqualifying event occurred, it was determined that in each of the years 2007 through 2009, insurance premiums were paid from Plan assets that could have been satisfied through the use of policy dividends. In connection therewith, the insurance company has agreed to refund $355,827 to the Plan. Such amount is included in the accompanying statement of net assets available for benefits as of December 31, 2009 as an other receivable.

9. Tax Status

The Internal Revenue Service has determined in its letter dated June 30, 2005, that the Plan as designed was in compliance with the applicable sections of the Internal Revenue Code (IRC). Although the Plan has been subsequently amended, the Plan administrator believes that the Plan is designed and is being operated in compliance with the applicable requirements of ERISA and the Internal Revenue Code and therefore fulfills the criteria for exemption from federal and state income taxes.

10. Party-In-Interest Transactions

Administrative expenses of the Plan are paid by the Plan Sponsor.

11. Risks and Uncertainties

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



Margolin, Winer & Evens LLP
CERTIFIED PUBLIC ACCOUNTANTS

Report of Independent Accountants on Supplementary Information

Trustees
Mini-Circuits Lab
Employee Benefit Plan II
Brooklyn, New York

Our audits were conducted for the purpose of forming an opinion on the basic financial statements of Mini-Circuits Lab Employee Benefit Plan II taken as a whole. The supplementary schedules are presented for the purpose of additional analysis and are not a required part of the basic financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The supplementary schedules have been subjected to the auditing procedures applied in the audits of the basic financial statements and, in our opinion, are fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Margolin, Winer & Evens LLP

Garden City, New York
October 13, 2010

MINI-CIRCUITS LAB EMPLOYEE BENEFIT PLAN II

SUPPLEMENTARY INFORMATION -
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

December 31, 2009

	INTEREST RATE	MATURITY DATE	NUMBER OF SHARES OR FACE VALUE	COST	FAIR VALUE
Corporate Bonds and Notes:					
GMAC SmartNotes	8.500%	5/15/2010	100,000	$ 100,000	$ 99,759
Goldman Sachs Group Inc.	6.875%	1/15/2011	100,000	95,752	106,069
Household Finance Corp. Med Term Notes	6.800%	5/15/2011	100,000	100,000	104,141
HSBC Finance Corp.	6.750%	5/15/2011	100,000	95,194	105,686
ING Groep NV Perp Hybrid Cap	7.375%	10/15/2012	50,000	50,000	39,400
GMAC Med Term Notes	7.000%	11/15/2012	200,000	200,000	169,542
Dow Chemical Company	5.600%	2/15/2013	100,000	100,000	101,076
General Electric Capital Corp. Med Term Notes	Variable	3/20/2014	250,000	183,906	236,155
General Electric Capital Corp. Med Term Notes	6.000%	5/15/2015	200,000	200,000	201,680
Aegon NV	6.375%	6/15/2015	100,000	100,000	71,620
Ford Motor Credit Co. Med Term Notes	7.400%	8/21/2017	50,000	50,000	42,063
HSBC Finance Corp.	6.000%	12/15/2017	200,000	200,000	195,442
Countrywide Home	6.000%	1/24/2018	300,000	299,256	285,939
GMAC SmartNotes	6.000%	2/15/2019	50,000	50,000	33,407
GMAC SmartNotes	6.000%	3/15/2019	100,000	100,000	67,466
Dow Chemical Co. Senior Internotes	7.450%	8/15/2019	50,000	50,000	49,000
New Jersey Bell Telephone Co. Deb	8.000%	6/01/2022	100,000	99,857	110,664
Prudential Financial Inc. Internotes	6.000%	1/17/2023	40,000	40,000	38,618
SmartNotes	7.000%	11/15/2024	100,000	100,000	69,500
SmartNotes	7.000%	11/15/2024	400,000	400,000	278,000
Fleet Financial Group Notes	6.875%	1/15/2028	150,000	146,360	149,060
GTE North	6.730%	2/15/2028	30,000	30,006	28,628
GTE Corp. Debentures	6.940%	4/15/2028	150,000	141,687	154,284
Bank of America Corp. Internotes	5.450%	5/15/2026	100,000	100,000	86,559
General Electric Capital Corp. Internotes	5.375%	5/15/2028	200,000	200,000	183,834
General Electric Capital Corp. Internotes	5.250%	7/15/2028	200,000	200,000	181,372
AT&T Corp	6.500%	3/15/2029	50,000	49,945	49,907
STRATS for Time Warner Inc.	6.125%	5/15/2029	50,000	50,000	42,300
Ford Motor Co. Debentures	8.900%	1/15/2032	150,000	150,000	133,500
Verizon Global Notes	7.750%	6/15/2032	200,000	195,605	235,493
Credit Suisse FB USA	7.125%	7/15/2032	100,000	99,805	116,829
New York Telephone Co.	7.000%	12/01/2033	100,000	99,991	99,712
Phelps Dodge Corp.	6.125%	3/15/2034	50,000	41,378	38,082
JP Morgan Chase Capital	6.200%	10/15/2034	100,000	100,000	96,200
JP Morgan Chase Capital	6.625%	9/29/2036	50,000	50,000	48,500
Lehman Brothers Holdings Inc.	6.500%	2/13/2037	20,000	20,000	3,900
Lehman Brothers Holdings Inc.	7.000%	7/27/2037	200,000	200,000	39,000
General Electric Cap Corp Internotes	6.000%	1/15/2038	160,000	160,000	154,897

