

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
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 11/01/2009 and ending 10/31/2010	
A	This return/report is for: ☐ a multiemployer plan; ☒ a single-employer plan; ☐ a multiple-employer plan; or ☐ 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: ☐ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information
1a	Name of plan SPECTERA, INC. PENSION PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 07/15/1971
2a	Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) SPECTERA, INC. LIBERTY 6, SUITE 200 6220 OLD DOBBIN LANE COLUMBIA, MD 21045-5861
2b	Employer Identification Number (EIN) 52-1260282
2c	Sponsor's telephone number 443-896-0418
2d	Business code (see instructions) 621320

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.	05/31/2011	JAMES F COPPENS
	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") SPECTERA, INC. LIBERTY 6, SUITE 200 6220 OLD DOBBIN LANE COLUMBIA, MD 21045-5861	3b Administrator's EIN 52-1260282 3c Administrator's telephone number 443-896-0418
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year	5	217
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	162
b Retired or separated participants receiving benefits.....	6b	4
c Other retired or separated participants entitled to future benefits.....	6c	45
d Subtotal. Add lines 6a , 6b , and 6c	6d	211
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	211
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 1A 1G 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)	9b Plan benefit arrangement (check all that apply)
(1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	(1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ 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) ☒ **R** (Retirement Plan Information)
 (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
 (3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 11/01/2009 and ending 10/31/2010

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>SPECTERA, INC. PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>SPECTERA, INC.</u>	D Employer Identification Number (EIN) <u>52-1260282</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>11</u> Day <u>01</u> Year <u>2009</u>	
2 Assets:	
a Market value	2a <u>2502739</u>
b Actuarial value	2b <u>2502739</u>
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>3</u> <u>71070</u>
b For terminated vested participants	3b <u>39</u> <u>296062</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>263748</u>
(2) Vested benefits	3c(2) <u>1977738</u>
(3) Total active	3c(3) <u>175</u> <u>2241486</u>
d Total	3d <u>217</u> <u>2608618</u>
4 If the plan is at-risk, check the box and complete items (a) and (b)	☐
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>6.64</u> %
6 Target normal cost	6 <u>286368</u>

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	<u>05/27/2011</u>
Signature of actuary	Date
<u>ANTHONY J. BUONATO</u>	<u>11-05675</u>
Type or print name of actuary	Most recent enrollment number
<u>TOWERS WATSON DELAWARE INC.</u>	<u>215-282-3300</u>
Firm name	Telephone number (including area code)
<u>1600 MARKET STREET, SUITE 2000</u> <u>PHILADELPHIA, PA 19103-7240</u>	
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	405422	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8).....	405422	0
10	Interest on item 9 using prior year's actual return of <u>25.24</u> %	102320	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		3768
b	Interest on (a) using prior year's effective rate of <u>8.06</u> %		304
c	Total available at beginning of current plan year to add to prefunding balance		4072
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....	91898	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	415844	0

Part III Funding percentages			
14	Funding target attainment percentage.....	14	80.00 %
15	Adjusted funding target attainment percentage.....	15	95.94 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	102.91 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
02/12/2010	100000				
02/16/2010	2639				
04/16/2010	100000				
08/04/2010	100000				
08/10/2010	10000				
11/11/2010	100000				
			Totals ►	18(b)	412639
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a
b Contributions made to avoid restrictions adjusted to valuation date	19b
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c 396095
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No
c If 20a is "Yes," see instructions and complete the following table as applicable:	

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: 5.21 %	2nd segment: 6.74 %	3rd segment: 6.84 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29	
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	286368
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment		
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	286368
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	286368
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	396095
38 Interest-adjusted excess contributions for current year (see instructions).....	38	109727
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.
For calendar plan year 2009 or fiscal plan year beginning 11/01/2009 and ending 10/31/2010		
A Name of plan SPECTERA, INC. PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SPECTERA, INC.	D Employer Identification Number (EIN) 52-1260282	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

MORGANSTANLEY SMITHBARNEY

13-2919773

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	21202	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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 11/01/2009 and ending 10/31/2010		
A Name of plan SPECTERA, INC. PENSION PLAN	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 SPECTERA, INC.	D Employer Identification Number (EIN) 52-1260282	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	8035	10870
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	125000	100000
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	67881	51474
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(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)	2302065	3079271
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(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	2502981	3241615

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 through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	2502981	3241615
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	412639	
(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)		412639

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	128	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		128

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	65798	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		65798

(3) Rents	2b(3)		
-----------------	--------------	--	--

(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		344756
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		823321

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	63064	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		63064
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)	21623	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		21623
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		84687

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		738634
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☒ Unqualified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

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

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

(1) Name: DELOITTE & TOUCHE LLP

(2) EIN: 13-3891517

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		25000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
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.			

- 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 11/01/2009 and ending 10/31/2010		
A Name of plan SPECTERA, INC. PENSION PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 SPECTERA, INC.		D Employer Identification Number (EIN) 52-1260282

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): 52-1260282

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

0

Part II

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

4

Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....

☐ Yes

☒ No

☐ N/A

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

5

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

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

6

a Enter the minimum required contribution for this plan year

6a

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

6b

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

6c

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

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

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

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

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

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

Spectera, Inc. Pension Plan

Financial Statements as of October 31, 2010 and
2009, and for the Year Ended October 31, 2010,
Supplemental Schedules as of and for the
Year Ended October 31, 2010, and
Independent Auditors' Report

SPECTERA, INC. PENSION PLAN**TABLE OF CONTENTS**

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SUPPLEMENTAL SCHEDULES FURNISHED PURSUANT TO THE REQUIREMENTS OF FORM 5500:	12
Form 5500, Schedule H, Part IV, Line 4i — Schedule of Assets (Held at End of Year) as of October 31, 2010	13
Form 5500, Schedule H, Part IV, Line 4j — Schedule of Reportable Transactions for the Year Ended October 31, 2010	14
NOTE: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.	



