

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                         |
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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2010</b><br><br><b>This Form is Open to Public Inspection</b> |
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| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                           |
| For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u> |                                                                                                                                                                                                                                           |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____                         |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months). |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                               | <input type="checkbox"/>                                                                                                                                                                                                                  |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                 |

|                                                                                                                                   |                                                                     |                                            |                   |
|-----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------|-------------------|
| <b>Part II</b>                                                                                                                    | <b>Basic Plan Information</b> —enter all requested information      |                                            |                   |
| <b>1a</b> Name of plan                                                                                                            | <u>MICRO DYNAMICS 401(K) PROFIT SHARING PLAN</u>                    | <b>1b</b> Three-digit plan number (PN) ▶   | <u>001</u>        |
|                                                                                                                                   |                                                                     | <b>1c</b> Effective date of plan           | <u>03/25/1982</u> |
| <b>2a</b> Plan sponsor's name and address (employer, if for a single-employer plan)<br>(Address should include room or suite no.) | <b>2b</b> Employer Identification Number (EIN)<br><u>41-1424025</u> |                                            |                   |
| <u>MICRO DYNAMICS CORPORATION, A MINNESOTA CORPORATIO</u>                                                                         | <b>2c</b> Sponsor's telephone number<br><u>952-941-8071</u>         |                                            |                   |
| <u>6201 BURY DRIVE</u><br><u>EDEN PRAIRIE, MN 55346</u>                                                                           | <u>6201 BURY DRIVE</u><br><u>EDEN PRAIRIE, MN 55346</u>             | <b>2d</b> Business code (see instructions) | <u>334410</u>     |
|                                                                                                                                   |                                                                     |                                            |                   |

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

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

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/17/2011 | MICHAEL DAVIS                                                |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2010)  
v.092307.1

|                                                                                                                                                                                                |                                                                                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same")<br>MICRO DYNAMICS CORPORATION, A MINNESOTA CORPORATIO<br><br>6201 BURY DRIVE<br>EDEN PRAIRIE, MN 55346 | <b>3b</b> Administrator's EIN<br>41-1424025<br><br><b>3c</b> Administrator's telephone number<br>952-941-8071 |
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|                                                                                                                                                                                                                       |                                   |
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| <b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:<br><br><b>a</b> Sponsor's name | <b>4b</b> EIN<br><br><b>4c</b> PN |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|

  

|                                                                                                                                                        |           |     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                | <b>5</b>  | 684 |
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). |           |     |
| <b>a</b> Active participants.....                                                                                                                      | <b>6a</b> | 451 |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                     | <b>6b</b> | 0   |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                      | <b>6c</b> | 266 |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                               | <b>6d</b> | 717 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                              | <b>6e</b> | 3   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                | <b>6f</b> | 720 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....         | <b>6g</b> | 639 |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....             | <b>6h</b> | 18  |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                   | <b>7</b>  |     |

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

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

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

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

|                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |
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|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2010</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |
| For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010                                                                                                                                |                                                                                                                                                                                                                        |                                                |
| <b>A</b> Name of plan<br>MICRO DYNAMICS 401(K) PROFIT SHARING PLAN                                                                                                                                                        | <b>B</b> Three-digit plan number (PN) ▶                                                                                                                                                                                | 001                                            |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>MICRO DYNAMICS CORPORATION, A MINNESOTA CORPORATIO                                                                                                       | <b>D</b> Employer Identification Number (EIN)<br>41-1424025                                                                                                                                                            |                                                |

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

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| FID.INV.INST.OPS.CO.                                                                                              |
| 04-2647786                                                                                                        |

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

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

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

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

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

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

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

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

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**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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 64 37 65 60                   | RECORDKEEPER                                                                                             | 17079                                                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                   | 0                                                                                                                                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                 |

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

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

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

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

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

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

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

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

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

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

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2                    | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|----------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                         | 60                                      | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation |                                         |                                           |
| AM CEN LG CO VAL INV - AMERICAN CEN                                        | 0.35%                                   |                                           |
| 44-0619208                                                                 |                                         |                                           |
| <b>(a)</b> Enter service provider name as it appears on line 2             |                                         |                                           |
| FIDELITY INVESTMENTS INSTITUTIONAL                                         | 60                                      | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation |                                         |                                           |
| MFS VALUE R3 - MFS SERVICE CENTER I                                        | 0.50%                                   |                                           |
| 04-2865649                                                                 |                                         |                                           |
| <b>(a)</b> Enter service provider name as it appears on line 2             |                                         |                                           |
| FIDELITY INVESTMENTS INSTITUTIONAL                                         | 60                                      | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation |                                         |                                           |
| PERKINS MID CP VAL S - JANUS SERVIC                                        | 0.50%                                   |                                           |
| 43-1804048                                                                 |                                         |                                           |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 0                                         |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PIMCO TOT RETURN ADM - BOSTON FINAN<br><br>04-2526037               | 0.25%                                                                                                                                                              |

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

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

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                             |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>2010</b>                                   |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>This Form is Open to Public Inspection</b> |

|                                                                                                                            |                                                                        |            |
|----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------|
| For calendar plan year 2010 or fiscal plan year beginning <b>01/01/2010</b> and ending <b>12/31/2010</b>                   |                                                                        |            |
| <b>A</b> Name of plan<br><b>MICRO DYNAMICS 401(K) PROFIT SHARING PLAN</b>                                                  | <b>B</b> Three-digit plan number (PN)                                  | <b>001</b> |
|                                                                                                                            |                                                                        |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>MICRO DYNAMICS CORPORATION, A MINNESOTA CORPORATIO</b> | <b>D</b> Employer Identification Number (EIN)<br><br><b>41-1424025</b> |            |

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

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

| Assets                                                                                            |                 | (a) Beginning of Year | (b) End of Year |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                     | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    |                       |                 |
| <b>(2)</b> Participant contributions .....                                                        | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other.....                                                                             | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    | 2802404               | 2672050         |
| <b>(2)</b> U.S. Government securities.....                                                        | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                         | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    | 208690                | 229955          |
| <b>(9)</b> Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts.....                                    | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   | 14550345              | 16626103        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                           | <b>1c(15)</b>   |                       |                 |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 17561439              | 19528108        |

**Liabilities**

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

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 17561439 | 19528108 |
|-----------------------------------------------------------|-----------|----------|----------|