The accompanying notes are an integral part of this schedule.

MINI-CIRCUITS LAB EMPLOYEE BENEFIT PLAN II

SUPPLEMENTARY INFORMATION -
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES (continued)

December 31, 2009

	INTEREST RATE	MATURITY DATE	NUMBER OF SHARES OR FACE VALUE	COST	FAIR VALUE
Corporate Bonds and Notes (continued):					
STRATS TR for Boeing Co.	6.000%	2/15/2038	150,000	$ 150,000	$ 145,500
General Motors Corporation	7.500%	7/01/2044	125,000	125,000	26,750
BAC Capital TR XII	6.875%	8/02/2055	100,000	100,000	86,600
American International Group	7.700%	12/18/2047	100,000	100,000	61,860
Morgan Stanley Cap TR VIII	6.450%	4/15/2067	50,000	50,000	42,900
Total Corporate Bonds and Notes				5,174,342	4,613,395
Common Stocks:					
Fairpoint Communications Inc.	N/A	N/A	15	-	1
Idearc Inc.	N/A	N/A	41	3,635	-
LSI Logic Corp.	N/A	N/A	295	15,482	1,773
Verizon Communications	N/A	N/A	832	52,325	27,564
Alcatel Lucent Sponsored ADR	N/A	N/A	976	69,327	3,240
Xerox Corp.	N/A	N/A	6,000	287,629	50,760
Total Common Stocks				428,398	83,338
Preferred Stocks:					
HSBC Finance Corp.	6.360%	6/24/2010	4,000	100,000	82,560
MetLife Inc.	6.500%	9/15/2010	2,000	50,000	48,020
Aegon NV	6.875%	9/15/2011	6,000	150,000	113,280
Barclays Bank PLC ADR	7.100%	12/15/2012	2,000	50,000	44,180
Sears Roebuck Acceptance Corp	7.400%	2/01/2043	12,000	300,000	153,756
HSBC Holdings PLC	8.125%	12/31/2049	4,000	100,000	104,400
Viacom Inc SR Notes PFD	6.850%	12/15/2055	8,000	200,000	191,600
Citigroup Capital XIV	6.875%	6/30/2066	8,000	200,000	157,120
Citigroup Capital XV	6.500%	9/15/2066	2,000	50,000	37,250
Merrill Lynch Cap TR I	6.450%	12/15/2066	4,000	100,000	76,560
Citigroup Capital XVI	6.450%	12/31/2066	8,000	200,000	148,640
Citigroup Capital XVII	6.350%	3/15/2067	800	20,000	14,560
Wachovia Capital Trust X	7.850%	12/01/2067	2,000	50,000	50,740
Citigroup Capital XX	7.875%	12/15/2067	2,000	50,000	44,600
Wells Fargo Capital XII	7.875%	3/15/2068	3,500	87,500	89,845
Financial Security Assurance Holdings	5.600%	7/15/2103	1,000	25,000	14,500
Total Preferred Stocks				1,732,500	1,371,621

The accompanying notes are an integral part of this schedule.