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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of
Spectera, Inc. Pension Plan
Minneapolis, Minnesota

We have audited the accompanying statements of net assets available for benefits of Spectera, Inc. Pension Plan (the "Plan") as of October 31, 2010 and 2009, and the related statement of changes in net assets available for benefits for the year ended October 31, 2010. 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 consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, 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, such financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of October 31, 2010 and 2009, and the changes in net assets available for benefits for the year ended October 31, 2010, in conformity with accounting principles generally accepted in the United States of America.

Our audits were conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedules listed in the table of contents 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. These schedules are the responsibility of the Plan's management. Such schedules have been subjected to the auditing procedures applied in our audit of the basic 2010 financial statements and, in our opinion, are fairly stated in all material respects when considered in relation to the basic financial statements taken as a whole.

Deloitte & Touche LLP

May 27, 2011

SPECTERA, INC. PENSION PLAN**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF OCTOBER 31, 2010 AND 2009**

	2010	2009
ASSETS:		
Cash	<u>\$ 10,870</u>	<u>\$ 8,035</u>
Investments:		
Mutual funds	3,079,271	2,302,065
Cash equivalents	<u>51,474</u>	<u>67,881</u>
Total investments	3,130,745	2,369,946
Receivables — contribution from employer	<u>100,000</u>	<u>125,000</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$3,241,615</u></u>	<u><u>\$2,502,981</u></u>

See notes to financial statements.

SPECTERA, INC. PENSION PLAN**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED OCTOBER 31, 2010**

ADDITIONS:

Employer contributions	<u>\$ 412,639</u>
------------------------	-------------------

Investment income:

Net appreciation in fair value of investments	344,756
---	---------

Interest and dividends	<u>65,926</u>
------------------------	---------------

Total investment income	<u>410,682</u>
-------------------------	----------------

DEDUCTIONS:

Benefits paid to participants	(63,064)
-------------------------------	----------

Administrative expenses	<u>(21,623)</u>
-------------------------	-----------------

Total deductions	<u>(84,687)</u>
------------------	-----------------

NET INCREASE	738,634
--------------	---------

NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of year	<u>2,502,981</u>
-------------------	------------------

End of year	<u><u>\$ 3,241,615</u></u>
-------------	----------------------------

See notes to financial statements.

SPECTERA, INC. PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

AS OF OCTOBER 31, 2010 AND 2009, AND FOR THE YEAR ENDED OCTOBER 31, 2010

1. DESCRIPTION OF THE PLAN

The following description of the Spectera, Inc. Pension Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

General — The Plan is a qualified defined benefit pension plan. The Plan is sponsored and administered by Spectera, Inc. (the "Company" or the "Plan Sponsor"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan provides retirement and disability benefits for substantially all union employees of the United Optical and Crown Optical divisions of the Company.

The Plan was formed on November 1, 1989, when the Company assumed the sponsorship of the United Optical Center (UOC) Employees' Pension Plan and then merged the UOC Employees' Pension Plan with the Hupfeldt Bros. Inc. Pension Plan and the pension program for employees of Associated Prescription Services.

Pension Benefits — Participants are fully vested upon the earlier of being employed on the date of their normal retirement age, or having completed five or more years of credited service, as defined by the Plan. If participants terminate before completing five years of credited service, they forfeit the right to receive pension benefits upon retirement.

The benefit formula by which the monthly retirement benefit for participants is determined is the sum of (a) and (b) below; however, the minimum monthly retirement benefit is \$20 (prior to the election of an optional form of benefit):

- a. The amount of monthly retirement benefit accrued under any of the three prior plans as of October 31, 1989, in accordance with its terms through that date.
- b. The sum of (1) and (2), multiplied by (3), as follows:
 1. 0.7% of his/her final average monthly compensation up to \$833
 2. 1.35% of his/her final average monthly compensation in excess of \$833
 3. His/her years of credited service after November 1, 1989

The benefit formula stated above is used to determine the accrued single-life monthly pension payable to a participant who is not married.

Participants who terminate employment with the employer and all affiliated companies at or after their normal retirement date are eligible to receive a normal retirement pension. Participants who terminate employment prior to their normal retirement date and after attainment of age 55 and completion of at least 10 years of credited service are eligible to receive an early retirement pension. Participants who terminate employment other than by reasons of death or disability after they have completed five years of credited service, but prior to their normal retirement date are eligible to receive a deferred vested pension at age 65. However, participants eligible for a deferred vested pension may elect to commence

benefits before their normal retirement date. If a participant elects to commence the deferred vested pension after attainment of age 55 (but before the participant's normal retirement date), the pension will be reduced for early commencement like an early retirement pension. If a participant elects to commence the deferred vested pension before age 55, the pension will be actuarially reduced for early commencement. Participants may elect to receive their pension benefits in the form of a single-life annuity, qualified joint and survivor annuity, a nonqualified joint and survivor annuity, or in a lump-sum settlement, all with spousal consent if married. The monthly amount of each participant's pension will be the amount of their accrued benefit determined as of the date the first payment of the pension is made.