**Part II Income and Expense Statement**

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

**Income**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 301626     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 1441464    |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 103415     |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 1846505   |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 670        |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 12707      |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                                     | <b>2b(1)(G)</b> |            | 13377     |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 295988     |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                         | <b>2b(2)(D)</b> |            | 295988    |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            |           |

|                                                                                                   |                 | (a) Amount | (b) Total |
|---------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>2b</b> (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....              | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                                   | <b>2b(5)(B)</b> |            |           |
| (C) Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....    | <b>2b(5)(C)</b> |            |           |
| (6) Net investment gain (loss) from common/collective trusts .....                                | <b>2b(6)</b>    |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                                | <b>2b(7)</b>    |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                        | <b>2b(8)</b>    |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                              | <b>2b(9)</b>    |            |           |
| (10) Net investment gain (loss) from registered investment<br>companies (e.g., mutual funds)..... | <b>2b(10)</b>   |            | 2020412   |
| <b>c</b> Other income.....                                                                        | <b>2c</b>       |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....           | <b>2d</b>       |            | 4176282   |

**Expenses**

|                                                                                            |              |         |         |
|--------------------------------------------------------------------------------------------|--------------|---------|---------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |              |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....            | <b>2e(1)</b> | 2040430 |         |
| (2) To insurance carriers for the provision of benefits .....                              | <b>2e(2)</b> |         |         |
| (3) Other .....                                                                            | <b>2e(3)</b> |         |         |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                | <b>2e(4)</b> |         | 2040430 |
| <b>f</b> Corrective distributions (see instructions) .....                                 | <b>2f</b>    |         | 152007  |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | <b>2g</b>    |         | 62      |
| <b>h</b> Interest expense.....                                                             | <b>2h</b>    |         |         |
| <b>i</b> Administrative expenses: (1) Professional fees .....                              | <b>2i(1)</b> |         |         |
| (2) Contract administrator fees .....                                                      | <b>2i(2)</b> |         |         |
| (3) Investment advisory and management fees .....                                          | <b>2i(3)</b> |         |         |
| (4) Other .....                                                                            | <b>2i(4)</b> | 17114   |         |
| (5) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....         | <b>2i(5)</b> |         | 17114   |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>    |         | 2209613 |

**Net Income and Reconciliation**

|                                                                               |              |  |         |
|-------------------------------------------------------------------------------|--------------|--|---------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 1966669 |
| <b>l</b> Transfers of assets:                                                 |              |  |         |
| (1) To this plan.....                                                         | <b>2l(1)</b> |  |         |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  |         |

**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: **BAKER, TILLY VIRCHOW KRAUSE, LLP**

(2) EIN: **39-0859910**

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

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

**Part IV Compliance Questions**

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

During the plan year:

|                                                                                                                                                                                                                                                                                                                 | Yes | No | Amount |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....                 |     | X  |        |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)..... |     | X  |        |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                                                                                                            |     | X  |        |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....                                                                                                                  |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond?.....                                                                                                                                                                                                                                                         | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                         |     | X  |        |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                                      |     | X  |        |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                            |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....                                                                                                                                                   | X   |    |        |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....                                                                                    |     | X  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....                                                                                                                                              |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                              |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....                                                                                                                                                                                     |     | X  |        |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                                                                                                        |     | X  |        |

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

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

**5b(1)** Name of plan(s)

**5b(2)** EIN(s)

**5b(3)** PN(s)

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                       | <div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2010</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| A Name of plan<br>MICRO DYNAMICS 401(K) PROFIT SHARING PLAN                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                 | B Three-digit plan number (PN) ►<br>001                                                         |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>MICRO DYNAMICS CORPORATION, A MINNESOTA CORPORATIO                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                 | D Employer Identification Number (EIN)<br>41-1424025                                            |
| 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.....                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                 | 10                                                                                              |
| 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):<br>EIN(s): 04-6568107                                                                                                      |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                 | 3                                                                                               |
| Part II                                                                                                                                                                                                                                                                                                                                               | Funding Information (If the plan is not subject to the minimum funding requirements of section 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)?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                                                                                                                                                    |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| 5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____                                                                                                                             |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| 6 a Enter the minimum required contribution for this plan year .....                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                 | 6a                                                                                              |
| b Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                 | 6b                                                                                              |
| c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                 | 6c                                                                                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| 7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> 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?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                              |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input type="checkbox"/> 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.) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                        |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| Schedule R (Form 5500) 2010 v.092308.1                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                 |                                                                                                 |

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:

Stock: \_\_\_\_\_% Investment-Grade Debt: \_\_\_\_\_% High-Yield Debt: \_\_\_\_\_% Real Estate: \_\_\_\_\_% Other: \_\_\_\_\_%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate item 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

**MICRO DYNAMICS**  
**401(K) PROFIT SHARING PLAN**  
Eden Prairie, Minnesota

FINANCIAL STATEMENTS

Including Independent Auditors' Report  
and Supplemental Information

December 31, 2010 and 2009

**MICRO DYNAMICS  
401(K) PROFIT SHARING PLAN**

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## INDEPENDENT AUDITORS' REPORT

To the Plan Sponsor and Participants  
Micro Dynamics 401k Profit Sharing Plan  
Eden Prairie, Minnesota

We were engaged to audit the accompanying statements of net assets available for benefits of the Micro Dynamics 401(k) Profit Sharing Plan (the "Plan") as of December 31, 2010 and 2009 and the statement of changes in net assets available for benefits for the year ended December 31, 2010, and the supplemental schedule as listed in the accompanying table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in Note 5, which was certified by Fidelity Management Trust Company, the Trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certifications from the Trustee as of December 31, 2010 and 2009 and for the year ended December 31, 2010, that the information provided to the Plan administrator by the Trustee is complete and accurate.

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

*Baker Tilly Virchow Krause, LLP*

Minneapolis, Minnesota  
October 17, 2011

**MICRO DYNAMICS  
401(K) PROFIT SHARING PLAN**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
December 31, 2010 and 2009

---

|                                          | <b>ASSETS</b>      | <u>2010</u>         | <u>2009</u>         |
|------------------------------------------|--------------------|---------------------|---------------------|
| Investments at fair value:               |                    |                     |                     |
| Participant-directed investments         |                    | <u>\$19,298,153</u> | <u>\$17,352,749</u> |
| Receivables:                             |                    |                     |                     |
| Notes receivable from participants       |                    | 229,955             | 208,690             |
| Company contributions                    |                    | <u>22,456</u>       | <u>18,213</u>       |
| Total receivables                        |                    | <u>252,411</u>      | <u>226,903</u>      |
| <b>TOTAL ASSETS</b>                      |                    | 19,550,564          | 17,579,652          |
|                                          | <b>LIABILITIES</b> |                     |                     |
| Excess contribution payable              |                    | <u>-</u>            | <u>152,007</u>      |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b> |                    | <u>\$19,550,564</u> | <u>\$17,427,645</u> |

See accompanying notes to financial statements.