MINI-CIRCUITS LAB EMPLOYEE BENEFIT PLAN II

SUPPLEMENTARY INFORMATION -
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES (continued)

December 31, 2009

	INTEREST RATE	MATURITY DATE	NUMBER OF SHARES OR FACE VALUE	COST	FAIR VALUE
Collateralized Mortgage Obligations:					
GNMA Pool 0261011	10.000%	9/15/2018	76	$ 76	$ 107
FHR 1643 E	6.500%	5/15/2023	41,794	39,169	43,533
CS First Boston Mortgage Series 03-21-1A	5.500%	9/25/2033	41,270	38,954	40,015
FHLMC REMIC 2691-CV	5.500%	10/15/2033	15,224	15,229	14,769
Total Collateralized Mortgage Obligations				93,428	98,424
U.S. Government Securities:					
FICO Series 1 Strip	N/A	11/11/2012	35,000	28,051	32,558
FICO Series 2 Strip	N/A	5/30/2013	100,000	76,950	90,576
FICO Series 16 Strip	N/A	4/05/2014	86,000	61,773	74,634
FICO Series 15 Strip	N/A	3/07/2015	50,000	33,422	41,383
FICO Series 14 Strip	N/A	12/02/2015	85,000	53,991	67,587
Total U.S. Government Securities				254,187	306,738
Certificates of Deposit:					
M & I Marshall & Isley BK Milwaukee	6.000%	10/17/2028	99,000	99,000	99,149
Southwest Bk St Louis MO	6.000%	10/17/2028	99,000	99,000	99,149
Total Certificates of Deposit				198,000	198,298
Tax-Exempt Municipal Bond -					
Triborough Bridge & Tunnel Authority	5.000%	11/15/2032	125,000	107,817	127,430
Money Market Fund -					
J.P.Morgan U.S. Treasury Plus Money Market Fund	Variable	N/A	112,423	112,423	112,423
Total Assets Held for Investment				$ 8,101,095	$ 6,911,667

The accompanying notes are an integral part of this schedule.

MINI-CIRCUITS LAB EMPLOYEE BENEFIT PLAN II

SUPPLEMENTARY INFORMATION -
SCHEDULE OF LOANS OR FIXED INCOME OBLIGATIONS IN DEFAULT OR CLASSIFIED AS UNCOLLECTIBLE

Year Ended December 31, 2009

IDENTITY AND ADDRESS OF OBLIGOR	ORIGINAL AMOUNT OF NOTE	AMOUNT RECEIVED DURING REPORTING PERIOD		UNPAID BALANCE AT END OF PERIOD	DETAILED DESCRIPTION OF NOTE INCLUDING DATES OF MAKING AND MATURITY	AMOUNT OVERDUE	
		PRINCIPAL	INTEREST			PRINCIPAL	INTEREST
Lehman Brothers Holdings Inc. New York, NY	$ 20,000	$ -	$ -	$ 20,000	Lehman Brothers Holdings Inc. Medium Term Notes, 6.5%, Issued 2/13/2007, Maturity 2/13/2037	$ -	$ 1,300
Lehman Brothers Holdings Inc. New York, NY	200,000	-	-	200,000	Lehman Brothers Holdings Inc. Medium Term Notes, 7.0%, Issued 7/27/2007, Maturity 7/27/2037 Lehman Brothers Holdings Inc. filed for Chapter 11 bankruptcy protection on September 15, 2008 and failed to make the semi-annual interest payments scheduled to be paid in 2009. Collection of overdue interest and future interest and principal is in doubt.	-	14,000
General Motors Corporation Detroit, MI	125,000	-	4,688	125,000	General Motors Corporation Senior Notes, 7.5%, Issued 6/23/2004, Maturity 7/01/2044 General Motors Corporation filed for Chapter 11 bankruptcy protection on June 1, 2009 and failed to make the quarterly interest payments scheduled to be paid in September and December 2009, and failed to make the quarterly interest payments scheduled to be paid in 2010. Collection of overdue interest and future interest and principal is in doubt.	-	4,688