The Plan also provides for death and disability benefits. If a participant who has an eligible spouse and who has completed five years of credited service dies prior to his/her normal retirement age, a reduced monthly death benefit is paid to the employee's spouse. Active participants who become totally disabled and have accrued at least 10 years of credited service receive monthly disability benefits that are equal to the normal retirement benefits they have accumulated as of the time they become disabled.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting — The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America (GAAP).

Use of Estimates — The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits and changes therein at the date of the financial statements. Actual results could differ from those estimates.

Risks and Uncertainties — The Plan utilizes various investment securities including mutual funds. Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

Investment Valuation and Income Recognition — The Plan's investments are stated at fair value. Fair value of a financial instrument 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. Money market funds are stated at amortized cost, which approximates fair value. Shares of mutual funds are valued at the net asset value of shares held by the Plan at year-end.

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.

New Accounting Standards to be Adopted — In January 2010, the Financial Accounting Standards Board (FASB) issued Accounting Standards Updated (ASU) No. 2010-06, *Fair Value Measurements and Disclosures*, which amends Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures* (ASC 820), adding new disclosure requirements for Levels 1 and 2, separate disclosures of purchases, sales, issuances, and settlements relating to Level 3 measurements and clarification of existing fair value disclosures. ASU No. 2010-06 is effective for periods beginning after December 15, 2009, except for the requirement to provide Level 3 activity of purchases, sales, issuances, and settlements on a gross basis, which will be effective for fiscal years beginning after December 15, 2010. The Plan is currently evaluating the impact ASU No. 2010-06 will have on the financial statements.

Administrative Expenses — Administrative expenses for the Plan are paid by the Plan and Plan Sponsor, as provided in the Plan document. The Plan Sponsor provides accounting and other administrative services to the Plan at no charge.

Payment of Benefits — Benefit payments to participants are recorded upon distribution.

3. FUNDING POLICY

Contributions to provide benefits under the Plan are made solely by the Company. The Company's funding policy is to make cash contributions to the Plan in amounts as determined by the Plan's independent actuary (the "Actuary"). The Company exceeded the minimum funding requirements of ERISA for the year ended October 31, 2010. Minimum required contributions were \$286,368 for the year ended October 31, 2010.

4. ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to service rendered by employees as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (1) retired or terminated employees or their beneficiaries, (2) beneficiaries of employees who have died, and (3) present employees or their beneficiaries. The actuarial present value of accumulated plan benefits is determined by the Actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The actuarial present value of accumulated plan benefits as of October 31, 2010 and 2009 is as follows:

	2010	2009
Vested benefits:		
Participants and/or beneficiaries currently receiving benefits	\$ 97,106	\$ 64,069
Other participants	<u>2,289,848</u>	<u>1,992,848</u>
Total vested benefits	2,386,954	2,056,917
Nonvested benefits	<u>162,639</u>	<u>172,194</u>
Total actuarial present value of accumulated plan benefits	<u>\$2,549,593</u>	<u>\$2,229,111</u>

The changes in the actuarial present value of the Plan's accumulated plan benefits for the year ended October 31, 2010, are as follows:

Actuarial present value of accumulated plan benefits at October 31, 2009	\$2,229,111
Increase (decrease) during the year attributable to:	
Benefits accumulated	222,497
Actuarial gains	(32,557)
Benefits paid	(63,064)
Interest due to the decrease in the discount period	<u>193,606</u>
Actuarial present value of accumulated plan benefits at October 31, 2010	<u>\$2,549,593</u>

The significant actuarial assumptions used in the October 31, 2010 and 2009, valuations were as follows:

- Mortality: In 2010 and 2009, the RP-2000 Mortality Table for males and females projected 10 years by Scale AA for males and females was used for annuitants. In 2010, the PPA 2010 Optional Combined, Unisex Mortality Table was used for nonannuitants. In 2009, the PPA 2009 Optional Combined, Unisex Mortality Table was used for nonannuitants.
- Disability Mortality: Revenue Ruling 96-7 Mortality Tables for participants disabled after December 31, 1994.
- Salary Scale: 4.50% per year, compounded annually.
- Retirement age: Average retirement age of 65.
- Investment return: 8.0% per annum.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

5. INVESTMENTS

For the year ended October 31, 2010, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$344,756.

The Plan's investments, which represented 5% or more of net assets available for benefits as of October 31, 2010 and 2009, are as follows:

	2010	2009
Investments at fair value — mutual funds:**		
Allianz NFJ Dividend Value Fund Class P	\$ 408,930	\$ 308,919
American High Income Trust Class F1	246,252	*
Artisan International Fund	228,478	168,915
DWS Dream High Return Equity Fund Class A	*	*
Dodge & Cox Income Fund	*	*
Harbor Bond Fund Institutional Class	*	252,823
Harbor International Fund Institutional Class	*	172,572
Hartford Growth Fund Class I	425,854	307,240
Metropolitan West Total Return Bond Fund Class I	334,982	*
Managers Bond Fund	*	193,595
Oakmark International Fund	217,018	*
PIMCO Total Return Fund CL P	335,928	*
RS Value Fund Class A	*	154,881

* Investment did not exceed 5% of the Plan's net assets available for benefits at October 31

** Represents a party-in-interest to the Plan

6. FAIR VALUE MEASUREMENTS

ASC 820 established a single authoritative definition of fair value, set a framework for measuring fair value, and requires additional disclosures about fair value measurements. In accordance with ASC 820, the Plan classifies its investments into Level 1, which refers to securities valued using quoted prices from active markets for identical assets; Level 2, which refers to securities not traded on an active market but for which observable market inputs are readily available; and Level 3, which refers to securities valued based on significant unobservable inputs. Assets are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The following tables set forth by level within the fair value hierarchy a summary of the Plan's investments measured at fair value on a recurring basis at October 31, 2010 and 2009.