**MICRO DYNAMICS  
401(K) PROFIT SHARING PLAN**

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
Year ended December 31, 2010

---

**ADDITIONS**

Additions to net assets attributed to:

Investment income:

|                                               |                  |
|-----------------------------------------------|------------------|
| Net appreciation in fair value of investments | \$ 2,020,413     |
| Interest and dividends                        | <u>309,365</u>   |
| Total investment income                       | <u>2,329,778</u> |

Contributions:

|                     |                  |
|---------------------|------------------|
| Participants        | 1,441,464        |
| Company             | 305,869          |
| Rollovers           | <u>103,415</u>   |
| Total contributions | <u>1,850,748</u> |

|                 |                  |
|-----------------|------------------|
| Total additions | <u>4,180,526</u> |
|-----------------|------------------|

**DEDUCTIONS**

Deductions from net assets attributed to:

|                               |                  |
|-------------------------------|------------------|
| Benefits paid to participants | 2,040,493        |
| Administrative expenses       | <u>17,114</u>    |
| Total deductions              | <u>2,057,607</u> |

|              |           |
|--------------|-----------|
| Net increase | 2,122,919 |
|--------------|-----------|

**NET ASSETS AVAILABLE FOR BENEFITS -**

|                   |                   |
|-------------------|-------------------|
| Beginning of year | <u>17,427,645</u> |
|-------------------|-------------------|

|             |                     |
|-------------|---------------------|
| End of year | <u>\$19,550,564</u> |
|-------------|---------------------|

See accompanying notes to financial statements.

# **MICRO DYNAMICS 401(K) PROFIT SHARING PLAN**

NOTES TO FINANCIAL STATEMENTS  
December 31, 2010 and 2009

---

## **NOTE 1 - Description of the Plan**

---

The following description of the Micro Dynamics 401(k) Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the summary plan description for a more complete description of the Plan's provisions.

### *General*

The Plan is a defined contribution plan under Section 401(k) of the Internal Revenue Code (IRC) whereby contributions to the Plan consist of participant salary reduction deferrals, discretionary matching Company contributions and discretionary non-elective Company contributions. The Plan sponsor, administrator, and employer is Logic PD, Inc. (the Company). The Plan sponsor and administrator appointed Fidelity Management Trust Company, as the Trustee and recordkeeper of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

### *Eligibility*

Substantially all employees who have completed one month of service and are at least 18 years of age are eligible to participate in the Plan.

### *Contributions*

Participants may contribute up to the maximum allowed by the Internal Revenue Code (IRC). Participants may also contribute amounts representing distributions from other qualified plans (rollover contributions). In addition, participants are also able to make Roth contributions to the Plan. If the participant is 50 years of age or older, they may elect to defer additional amounts not to exceed \$5,000 (catch-up contributions) for the year ended December 31, 2010.

From January 1, 2009 to July 16, 2009, the Company elected to make a safe harbor matching contribution equal to 100% of the first 3% of the participant's salary plus 50% of next 2% of the participants' salary, with a maximum match of 4% of the participant's salary. The Company suspended the safe harbor matching contribution as of July 17, 2009 through March 31, 2010. The Company reinstated a matching contribution on April 1, 2010 equal to 50% of the first 4% of the participant's salary, with a maximum match of 2% of the participant's salary.

Each Plan year, the Company will determine whether to make a separate profit sharing contribution. The Company did not make a separate profit sharing contribution to the Plan for the year ended December 31, 2010.

### *Participant Accounts*

Participants can designate the investment of their accounts from various funds with pre-selected investment objectives.

Each participant's account is credited with the participant's salary reduction deferral, Roth, catch-up contributions, rollover contributions and an allocation of the Company's contributions, if any, and Plan earnings. Individual accounts are charged with an allocation of administrative expenses. Earnings from the fund are allocated on the basis of participant account balances invested in the respective funds.

# **MICRO DYNAMICS 401(K) PROFIT SHARING PLAN**

NOTES TO FINANCIAL STATEMENTS  
December 31, 2010 and 2009

---

## **NOTE 1 - Description of the Plan (cont.)**

---

### *Vesting*

Participants are immediately vested in their salary reduction deferrals, Roth, catch-up contributions, rollover contributions, safe harbor matching contributions and the earnings thereon.

Vesting in the Company's matching contributions is based on years of continuous service as follows: 20% after one year, 40% after two years, 60% after three years, 80% after four years and 100% after five years. Vesting in the Company's discretionary profit sharing contributions, if any, is based on years of continuous service as follows: 20% after two years, 40% after three years, 60% after four years, 80% after five years and 100% after six years. Each participant also becomes 100% vested on termination of service due to death, disability, termination of the Plan, or upon normal retirement age as defined by the Plan.

### *Forfeited Non-Vested Accounts*

At December 31, 2010 and 2009, forfeited nonvested accounts totaled \$101,817 and \$105,512, respectively. These accounts are used to reduce Company matching contributions or to pay expenses in future Plan years. During the year ended December 31, 2010, the Plan used \$13,310 from forfeited nonvested accounts to pay Plan administration expenses.

### *Payment of Benefits*

On termination of service, a participant (or in case of death, the participant's beneficiary) will receive a single lump sum equal to the value of his or her vested account balance if this balance does not exceed \$1,000 or may choose a) lump sum payment; b) a rollover to another IRA or qualified plan, c) part lump sum and part installments or d) installment payments if this balance exceeds \$1,000. Participants experiencing financial hardship may withdraw a portion of their account balance as defined in the Plan.

### *Notes Receivable from Participants*

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested salary reduction deferral account balance. Loan terms range from 1 to 5 years or up to 15 years for the purchase of a principal residence. The loans are secured by the balance in the participant's account and bear interest at a rate determined by the administrator. The interest rate the administrator determines must be commercially reasonable and once determined, will remain constant throughout the term of the loan. Interest rates at December 31, 2010 ranged from 4.5% to 7.5%. Principal and interest is paid ratably through payroll deductions. Notes receivable from participants are recorded at amortized cost plus accrued interest.

### *Termination of Plan*

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan at any time subject to the provisions of ERISA.

### *Administrative Expenses*

Substantially all of the Plan's administrative expenses have been paid by the Company.