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MINI-CIRCUITS LAB EMPLOYEE BENEFIT PLAN II

SUPPLEMENTARY INFORMATION -
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

December 31, 2009

	INTEREST RATE	MATURITY DATE	NUMBER OF SHARES OR FACE VALUE	COST	FAIR VALUE
Corporate Bonds and Notes:					
GMAC SmartNotes	8.500%	5/15/2010	100,000	$ 100,000	$ 99,759
Goldman Sachs Group Inc.	6.875%	1/15/2011	100,000	96,752	106,089
Household Finance Corp. Med Term Notes	6.800%	5/15/2011	100,000	100,000	104,141
HSBC Finance Corp.	6.750%	5/15/2011	100,000	95,194	105,688
ING Groep NV Perp Hybrid Cap	7.375%	10/15/2012	50,000	50,000	39,400
GMAC Med Term Notes	7.000%	11/15/2012	200,000	200,000	169,542
Dow Chemical Company	5.600%	2/15/2013	100,000	100,000	101,076
General Electric Capital Corp. Med Term Notes	Variable	3/20/2014	250,000	183,906	236,155
General Electric Capital Corp. Med Term Notes	6.000%	5/15/2015	200,000	200,000	201,680
Aegon NV	6.375%	6/15/2015	100,000	100,000	71,620
Ford Motor Credit Co. Med Term Notes	7.400%	8/21/2017	50,000	50,000	42,063
HSBC Finance Corp.	6.000%	12/15/2017	200,000	200,000	195,442
Countrywide Home	6.000%	1/24/2018	300,000	299,256	285,939
GMAC SmartNotes	6.000%	2/15/2019	50,000	50,000	33,407
GMAC SmartNotes	6.000%	3/15/2019	100,000	100,000	67,480
Dow Chemical Co. Senior Internotes	7.450%	8/15/2019	50,000	50,000	49,000
New Jersey Bell Telephone Co. Deb	8.000%	6/01/2022	100,000	99,857	110,664
Prudential Financial Inc. Internotes	6.000%	1/17/2023	40,000	40,000	38,618
SmartNotes	7.000%	11/15/2024	100,000	100,000	69,500
SmartNotes	7.000%	11/15/2024	400,000	400,000	278,000
Fleet Financial Group Notes	6.875%	1/15/2028	150,000	146,360	149,060
GTE North	6.730%	2/15/2028	30,000	30,006	28,828
GTE Corp. Debentures	6.940%	4/15/2028	150,000	141,887	154,284
Bank of America Corp. Internotes	5.450%	5/15/2026	100,000	100,000	86,558
General Electric Capital Corp. Internotes	5.375%	5/15/2028	200,000	200,000	183,834
General Electric Capital Corp. Internotes	5.250%	7/15/2028	200,000	200,000	181,372
AT&T Corp	6.500%	3/15/2029	50,000	49,945	49,907
STRATS for Time Warner Inc.	6.125%	5/15/2029	50,000	50,000	42,300
Ford Motor Co. Debentures	8.900%	1/15/2032	150,000	150,000	133,500
Verizon Global Notes	7.750%	6/15/2032	200,000	195,605	235,493
Credit Suisse FB USA	7.125%	7/15/2032	100,000	99,805	116,820
New York Telephone Co.	7.000%	12/01/2033	100,000	95,991	99,712
Phelps Dodge Corp.	8.125%	3/15/2034	50,000	41,378	39,082
JP Morgan Chase Capital	6.200%	10/15/2034	100,000	100,000	96,200
JP Morgan Chase Capital	6.625%	9/29/2036	50,000	50,000	48,600
Lehman Brothers Holdings Inc.	6.500%	2/13/2037	20,000	20,000	3,900
Lehman Brothers Holdings Inc.	7.000%	7/27/2037	200,000	200,000	39,000
General Electric Cap Corp Internotes	6.000%	1/15/2038	160,000	160,000	154,897