In accordance with the amendment to ASC 820, the tables below include the major categorization for debt and equity securities as of October 31, 2010 and 2009, on the basis of the nature and risk of the investments.

	Active Markets for Identical Assets (Level 1)	Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
October 31, 2010				
Money market funds	\$ 51,474	\$ -	\$ -	\$ 51,474
Mutual funds:				
Large-cap funds	834,784			834,784
Intermediate investment grade	670,910			670,910
Mid-cap funds	315,809			315,809
Small-cap funds	318,698			318,698
Core international funds	445,496			445,496
Other equity funds	156,147			156,147
High-yield funds	246,252			246,252
Other fixed income	91,175			91,175
Total mutual funds	3,079,271	-	-	3,079,271
Total	\$ 3,130,745	\$ -	\$ -	\$ 3,130,745
October 31, 2009				
Money market funds	\$ 67,881	\$ -	\$ -	\$ 67,881
Mutual funds:				
Large-cap funds	616,159			616,159
Mid-cap funds	232,753			232,753
Small-cap funds	231,649			231,649
Core international funds	341,487			341,487
Other equity funds	118,154			118,154
High-yield funds	190,096			190,096
Core government/corporate	378,172			378,172
Other fixed income	193,595			193,595
Total mutual funds	2,302,065	-	-	2,302,065
Total	\$ 2,369,946	\$ -	\$ -	\$ 2,369,946

The valuation methods as described in Note 2 may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values.

7. FEDERAL INCOME TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated July 7, 2009, that the Plan and related trust were designed in accordance with the applicable regulations of the Internal Revenue Code (IRC). The Company and Plan management believe that the Plan is currently designed and operated in compliance with the applicable requirements of the IRC, and the Plan and related trust continue to be tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of October 31, 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2007.

8. PLAN TERMINATION

Although it has not expressed any intention to do so, the Company has the right under the Plan, in certain circumstances, to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, the net assets of the Plan will be allocated for payment of plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations there under, and the Plan document.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid, and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guaranty while other benefits may not be provided for at all.

9. PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by Smith Barney, LLC. Smith Barney, LLC is the trustee as defined by the Plan, and these transactions qualify as exempt party-in-interest transactions. Fees paid by the Plan for the investment management services were \$21,623 for the year ended October 31, 2010.

Benefits due under the Plan are payable by the Plan; however, the Company has discretion to pay benefits from its general assets and obtain reimbursement from the Plan, and does so from time to time. Such payment of benefits by the Company for the Plan facilitates benefit payments under the Plan and is an exempt party-in-interest transaction under PTE 80-26, *Certain Interest Free Loans to Employee Benefit Plans*, provided that certain requirements are met, including that any loan that has a term of 60 days or longer must be made pursuant to a written loan agreement and that no interest or other fee for the loan is charged to the benefit plan.

Certain pension payments for the months of September and October of 2009 were made from the Company rather than the Plan. The total amount paid was \$1,314. Subsequent to October 31, 2009, the Plan reimbursed the Company in full. This reimbursement violates PTE 80-26 because the 60 day window had lapsed and the Company and the Plan had not documented the loans in writing.

10. SUBSEQUENT EVENTS

For the year ended October 31, 2010, subsequent events were evaluated through May 27, 2011, the date the financial statements were available to be issued.

There are no events subsequent to October 31, 2010, that require adjustment or disclosure.

* * * * *

SUPPLEMENTAL SCHEDULES

SPECTERA, INC. PENSION PLAN
EIN 52-1260282, Plan 001

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF OCTOBER 31, 2010

(a) Identity of Issue, Borrower, Lessor, or Similar Party	(b) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	(c) Cost	(d) Fair Value
CASH EQUIVALENTS: Dreyfus Money Market Instruments, Inc.	Cash equivalents	\$ 51,474	\$ 51,474
MUTUAL FUNDS:*			
Allianz NFJ Dividend Value Fund Class P	Mutual fund	341,580	408,930
American High Income Trust Class F1	Mutual fund	239,086	246,252
Artisan International Fund	Mutual fund	200,101	228,478
Columbia Acorn Fund Class Z	Mutual fund	137,620	160,998
DWS RREEF Estate Securities FD CL S	Mutual fund	149,429	156,147
Hartford Growth Fund Class I	Mutual fund	413,457	425,854
Invesco Mid Cap Core Equity Fund CL Y	Mutual fund	149,429	154,811
Metropolitan West Total Return Bond Fund Class I	Mutual fund	324,402	334,982
Oakmark International Fund	Mutual fund	209,201	217,018
Oppenheimer Main Street Small Cap Fund Class Y	Mutual fund	161,011	161,268
PIMCO Total Return Fund CL P	Mutual fund	328,744	335,928
Royce Value Plus Investment Class	Mutual fund	149,429	157,430
Templeton Global Bond Fund Advisor Class	Mutual fund	90,013	91,175
Total mutual funds		2,893,502	3,079,271
TOTAL INVESTMENTS		\$2,944,976	\$3,130,745

* Represents a party-in-interest to the Plan

SPECTERA, INC. PENSION PLAN
EIN 52-1260282, Plan 001

FORM 5500, SCHEDULE H, PART IV, LINE 4j — SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED OCTOBER 31, 2010