### *Reclassification*

**MICRO DYNAMICS  
401(K) PROFIT SHARING PLAN**

NOTES TO FINANCIAL STATEMENTS  
December 31, 2010 and 2009

---

**NOTE 1 - Description of the Plan (cont.)**

---

For comparability, certain 2009 amounts have been reclassified to conform with classifications adopted in 2010. The reclassification had no effect on previously reported net assets available for benefits.

---

**NOTE 2 - Summary of Significant Accounting Policies**

---

*Basis of Accounting*

The accompanying financial statements are prepared on the accrual basis of accounting.

*Investment Valuation and Income Recognition*

Investments are maintained by the Trustee and are stated at fair value as determined by quoted market prices. Net appreciation in fair value of investments included in the accompanying statement of changes in net assets available for benefits includes realized gains or losses from the sale of investments and unrealized appreciation or depreciation in fair value of investments.

Net unrealized appreciation or depreciation in the fair value of investments represents the net change in the fair value of the investments held during the period. The net realized gains or losses on the sale of investments represent the difference between the sale proceeds and the fair value of the investment as of the beginning of the period or the cost of the investment if purchased during the year.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis and dividends are recorded on the ex-dividend date.

Investments, in general, are subject to various risks, including credit, interest, and overall market volatility risks. Due to the level of risk associated with certain investments securities, it is reasonably possible that changes in values of investment securities will occur in the near term, and such changes could materially affect the amounts reported in the statements of net assets available for benefits.

*Estimates*

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

*Payment of Benefits*

Benefits are recorded when paid.

## **MICRO DYNAMICS 401(K) PROFIT SHARING PLAN**

NOTES TO FINANCIAL STATEMENTS  
December 31, 2010 and 2009

---

### **NOTE 2 - Summary of Significant Accounting Policies (cont.)**

---

#### *Notes Receivable from Participants*

In September 2010, the Financial Accounting Standards Board (FASB) released Accounting Standards Update (ASU) 2010-25, Reporting Loans to Participants by Defined Contribution Pension Plans. The ASU clarifies how loans to participants should be classified and measured by defined contribution pension benefit plans. Participant loans were previously classified as investments at fair value. The ASU requires that participant loans be classified as notes receivable from participants, which are segregated from plan investments and measured at their unpaid principal balance plus any accrued but unpaid interest. The Plan adopted this provision as of December 31, 2010.

The adoption of the ASU impacted the classification of participant loans on the statement of net assets available for benefits, but had no impact on net assets available for benefits.

#### *New Accounting Pronouncements*

In May 2011, the FASB issued guidance on fair value measurement and disclosure requirements. The guidance generally clarifies the application of existing requirements on topics including the concepts of highest and best use and valuation premise and disclosing quantitative information about the unobservable inputs used in the measurement of instruments categorized within Level 3 of the fair value hierarchy. Additionally, the guidance includes changes on topics such as measuring fair value on financial instruments that are managed within a portfolio and additional disclosure for fair value measurements categorized within Level 3 of the fair value hierarchy. This guidance is effective for the Plan on January 1, 2012. The Plan sponsors are currently evaluating the effect that adoption of this guidance may have on the Plan's net assets available for benefits.

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### **NOTE 3 - Fair Market Value**

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The Plan adopted the Fair Value Measurements standard (ASC 820), which provides a framework for measuring, reporting and disclosing fair value under generally accepted accounting principles. ASC 820 applies to all assets and liabilities that are measured, reported and/or disclosed on a fair value basis.

As defined in ASC 820, fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. In determining fair value, the Plan uses various valuation methods including the market, income and cost approaches. The assumptions used in the application of these valuation methods are developed from the perspective of market participants pricing the asset or liability. Inputs used in the valuation methods can be either readily observable, market corroborated, or generally unobservable inputs. Whenever possible the Plan attempts to utilize valuation methods that maximize the use of observable inputs and minimizes the use of unobservable inputs. Based on the observability of the inputs used in the valuation methods the Plan is required to provide the following information according to the fair value hierarchy. The fair value hierarchy ranks the quality and reliability of the information used to determine fair values. Assets and liabilities measured, reported and/or disclosed at fair value will be classified and disclosed in one of the following three categories:

Level 1 - Quoted market prices in active markets for identical assets or liabilities.

Level 2 - Observable market based inputs or unobservable inputs that are corroborated by market data.

Level 3 - Unobservable inputs that are not corroborated by market data.

# MICRO DYNAMICS 401(K) PROFIT SHARING PLAN

## NOTES TO FINANCIAL STATEMENTS December 31, 2010 and 2009

### **NOTE 3 - Fair Market Value (cont.)**

The tables below presents the balances of assets and liabilities measured at fair value on a recurring basis.

|                    | December 31, 2010    |                      |                |                |
|--------------------|----------------------|----------------------|----------------|----------------|
|                    | <u>Total</u>         | <u>Level 1</u>       | <u>Level 2</u> | <u>Level 3</u> |
| Money Market Fund: | 2,672,050            | 2,672,050            | -              | -              |
| Mutual Funds:      |                      |                      |                |                |
| Large Cap          | 6,743,903            | 6,743,903            | -              | -              |
| Mid-Cap            | 2,515,393            | 2,515,393            | -              | -              |
| Small Cap          | 1,039,752            | 1,039,752            | -              | -              |
| Specialty Stock    | 2,117,397            | 2,117,397            | -              | -              |
| Fixed Income       | 801,158              | 801,158              | -              | -              |
| Blended Investment | 3,408,500            | 3,408,500            | -              | -              |
| Total              | <u>\$ 19,298,153</u> | <u>\$ 19,298,153</u> | <u>\$ -</u>    | <u>\$ -</u>    |

|                    | December 31, 2009    |                      |                |                |
|--------------------|----------------------|----------------------|----------------|----------------|
|                    | <u>Total</u>         | <u>Level 1</u>       | <u>Level 2</u> | <u>Level 3</u> |
| Money Market Fund: | 2,802,403            | 2,802,403            | -              | -              |
| Mutual Funds:      |                      |                      |                |                |
| Large Cap          | 6,183,902            | 6,183,902            | -              | -              |
| Mid-Cap            | 2,552,025            | 2,552,025            | -              | -              |
| Small Cap          | 779,192              | 779,192              | -              | -              |
| Specialty Stock    | 1,709,723            | 1,709,723            | -              | -              |
| Fixed Income       | 644,870              | 644,870              | -              | -              |
| Blended Investment | 2,680,634            | 2,680,634            | -              | -              |
| Total              | <u>\$ 17,352,749</u> | <u>\$ 17,352,749</u> | <u>\$ -</u>    | <u>\$ -</u>    |

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

Money Market and Mutual Funds: Shares of money market and mutual funds are stated at fair value, as determined by the Trustee based on the quoted market prices of the underlying assets held by the money market and mutual funds. Fair value of the money market and mutual funds accounts equals the net asset value of the respective account's shares multiplied by the number of shares held by the Plan at year end.