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MINI-CIRCUITS LAB EMPLOYEE BENEFIT PLAN II

SUPPLEMENTARY INFORMATION -
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES (continued)

December 31, 2009

	INTEREST RATE	MATURITY DATE	NUMBER OF SHARES OR FACE VALUE	COST	FAIR VALUE
Corporate Bonds and Notes (continued):					
STRATS TR for Boeing Co.	6.000%	2/15/2038	150,000	$ 150,000	$ 145,500
General Motors Corporation	7.500%	7/01/2044	125,000	125,000	26,750
BAC Capital TR XII	6.875%	8/02/2055	100,000	100,000	86,600
American International Group	7.700%	12/18/2047	100,000	100,000	61,880
Morgan Stanley Cap TR VIII	6.450%	4/15/2067	50,000	50,000	42,900
Total Corporate Bonds and Notes				5,174,342	4,613,395
Common Stocks:					
Fairpoint Communications Inc.	N/A	N/A	15	-	1
Idearc Inc.	N/A	N/A	41	3,635	-
LSI Logic Corp.	N/A	N/A	295	15,482	1,773
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Total Common Stocks				428,398	83,338
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Citigroup Capital XIV	6.875%	6/30/2066	8,000	200,000	157,120
Citigroup Capital XV	6.500%	9/15/2066	2,000	50,000	37,260
Merrill Lynch Cap TR I	6.450%	12/15/2066	4,000	100,000	76,560
Citigroup Capital XVI	6.450%	12/31/2066	8,000	200,000	148,640
Citigroup Capital XVII	6.350%	3/15/2067	800	20,000	14,560
Wachovia Capital Trust X	7.850%	12/01/2067	2,000	50,000	50,740
Citigroup Capital XX	7.875%	12/15/2067	2,000	50,000	44,600
Wells Fargo Capital XII	7.875%	3/15/2068	3,500	87,500	88,845
Financial Security Assurance Holdings	5.600%	7/15/2103	1,000	25,000	14,500
Total Preferred Stocks				1,732,500	1,371,621

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MINI-CIRCUITS LAB EMPLOYEE BENEFIT PLAN II

SUPPLEMENTARY INFORMATION -
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES (continued)

December 31, 2009

	INTEREST RATE	MATURITY DATE	NUMBER OF SHARES OR FACE VALUE	COST	FAIR VALUE
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FICO Series 16 Strip	N/A	4/05/2014	86,000	61,773	74,634
FICO Series 15 Strip	N/A	3/07/2015	50,000	33,422	41,383
FICO Series 14 Strip	N/A	12/02/2015	85,000	53,991	67,587
Total U.S. Government Securities				254,187	306,738
Certificates of Deposit:					
M & I Marshall & Isley BK Milwaukee	6.000%	10/17/2028	99,000	99,000	99,149
Southwest Bk St Louis MO	6.000%	10/17/2028	99,000	99,000	99,149
Total Certificates of Deposit				198,000	198,298
Tax-Exempt Municipal Bond -					
Triborough Bridge & Tunnel Authority	5.000%	11/15/2032	125,000	107,817	127,430
Money Market Fund -					
J.P.Morgan U.S. Treasury Plus Money Market Fund	Variable	N/A	112,423	112,423	112,423
Total Assets Held for Investment				$ 8,101,095	$ 6,911,667

The accompanying notes are an integral part of this schedule.