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate in Case)	(c) Purchase Price	(d) Selling Price	(e) Number of Transactions	(f) Cost of Asset	(g) Current Value of Asset on Transaction Date	(h) Net Gain (Loss)
SINGLE TRANSACTIONS:							
American High Income Trust Class F1	Mutual fund	\$239,086	\$ -	1	\$239,086	\$239,086	\$ -
DWS RREEF Estate Securities FD CL S	Mutual fund	149,429		1	149,429	149,429	
Invesco Mid Cap Core Equity Fund CL Y	Mutual fund	149,429		1	149,429	149,429	
Metropolitan West Total Return Bond Fund Class I	Mutual fund	232,902		1	232,902	232,902	
Oakmark International Fund	Mutual fund	209,201		1	209,201	209,201	
PIMCO Total Return Fund CL P	Mutual fund	328,744		1	328,744	328,744	
Royce Value Plus Investment Class	Mutual fund	149,429		1	149,429	149,429	
Alger Small Cap Growth Fund Class A	Mutual fund		146,851	1	131,353	146,851	15,498
Harbor Bond Fund Institutional Class	Mutual fund		278,531	1	251,024	278,531	27,507
Harbor International Fund Institutional Class	Mutual fund		199,600	1	133,100	199,600	66,500
Managers Bond Fund	Mutual fund		222,660	1	206,319	222,660	16,341
RS Value Fund Class A	Mutual fund		195,605	1	187,056	195,605	8,549
Third Avenue Real Estate Value Fund	Mutual fund		141,754	1	171,184	141,754	(29,430)
SERIES IN SAME SECURITY:							
American High Income Trust Class F1	Mutual fund	239,086		1	239,086	239,086	
DWS RREEF Estate Securities FD CL S	Mutual fund	149,429		1	149,429	149,429	
Invesco Mid Cap Core Equity Fund CL Y	Mutual fund	149,429		1	149,429	149,429	
Metropolitan West Total Return Bond Fund Class I	Mutual fund	312,902		2	312,902	312,902	
Oakmark International Fund	Mutual fund	209,201		1	209,201	209,201	
PIMCO Total Return Fund CL P	Mutual fund	328,744		1	328,744	328,744	
Royce Value Plus Investment Class	Mutual fund	149,429		1	149,429	149,429	
Alger Small Cap Growth Fund Class A	Mutual fund		146,851	1	131,353	146,851	15,498
Harbor Bond Fund Institutional Class	Mutual fund		278,531	1	251,024	278,531	27,507
Harbor International Fund Institutional Class	Mutual fund		199,600	1	133,100	199,600	66,500
Managers Bond Fund	Mutual fund		222,660	1	206,319	222,660	16,341
RS Value Fund Class A	Mutual fund		195,605	1	187,056	195,605	8,549
Third Avenue Real Estate Value Fund	Mutual fund		141,754	1	171,184	141,754	(29,430)

Plan Name	Spectera, Inc. Pension Plan
Plan Sponsor EIN	52-1260282
ERISA Plan #	001
Plan Year Ending	10/31/2010

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

Plan Name	Spectera, Inc. Pension Plan
Plan Sponsor EIN	52-1260282
ERISA Plan #	001
Plan Year Ending	10/31/2010

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

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5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

Plan Name	Spectera, Inc. Pension Plan
Plan Sponsor EIN	52-1260282
ERISA Plan #	001
Plan Year Ending	10/31/2010

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

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5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2009**This Form is Open to Public
Inspection**For calendar plan year 2009 or fiscal plan year beginning 11/01/2009 and ending 10/31/2010▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan Spectera, Inc. Pension Plan	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Spectera, Inc.	D Employer Identification Number (EIN) 52-1260282
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I Basic Information

1 Enter the valuation date: Month <u>11</u> Day <u>1</u> Year <u>2009</u>	
2 Assets:	
a Market value.....	2a 2,502,739
b Actuarial value.....	2b 2,502,739
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	3a (1) Number of participants 3 (2) Funding Target 71,070
b For terminated vested participants.....	3b 39 296,062
c For active participants:	
(1) Non-vested benefits.....	3c(1) 263,748
(2) Vested benefits.....	3c(2) 1,977,738
(3) Total active.....	3c(3) 175 2,241,486
d Total.....	3d 217 2,608,618
4 If the plan is at-risk, check the box and complete items (a) and (b) ☐	
a Funding target disregarding prescribed at-risk assumptions.....	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor.....	4b
5 Effective interest rate.....	5 6.64 %
6 Target normal cost.....	6 286,368

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

**SIGN
HERE**

AJB

Signature of actuary

Anthony J. Buonato

Type or print name of actuary

Towers Watson Delaware Inc.

Firm name
1600 Market Street, Suite 2000

Philadelphia

PA 19103-7240

Address of the firm

5/27/2011

Date

11-05675

Most recent enrollment number

(215) 282-3300

Telephone number (including area code)

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	405,422	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8)	405,422	0
10 Interest on item 9 using prior year's actual return of <u>25.24</u> %	102,320	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		3,768
b Interest on (a) using prior year's effective rate of <u>8.06</u> %		304
c Total available at beginning of current plan year to add to prefunding balance		4,072
d Portion of (c) to be added to prefunding balance		0
12 Reduction in balances due to elections or deemed elections	91,898	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	415,844	0

Part III Funding percentages

14 Funding target attainment percentage	14	80.00 %
15 Adjusted funding target attainment percentage	15	95.94 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	102.91 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
02/12/2010	100,000				
02/16/2010	2,639				
04/26/2010	100,000				
08/04/2010	100,000				
08/10/2010	10,000				
11/11/2010	100,000				
Totals ▶			18(b)	412,639	18(c) 0