The preceding method described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

**MICRO DYNAMICS  
401(K) PROFIT SHARING PLAN**

NOTES TO FINANCIAL STATEMENTS  
December 31, 2010 and 2009

---

**NOTE 4 - Investments - Unaudited**

---

The following presents investments that represent 5% or more of the Plan's net assets available for benefits as of December 31:

|                                              | <u>2010</u>  | <u>2009</u>  |
|----------------------------------------------|--------------|--------------|
| Fidelity Investments Retirement Money Market | \$ 2,672,050 | \$ 2,802,404 |
| Fidelity Investments Contrafund              | 2,547,051    | 2,210,823    |
| Fidelity Investments International Discovery | 1,680,946    | 1,538,462    |
| Fidelity Investments Mid Cap Stock           | 1,087,931    | *            |
| Fidelity Investments US Bond Index           | *            | 1,295,520    |

Investments that did not exceed 5% or more of the Plan's net assets at December 31, 2010 and 2009 are separately identified with an "\*\*\*".

During the year ended December 31, 2010, the Plan's mutual fund investments (including gains and losses on investments bought, sold, and held during the year) appreciated in value by \$2,020,413. The Plan's investment in the money market fund yielded \$524 of interest income.

---

**NOTE 5 - Information Certified by Trustee - Unaudited**

---

The Plan administrator has obtained certifications from the asset Trustee that the following information provided to the Plan administrator by the asset Trustee is complete and accurate:

- a. Net assets available for benefits at December 31, 2010 and 2009, as they relate to investments held by the asset Trustee.
- b. Changes in net assets available for benefits as they relate to investments held by the asset Trustee for the year ended December 31, 2010.
- c. Assets held for investment purposes at December 31, 2010 and 2009.
- d. Notes receivable from participants at December 31, 2010 and 2009.

---

**NOTE 6 - Plan Tax Status**

---

The Plan obtained a determination letter on October 9, 2003, in which the Internal Revenue Service determined that the Plan, as then designed, met the requirements of Section 401(a) of the IRC and was exempt from federal income tax under Section 501(a) of the IRC. The Plan has been amended since receiving the determination letter. The Plan Sponsor applied for a new determination letter in March 2010. The Plan administrator and the Plan's tax counsel believe that the Plan, as amended, is designed and being operated in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan is qualified and the related trust is tax-exempt at the financial statement date.

**MICRO DYNAMICS  
401(K) PROFIT SHARING PLAN**

NOTES TO FINANCIAL STATEMENTS  
December 31, 2010 and 2009

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**NOTE 7 - Parties-In-Interest**

---

Certain Plan investments are shares of mutual funds managed by the asset Trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

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**NOTE 8 - Action Pursuant to Rev. Proc. 2008-50**

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During the Plan year ended December 31, 2010, the Plan Sponsor determined eligible compensation used to determine employee deferrals was not consistent with the Plan document. Specifically, certain bonuses, severance and earned vacation that are eligible to be included as compensation for Plan purposes were excluded from eligible compensation for the years ended December 31, 2007 to 2010.

The Plan Sponsor intends to make a corrective contribution of \$151,599 consistent with the guidance in Rev. Proc. 2008-50 during the Plan year ended December 31, 2011.

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**NOTE 9 - Reconciliation of Financial Statements to Schedule H Form 5500**

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The financial statements have been prepared using the accrual method of accounting while the Plan's form 5500 has been prepared on the modified cash-basis method of accounting. The reconciliation between the financial statements and form 5500 for the year ended December 31, 2010 are as follows:

|                                                                        | <u>2010</u>         | <u>2009</u>         |
|------------------------------------------------------------------------|---------------------|---------------------|
| Total net assets per Form 5500, Schedule H                             | \$19,528,108        | \$17,561,439        |
| Adjustment of:                                                         |                     |                     |
| Company contribution receivable December 31                            | 22,456              | 18,213              |
| Excess contribution payable at December 31                             | <u>-</u>            | <u>(152,007)</u>    |
| Net assets available for benefits per financial statements             | <u>\$19,550,564</u> | <u>\$17,427,645</u> |
| <br>Increase in net assets per Form 5500, Schedule H                   | <br>\$ 1,966,669    |                     |
| Adjustment of:                                                         |                     |                     |
| Company contribution receivable at December 31, 2010                   | 22,456              |                     |
| Excess contribution payable at December 31, 2009                       | 152,007             |                     |
| Company contribution receivable at December 31, 2009                   | <u>(18,213)</u>     |                     |
| Increase in net assets available for benefits per financial statements | <u>\$ 2,122,919</u> |                     |

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**NOTE 10 - Subsequent Events**

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The Plan has evaluated subsequent events through October 17, 2011, which is the date that the financial statements were approved and available to be issued, for events requiring recording or disclosure in the Plan's financial statements.