19 Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contribution from prior years	19a	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	396,095

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No
c If 20a is "Yes," see instructions and complete the following table as applicable:	

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost**21** Discount rate:**a** Segment rates:

1st segment: 5.21 %	2nd segment: 6.74 %	3rd segment: 6.84 %	☐ N/A, full yield curve used
------------------------	------------------------	------------------------	---

b Applicable month (enter code) **21b** 4**22** Weighted average retirement age **22** 65**23** Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute**Part VI Miscellaneous items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**27** If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment. **27****Part VII Reconciliation of unpaid minimum required contributions for prior years****28** Unpaid minimum required contribution for all prior years **28****29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a) **29****30** Remaining amount of unpaid minimum required contributions (item 28 minus item 29) **30** 0**Part VIII Minimum required contribution for current year****31** Target normal cost, adjusted, if applicable (see instructions) **31** 286,368

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment		

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33****34** Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33) **34** 286,368

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	0	0	0

36 Additional cash requirement (item 34 minus item 35) **36** 286,368**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) **37** 396,095**38** Interest-adjusted excess contributions for current year (see instructions) **38** 109,727**39** Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37) **39** 0**40** Unpaid minimum required contribution for all years **40** 0

SCHEDULE SB ATTACHMENTS

Statement by Enrolled Actuary

Plan Sponsor	Spectera, Inc.
EIN/PN	52-1260282/001
Plan Name	Spectera, Inc. Pension Plan
Valuation Date	November 1, 2009
Enrolled Actuary	Anthony J. Buonato
Enrollment Number	08-05675

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of November 1, 2009

Each participant is assumed to retire at a single retirement age which is entered on Line 22.

Plan Name:	Spectera, Inc. Pension Plan
EIN / PN:	52-1260282 / 001
Plan Sponsor:	Spectera, Inc.
Valuation Date:	November 1, 2009

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26

Schedule of Active Participant Data as of November 1, 2009

Attained Age	Years of Credited Service																			
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & Over	
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25	0		10		1		0		0		0		0		0		0		0	
25 - 29	0		8		6		0		0		0		0		0		0		0	
30 - 34	0		8		3		2		0		0		0		0		0		0	
35 - 39	0		10		4		1		0		0		0		0		0		0	
40 - 44	0		8		8		1		1		1		0		0		0		0	
45 - 49	0		7		12		3		1		1		0		0		0		0	
50 - 54	0		10		8		3		2		4		0		0		0		0	
55 - 59	0		11		9		1		1		4		1		1		1		0	
60 - 64	0		5		7		2		3		0		0		0		0		0	
65 - 69	0		0		0		2		1		0		1		1		0		0	
70 & Over	0		0		0		0		0		1		0		0		0		0	

Plan Name:
 E / PN:
 Plan Sponsor:
 Valuation Date:

Spectera, Inc. Pension Plan
 52-1260282 / 001
 Spectera, Inc.
 November 1, 2009

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Discount Rates

Current plan year PPA effective interest rate: 6.64%

Prior plan year PPA effective interest rate: 8.06%

3-Segment Rates: 5.21%, 6.74%, 6.84%

Applicable month: July

Transition election: No

Assumed Cost of Living Adjustments

None.

Inclusion Date

The valuation date coincident with or next following the date on which the employee becomes a participant.

Plan-related Expenses

The amount included this year for plan-related expenses is \$20,000.

Mortality

The prescribed mortality assumption under IRC §430(h)(3)(A) using static tables with separate mortality rates for annuitants and non-annuitants.

Disabled Mortality

The prescribed mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code using static tables with separate mortality rates for annuitants and non-annuitants.

Plan Name: Spectera, Inc. Pension Plan
EIN / PN: 52-1260282 / 001
Plan Sponsor: Spectera, Inc.
Valuation Date: January 1, 2009

SCHEDULE SB ATTACHMENTS

Retirement

It is assumed that participants will retire upon becoming eligible for normal retirement.

Disability Rates (per 100 employees)

Wyatt 1985 Disability Study Class 1 unisex rates

Compensation Increases

For purposes of determining the target normal cost, compensation is assumed to increase by 4.50% during the plan year. For purposes of determining the additional Funding Target for maximum deductible contribution purposes, compensation is assumed to increase by 4.50% per annum.

Future Increases in Social Security

Not applicable.

Future Increases in Maximum Benefits and Plan Compensation Limitations

Accrued benefits projected to be paid in future years are limited to the maximum presently allowed under IRC §415. Plan compensation is limited to the maximum presently allowed under IRC §401(a)(17). No provision is made for future increases in the maximum annual benefit or compensation limit.

Plan Name: Spectera, Inc. Pension Plan
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SCHEDULE SB A. ATTACHMENTS

Representative Termination Rates (per 100 employees) not Due to Disability, Retirement or Mortality

Attained Age	Males	Females
20	7.4	12.4
25	4.9	7.4
30	3.4	4.9
35	2.4	3.4
40	1.3	2.4
45	0.7	1.3
50	0.0	0.7
55	0.0	0.0
60 and over	0.0	0.0

Form of Payment

50% of participants are assumed to elect the normal form and 50% of participants are assumed to elect a cash lump sum.

Marriage

It is assumed that 80% of all male and 60% of all female active and deferred vested participants are married to an eligible spouse. Wives are assumed to be three years younger than their husbands.

Employees

It was assumed there will be no new or rehired employees.