## **SUPPLEMENTAL INFORMATION**

**MICRO DYNAMICS  
401(K) PROFIT SHARING PLAN**

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

December 31, 2010  
EIN 41-1424025  
PLAN 001

| (a) | (b)<br>Identity of Issue,<br>Borrower, Lessor, or<br>Similar Party | (c)<br>Description of Investment Including Maturity<br>Date, Rate of Interest, Collateral, Par or<br>Maturity Value | (d)<br>Cost | (e)<br>Current<br>Value |
|-----|--------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-------------|-------------------------|
| *   | Fidelity Investments                                               | Retirement Money Market                                                                                             | **          | \$ 2,672,050            |
| *   | Fidelity Investments                                               | Contrafund                                                                                                          | **          | 2,547,051               |
| *   | Fidelity Investments                                               | International Discovery                                                                                             | **          | 1,680,946               |
| *   | Fidelity Investments                                               | U.S. Bond Index                                                                                                     | **          | 866,292                 |
| *   | Fidelity Investments                                               | Mid Cap Stock Fund                                                                                                  | **          | 1,087,931               |
| *   | Spartan                                                            | U.S. Equity Index                                                                                                   | **          | 570,882                 |
| *   | Fidelity Investments                                               | Asset Manager 50%                                                                                                   | **          | 733,210                 |
| *   | Pimco                                                              | Total Return Fund                                                                                                   | **          | 801,158                 |
| *   | Fidelity Investments                                               | Asset Manager 70%                                                                                                   | **          | 754,763                 |
| *   | Fidelity Investments                                               | Real Estate Investments                                                                                             | **          | 539,736                 |
| *   | Fidelity Investments                                               | Dividend Growth                                                                                                     | **          | 473,517                 |
| *   | Fidelity Investments                                               | Value Strategies                                                                                                    | **          | 564,360                 |
| *   | MFS                                                                | Value R3 Fund                                                                                                       | **          | 699,457                 |
| *   | Fidelity Investments                                               | Small Cap Independent                                                                                               | **          | 475,392                 |
| *   | Fidelity Investments                                               | Freedom 2020                                                                                                        | **          | 344,438                 |
| *   | Fidelity Investments                                               | Select Technology                                                                                                   | **          | 605,837                 |
| *   | Perkins                                                            | Perkins Mid Cap Value Fund                                                                                          | **          | 477,613                 |
| *   | Fidelity Investments                                               | Capital Appreciation                                                                                                | **          | 368,225                 |
| *   | Fidelity Investments                                               | Freedom 2030 Fund                                                                                                   | **          | 377,322                 |
| *   | Fidelity Investments                                               | Freedom 2040 Fund                                                                                                   | **          | 237,605                 |
| *   | Fidelity Investments                                               | Select Biotechnology                                                                                                | **          | 238,614                 |
| *   | Fidelity Investments                                               | Asset Manager 20%                                                                                                   | **          | 291,121                 |
| *   | Fidelity Investments                                               | Freedom 2025 Fund                                                                                                   | **          | 285,998                 |
| *   | Fidelity Investments                                               | Freedom 2015 Fund                                                                                                   | **          | 251,993                 |
| *   | Fidelity Investments                                               | Balanced Fund                                                                                                       | **          | 173,094                 |
| *   | Fidelity Investments                                               | Overseas Fund                                                                                                       | **          | 202,512                 |
| *   | Fidelity Investments                                               | Freedom 2045 Fund                                                                                                   | **          | 273,410                 |
| *   | Spartan                                                            | Total Market Index                                                                                                  | **          | 201,314                 |
| *   | Fidelity Investments                                               | Freedom 2035 Fund                                                                                                   | **          | 169,240                 |
| *   | Fidelity Investments                                               | Freedom 2050 Fund                                                                                                   | **          | 166,370                 |
| *   | Spartan                                                            | Extended Market Index Fund                                                                                          | **          | 83,556                  |
| *   | Fidelity Investments                                               | Freedom Income Fund                                                                                                 | **          | 59,396                  |
| *   | Fidelity Investments                                               | Freedom 2010 Fund                                                                                                   | **          | 17,621                  |
| *   | Fidelity Investments                                               | Freedom 2000 Fund                                                                                                   | **          | 6,109                   |
| *   | Fidelity Investments                                               | Freedom 2005 Fund                                                                                                   | **          | 20                      |
| *   | Participant loans                                                  | 4.5% - 7.5%                                                                                                         | \$0         | 229,955                 |
|     |                                                                    |                                                                                                                     |             | <u>\$19,528,108</u>     |

\* Represents a party-in-interest

\*\* Cost omitted for participant directed investments

**MICRO DYNAMICS**  
**401(K) PROFIT SHARING PLAN**  
Eden Prairie, Minnesota

FINANCIAL STATEMENTS

Including Independent Auditors' Report  
and Supplemental Information

December 31, 2010 and 2009

**MICRO DYNAMICS  
401(K) PROFIT SHARING PLAN**

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## INDEPENDENT AUDITORS' REPORT

To the Plan Sponsor and Participants  
Micro Dynamics 401k Profit Sharing Plan  
Eden Prairie, Minnesota

We were engaged to audit the accompanying statements of net assets available for benefits of the Micro Dynamics 401(k) Profit Sharing Plan (the "Plan") as of December 31, 2010 and 2009 and the statement of changes in net assets available for benefits for the year ended December 31, 2010, and the supplemental schedule as listed in the accompanying table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in Note 5, which was certified by Fidelity Management Trust Company, the Trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certifications from the Trustee as of December 31, 2010 and 2009 and for the year ended December 31, 2010, that the information provided to the Plan administrator by the Trustee is complete and accurate.

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

*Baker Tilly Virchow Krause, LLP*

Minneapolis, Minnesota  
October 17, 2011

**MICRO DYNAMICS  
401(K) PROFIT SHARING PLAN**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
December 31, 2010 and 2009

---

|                                          | <b>ASSETS</b>      | <u>2010</u>         | <u>2009</u>         |
|------------------------------------------|--------------------|---------------------|---------------------|
| Investments at fair value:               |                    |                     |                     |
| Participant-directed investments         |                    | <u>\$19,298,153</u> | <u>\$17,352,749</u> |
| Receivables:                             |                    |                     |                     |
| Notes receivable from participants       |                    | 229,955             | 208,690             |
| Company contributions                    |                    | <u>22,456</u>       | <u>18,213</u>       |
| Total receivables                        |                    | <u>252,411</u>      | <u>226,903</u>      |
| <b>TOTAL ASSETS</b>                      |                    | 19,550,564          | 17,579,652          |
|                                          | <b>LIABILITIES</b> |                     |                     |
| Excess contribution payable              |                    | <u>-</u>            | <u>152,007</u>      |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b> |                    | <u>\$19,550,564</u> | <u>\$17,427,645</u> |

See accompanying notes to financial statements.

**MICRO DYNAMICS  
401(K) PROFIT SHARING PLAN**

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
Year ended December 31, 2010

---

**ADDITIONS**

Additions to net assets attributed to:

Investment income:

|                                               |                  |
|-----------------------------------------------|------------------|
| Net appreciation in fair value of investments | \$ 2,020,413     |
| Interest and dividends                        | <u>309,365</u>   |
| Total investment income                       | <u>2,329,778</u> |

Contributions:

|                     |                  |
|---------------------|------------------|
| Participants        | 1,441,464        |
| Company             | 305,869          |
| Rollovers           | <u>103,415</u>   |
| Total contributions | <u>1,850,748</u> |

|                 |                  |
|-----------------|------------------|
| Total additions | <u>4,180,526</u> |
|-----------------|------------------|

**DEDUCTIONS**

Deductions from net assets attributed to:

|                               |                  |
|-------------------------------|------------------|
| Benefits paid to participants | 2,040,493        |
| Administrative expenses       | <u>17,114</u>    |
| Total deductions              | <u>2,057,607</u> |

|              |           |
|--------------|-----------|
| Net increase | 2,122,919 |
|--------------|-----------|

**NET ASSETS AVAILABLE FOR BENEFITS -**

|                   |                   |
|-------------------|-------------------|
| Beginning of year | <u>17,427,645</u> |
|-------------------|-------------------|

|             |                     |
|-------------|---------------------|
| End of year | <u>\$19,550,564</u> |
|-------------|---------------------|

See accompanying notes to financial statements.

# **MICRO DYNAMICS 401(K) PROFIT SHARING PLAN**

NOTES TO FINANCIAL STATEMENTS  
December 31, 2010 and 2009

---

## **NOTE 1 - Description of the Plan**

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The following description of the Micro Dynamics 401(k) Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the summary plan description for a more complete description of the Plan's provisions.

### *General*

The Plan is a defined contribution plan under Section 401(k) of the Internal Revenue Code (IRC) whereby contributions to the Plan consist of participant salary reduction deferrals, discretionary matching Company contributions and discretionary non-elective Company contributions. The Plan sponsor, administrator, and employer is Logic PD, Inc. (the Company). The Plan sponsor and administrator appointed Fidelity Management Trust Company, as the Trustee and recordkeeper of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

### *Eligibility*

Substantially all employees who have completed one month of service and are at least 18 years of age are eligible to participate in the Plan.

### *Contributions*

Participants may contribute up to the maximum allowed by the Internal Revenue Code (IRC). Participants may also contribute amounts representing distributions from other qualified plans (rollover contributions). In addition, participants are also able to make Roth contributions to the Plan. If the participant is 50 years of age or older, they may elect to defer additional amounts not to exceed \$5,000 (catch-up contributions) for the year ended December 31, 2010.

From January 1, 2009 to July 16, 2009, the Company elected to make a safe harbor matching contribution equal to 100% of the first 3% of the participant's salary plus 50% of next 2% of the participants' salary, with a maximum match of 4% of the participant's salary. The Company suspended the safe harbor matching contribution as of July 17, 2009 through March 31, 2010. The Company reinstated a matching contribution on April 1, 2010 equal to 50% of the first 4% of the participant's salary, with a maximum match of 2% of the participant's salary.

Each Plan year, the Company will determine whether to make a separate profit sharing contribution. The Company did not make a separate profit sharing contribution to the Plan for the year ended December 31, 2010.

### *Participant Accounts*

Participants can designate the investment of their accounts from various funds with pre-selected investment objectives.

Each participant's account is credited with the participant's salary reduction deferral, Roth, catch-up contributions, rollover contributions and an allocation of the Company's contributions, if any, and Plan earnings. Individual accounts are charged with an allocation of administrative expenses. Earnings from the fund are allocated on the basis of participant account balances invested in the respective funds.

**MICRO DYNAMICS**  
**401(K) PROFIT SHARING PLAN**

NOTES TO FINANCIAL STATEMENTS  
December 31, 2010 and 2009

---

**NOTE 1 - Description of the Plan (cont.)**

---

*Vesting*

Participants are immediately vested in their salary reduction deferrals, Roth, catch-up contributions, rollover contributions, safe harbor matching contributions and the earnings thereon.

Vesting in the Company's matching contributions is based on years of continuous service as follows: 20% after one year, 40% after two years, 60% after three years, 80% after four years and 100% after five years. Vesting in the Company's discretionary profit sharing contributions, if any, is based on years of continuous service as follows: 20% after two years, 40% after three years, 60% after four years, 80% after five years and 100% after six years. Each participant also becomes 100% vested on termination of service due to death, disability, termination of the Plan, or upon normal retirement age as defined by the Plan.

*Forfeited Non-Vested Accounts*

At December 31, 2010 and 2009, forfeited nonvested accounts totaled \$101,817 and \$105,512, respectively. These accounts are used to reduce Company matching contributions or to pay expenses in future Plan years. During the year ended December 31, 2010, the Plan used \$13,310 from forfeited nonvested accounts to pay Plan administration expenses.

*Payment of Benefits*

On termination of service, a participant (or in case of death, the participant's beneficiary) will receive a single lump sum equal to the value of his or her vested account balance if this balance does not exceed \$1,000 or may choose a) lump sum payment; b) a rollover to another IRA or qualified plan, c) part lump sum and part installments or d) installment payments if this balance exceeds \$1,000. Participants experiencing financial hardship may withdraw a portion of their account balance as defined in the Plan.

*Notes Receivable from Participants*

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested salary reduction deferral account balance. Loan terms range from 1 to 5 years or up to 15 years for the purchase of a principal residence. The loans are secured by the balance in the participant's account and bear interest at a rate determined by the administrator. The interest rate the administrator determines must be commercially reasonable and once determined, will remain constant throughout the term of the loan. Interest rates at December 31, 2010 ranged from 4.5% to 7.5%. Principal and interest is paid ratably through payroll deductions. Notes receivable from participants are recorded at amortized cost plus accrued interest.

*Termination of Plan*

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan at any time subject to the provisions of ERISA.

*Administrative Expenses*

Substantially all of the Plan's administrative expenses have been paid by the Company.

*Reclassification*

**MICRO DYNAMICS  
401(K) PROFIT SHARING PLAN**

NOTES TO FINANCIAL STATEMENTS  
December 31, 2010 and 2009

---

**NOTE 1 - Description of the Plan (cont.)**

---

For comparability, certain 2009 amounts have been reclassified to conform with classifications adopted in 2010. The reclassification had no effect on previously reported net assets available for benefits.

---

**NOTE 2 - Summary of Significant Accounting Policies**

---

*Basis of Accounting*

The accompanying financial statements are prepared on the accrual basis of accounting.

*Investment Valuation and Income Recognition*

Investments are maintained by the Trustee and are stated at fair value as determined by quoted market prices. Net appreciation in fair value of investments included in the accompanying statement of changes in net assets available for benefits includes realized gains or losses from the sale of investments and unrealized appreciation or depreciation in fair value of investments.

Net unrealized appreciation or depreciation in the fair value of investments represents the net change in the fair value of the investments held during the period. The net realized gains or losses on the sale of investments represent the difference between the sale proceeds and the fair value of the investment as of the beginning of the period or the cost of the investment if purchased during the year.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis and dividends are recorded on the ex-dividend date.