Plan Compensation

Compensation assumed paid in the current year beginning on the valuation date equals the actual plan compensation paid in the prior year increased 2.500%.

Asset Method

Under this method, valuation assets are equal to the market value of assets as of the valuation date plus the discounted present value of contributions expected to be made after the valuation date based on the prior plan year PPA effective interest rate.

Plan Name: Spectera, Inc. Pension Plan
EIN / PN: 52-1260282 / 001
Plan Sponsor: Spectera, Inc.
Valuation Date: January 1, 2009

SCHEDULE SB A. ATTACHMENTS

Participant Data

Data was supplied electronically as of the valuation date.

Tax Policy

The actuarial valuation performed for the plan year ending October 31, 2010 is used to determine the maximum deductible contribution for the tax year ending October 31, 2010.

Benefits not Included in Valuation

None.

PBGC Premium Funding Target

The Alternative Premium Funding Target was determined using the assumptions described above.

Nature of Actuarial Calculations

The results documented in this report are estimates based on data that may be imperfect and on assumptions about future events. Certain plan provisions may be approximated or deemed insignificant and therefore are not valued. Assumptions may be made about participant data or other factors. Reasonable efforts were made in this valuation to ensure that items that are significant in the context of the actuarial liabilities or costs are treated appropriately, and not excluded or included inappropriately.

A range of results, different from those presented in this report could be considered reasonable. The numbers are not rounded, but this is for convenience only and should not imply precision, which is not inherent in actuarial calculations. Certain percentages determined in this report, such as the Funding Target Attainment Percentage, are rounded to the nearest .01% (e.g., 81.58%) to be consistent with the rounding specified for Schedule SB of the Form 5500.

The assumptions selected for this valuation other than those prescribed by law, generally reflect long-term average expectations. If overall future plan experience is less favorable than assumed, the relative level of plan costs or contribution requirements determined in this valuation will likely increase in future valuations. Future actuarial measurements may differ significantly from the current measurements presented in this report due to such factors as the following: plan experience differing from that anticipated by the economic or demographic assumptions; increases or decreases expected as part of the natural operation of the methodology used for the measurements (such as the end of an amortization period); and changes in plan provisions or applicable law. It is beyond the scope of this actuarial valuation to analyze the potential range of future pension contributions, but we can do so upon request.

Plan Name:	Spectera, Inc. Pension Plan
EIN / PN:	52-1260282 / 001
Plan Sponsor:	Spectera, Inc.
Valuation Date:	January 1, 2009

SCHEDULE SB A. TACHMENTS

Schedule SB, Line 25

Change in Method

Other than the prescribed changes in mortality, the following changes in assumptions and methods were made as part of this valuation:

- The discount rate was changed from the full yield curve as of the October before the valuation date to July 3-segment rates. This change is being made as elected by the plan sponsor and is deemed to be automatically approved by the IRS pursuant to guidance in the IRS March 31, 2009 Newsletter.
- The amount included this year for plan-related expenses is \$20,000. WRERA includes a technical corrections provision requiring target normal cost to include the amount of plan-related expenses expected to be paid from plan assets during the year.
- The valuation software used to produce the actuarial information submitted on this schedule has been changed and refined to reflect evolving understanding of PPA requirements, and such modifications may be considered to be a method change. The percentage changes in funding target, target normal cost and plan assets due to the refinements in the software are each less than 2% (disregarding the effects of any changes that are automatically approved under final IRC 430 regulations), and the modifications to the software were designed to produce results no less accurate than the results produced by the software prior to the change. Therefore the change in funding method due to a change in valuation software receives automatic approval under IRS Announcement 2010-3.

Plan Name: Spectera, Inc. Pension Plan
EIN / PN: 52-1260282 / 001
Plan Sponsor: Spectera, Inc.
Valuation Date: January 1, 2009

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Year

The twelve-month period ending October 31.

Eligibility

Each covered employee of the participating employer who completes at least 1,000 Hours of Service in the 12 months following employment or in any Plan Year is eligible to participate in the Plan on the first day of the month after meeting the requirements. If any such employee is represented by a collective bargaining agent, the collective bargaining agreement must provide for participation in this Plan or employee can not be covered by another pension plan.

Credited Service

The amount of a participant's benefits under the Plan is based on his Credited Service, which, on any given date, is equal to the number of years, taken to the next higher one-twelfth of a year, from the day on which the participant was hired by a participating employer (and predecessors thereof) to such given date.

Monthly Compensation

A participant's Monthly Compensation for any Plan Year is equal to one-twelfth of his total earnings from the Employer during the immediately preceding Plan Year.

Final Average Compensation/Salary

A participant's Final Average Monthly Compensation for any Plan Year is equal to the average of his Monthly Plan Compensation over those five Plan Years during the ten years immediately preceding the Plan Year, which produce the highest average.

Plan Name:	Spectera, Inc. Pension Plan
EIN / PN:	52-1260282 / 001
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Valuation Date:	January 1, 2009

SCHEDULE SB A. ATTACHMENTS

Accrued Single Life Monthly Pension

A participant's Accrued Single Life Monthly Pension on any given date is equal to the sum of (1) and (2) as follows:

1. The amount of the accrued pension under any of the three prior plans as of October 31, 1989, plus
2. The product of (a) and (b):
 - a) .7 percent of his Final Average Monthly Compensation up to \$833.33, plus 1.35 percent of such compensation in excess of \$833.33, multiplied by
 - b) his Credited Service in the period starting with November 1, 1989 and ending on such given date.

Normal Form of Pension

The normal form of pension for a participant who is not married at the time his benefits from the Plan commence is a life annuity. The normal form of pension for a participant who is married at the time his benefits from the Plan commence is an actuarially reduced pension providing for continuation of one-half of the participant's reduced pension to his spouse for the period, if any, that the spouse survives the participant.

Note: Pension amounts stated in this summary will be the amount payable to a participant who is not married at the time his pension commences.

Normal Retirement Pension

The monthly pension amount payable to a participant who retires on or after his Normal Retirement Date will be equal to his Accrued Monthly Pension determined on the date of his actual retirement. However, such benefit will not be less than the actuarial equivalent of the benefit payable at normal retirement date.

Disability Retirement Pension

The requirement to receive a Disability Retirement Pension is that a participant having at least ten years of Credited Service suffers a disability pursuant to which he becomes entitled to a disability pension from Social Security. The monthly Disability Retirement Pension is equal to his Accrued Monthly Pension on such date.

Plan Name:	Spectera, Inc. Pension Plan
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Valuation Date:	January 1, 2009

SCHEDULE SB ATTACHMENTS

Deferred Vested Pension

The requirements are that a participant terminate employment after completing five years of Continuous Service, but not be eligible for a Normal or Disability Retirement Pension. The Deferred Vested Pension is a pension commencing on the participant's Normal Retirement Date equal to his Accrued Monthly Pension determined as of the date his employment terminates. The participant may elect to receive the actuarial equivalent value of his Deferred Vested Pension in a lump sum or optional annuity form commencing as of his date of termination.

In Plan Years during which the Plan is top-heavy under the rules of TEFRA, the vesting schedule calls for vesting at the rate of 20 percent of the accrued benefit for each year of service after two years, up to 100 percent after six or more years.

Pre-Retirement Surviving Spouse Benefit

Upon the death of a married participant who has completed five or more years of Credited Service, a pension will be payable to the surviving spouse starting with the date the participant would have been age 55 (or the death of the employee, if death occurs on or after age 55). The amount of the spouse's pension is 50 percent of the reduced amount that the employee would have been eligible to receive at the start of the spouse's pension on the joint and 50 percent survivor basis, based upon his Accrued Monthly Pension at the date of death.

Cost of Plan

The participating employers pay the full cost of the Plan. Employee contributions are neither required nor permitted.

Prior Plan Provisions

The accrued pensions under the prior plans continue to be payable under the applicable provisions of the prior plans.

Changes in Plan Provisions since Last Actuarial Valuation

There have been no changes in the principal plan provisions since the prior valuation.

Plan Name:	Spectera, Inc. Pension Plan
EIN / PN:	52-1260282 / 001
Plan Sponsor:	Spectera, Inc.
Valuation Date:	January 1, 2009

Plan Name	Spectera, Inc. Pension Plan
Plan Sponsor EIN	52-1260282
ERISA Plan #	001
Plan Year Ending	10/31/2010

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5500 Sch. SB	Line 19	Discounted Employer Contributions	
5500 Sch. SB	Line 20c	Liquidity Requirement Certification	
5500 Sch. SB	Line 22	Description of Weighted Average Retirement Age	X
5500 Sch. SB	Line 23	Information on Use of Multiple Mortality Tables	
5500 Sch. SB	Line 23	Information on Use of Substitute Mortality Tables	
5500 Sch. SB	Line 23	Statement of Actuarial Assumptions/Methods	X
5500 Sch. SB	Part V	Summary of Plan Provisions	X
5500 Sch. SB	Line 24	Change in Actuarial Assumptions	
5500 Sch. SB	Line 25	Change in Method	X
5500 Sch. SB	Line 26	Schedule of Active Participant Data	X
5500 Sch. SB	Line 27	Balances Subject to Binding Agreement with PBGC	
5500 Sch. SB	Line 27	Alternative 17-Year Funding Schedule of Airlines	
5500 Sch. SB	Line 32	Schedule of Amortization Bases	
5500 Sch. SB		Other Attachment [Enter Description]	

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ERISA Plan #	001
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Form 5500Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

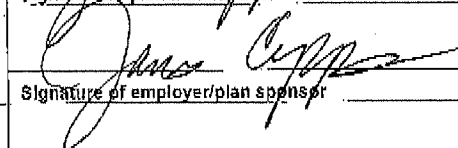
This form is required to be filed for employee benefit plans under sections 104 and 4085 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1510-0110
1510-0089**2009****This Form is Open to Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2009 or fiscal plan year beginning 11/01/2009 and ending 10/31/2010

- A** This return/report is for: ☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ 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: ☐ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description) _____

Part II Basic Plan Information enter all requested information**1a** Name of plan SPECTERA, INC. PENSION PLAN**1b** Three-digit plan number (PN) 001**1c** Effective date of plan 07/15/1971**2a** Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
SPECTERA, INC.**2b** Employer Identification Number (EIN)
52-1260282**2c** Sponsor's telephone number
(443) 896-0418**2d** Business code (see Instructions)
621320LIBERTY 6, SUITE 200
6220 OLD DOBBIN LANE
COLUMBIAMD 21045-5861**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		<u>7/31/11</u>	JAMES F. COPPENS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		<u>7/31/11</u>	JAMES F. COPPENS
	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

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

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") SAME		3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5	217
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	162
b Retired or separated participants receiving benefits.....	6b	4
c Other retired or separated participants entitled to future benefits.....	6c	45
d Subtotal. Add lines 6a , 6b , and 6c	6d	211
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	211
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1A 1G 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) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)