Investments, in general, are subject to various risks, including credit, interest, and overall market volatility risks. Due to the level of risk associated with certain investments securities, it is reasonably possible that changes in values of investment securities will occur in the near term, and such changes could materially affect the amounts reported in the statements of net assets available for benefits.

*Estimates*

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

*Payment of Benefits*

Benefits are recorded when paid.

## **MICRO DYNAMICS 401(K) PROFIT SHARING PLAN**

NOTES TO FINANCIAL STATEMENTS  
December 31, 2010 and 2009

---

### **NOTE 2 - Summary of Significant Accounting Policies (cont.)**

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#### *Notes Receivable from Participants*

In September 2010, the Financial Accounting Standards Board (FASB) released Accounting Standards Update (ASU) 2010-25, Reporting Loans to Participants by Defined Contribution Pension Plans. The ASU clarifies how loans to participants should be classified and measured by defined contribution pension benefit plans. Participant loans were previously classified as investments at fair value. The ASU requires that participant loans be classified as notes receivable from participants, which are segregated from plan investments and measured at their unpaid principal balance plus any accrued but unpaid interest. The Plan adopted this provision as of December 31, 2010.

The adoption of the ASU impacted the classification of participant loans on the statement of net assets available for benefits, but had no impact on net assets available for benefits.

#### *New Accounting Pronouncements*

In May 2011, the FASB issued guidance on fair value measurement and disclosure requirements. The guidance generally clarifies the application of existing requirements on topics including the concepts of highest and best use and valuation premise and disclosing quantitative information about the unobservable inputs used in the measurement of instruments categorized within Level 3 of the fair value hierarchy. Additionally, the guidance includes changes on topics such as measuring fair value on financial instruments that are managed within a portfolio and additional disclosure for fair value measurements categorized within Level 3 of the fair value hierarchy. This guidance is effective for the Plan on January 1, 2012. The Plan sponsors are currently evaluating the effect that adoption of this guidance may have on the Plan's net assets available for benefits.

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### **NOTE 3 - Fair Market Value**

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The Plan adopted the Fair Value Measurements standard (ASC 820), which provides a framework for measuring, reporting and disclosing fair value under generally accepted accounting principles. ASC 820 applies to all assets and liabilities that are measured, reported and/or disclosed on a fair value basis.

As defined in ASC 820, fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. In determining fair value, the Plan uses various valuation methods including the market, income and cost approaches. The assumptions used in the application of these valuation methods are developed from the perspective of market participants pricing the asset or liability. Inputs used in the valuation methods can be either readily observable, market corroborated, or generally unobservable inputs. Whenever possible the Plan attempts to utilize valuation methods that maximize the use of observable inputs and minimizes the use of unobservable inputs. Based on the observability of the inputs used in the valuation methods the Plan is required to provide the following information according to the fair value hierarchy. The fair value hierarchy ranks the quality and reliability of the information used to determine fair values. Assets and liabilities measured, reported and/or disclosed at fair value will be classified and disclosed in one of the following three categories:

Level 1 - Quoted market prices in active markets for identical assets or liabilities.

Level 2 - Observable market based inputs or unobservable inputs that are corroborated by market data.

Level 3 - Unobservable inputs that are not corroborated by market data.

# MICRO DYNAMICS 401(K) PROFIT SHARING PLAN

## NOTES TO FINANCIAL STATEMENTS December 31, 2010 and 2009

### **NOTE 3 - Fair Market Value (cont.)**

The tables below presents the balances of assets and liabilities measured at fair value on a recurring basis.

| December 31, 2010  |                      |                      |             |             |
|--------------------|----------------------|----------------------|-------------|-------------|
|                    | Total                | Level 1              | Level 2     | Level 3     |
| Money Market Fund: | 2,672,050            | 2,672,050            | -           | -           |
| Mutual Funds:      |                      |                      |             |             |
| Large Cap          | 6,743,903            | 6,743,903            | -           | -           |
| Mid-Cap            | 2,515,393            | 2,515,393            | -           | -           |
| Small Cap          | 1,039,752            | 1,039,752            | -           | -           |
| Specialty Stock    | 2,117,397            | 2,117,397            | -           | -           |
| Fixed Income       | 801,158              | 801,158              | -           | -           |
| Blended Investment | 3,408,500            | 3,408,500            | -           | -           |
| Total              | <u>\$ 19,298,153</u> | <u>\$ 19,298,153</u> | <u>\$ -</u> | <u>\$ -</u> |

| December 31, 2009  |                      |                      |             |             |
|--------------------|----------------------|----------------------|-------------|-------------|
|                    | Total                | Level 1              | Level 2     | Level 3     |
| Money Market Fund: | 2,802,403            | 2,802,403            | -           | -           |
| Mutual Funds:      |                      |                      |             |             |
| Large Cap          | 6,183,902            | 6,183,902            | -           | -           |
| Mid-Cap            | 2,552,025            | 2,552,025            | -           | -           |
| Small Cap          | 779,192              | 779,192              | -           | -           |
| Specialty Stock    | 1,709,723            | 1,709,723            | -           | -           |
| Fixed Income       | 644,870              | 644,870              | -           | -           |
| Blended Investment | 2,680,634            | 2,680,634            | -           | -           |
| Total              | <u>\$ 17,352,749</u> | <u>\$ 17,352,749</u> | <u>\$ -</u> | <u>\$ -</u> |

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

Money Market and Mutual Funds: Shares of money market and mutual funds are stated at fair value, as determined by the Trustee based on the quoted market prices of the underlying assets held by the money market and mutual funds. Fair value of the money market and mutual funds accounts equals the net asset value of the respective account's shares multiplied by the number of shares held by the Plan at year end.

The preceding method described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

**MICRO DYNAMICS  
401(K) PROFIT SHARING PLAN**

NOTES TO FINANCIAL STATEMENTS  
December 31, 2010 and 2009

---

**NOTE 4 - Investments - Unaudited**

---

The following presents investments that represent 5% or more of the Plan's net assets available for benefits as of December 31:

|                                              | <u>2010</u>  | <u>2009</u>  |
|----------------------------------------------|--------------|--------------|
| Fidelity Investments Retirement Money Market | \$ 2,672,050 | \$ 2,802,404 |
| Fidelity Investments Contrafund              | 2,547,051    | 2,210,823    |
| Fidelity Investments International Discovery | 1,680,946    | 1,538,462    |
| Fidelity Investments Mid Cap Stock           | 1,087,931    | *            |
| Fidelity Investments US Bond Index           | *            | 1,295,520    |

Investments that did not exceed 5% or more of the Plan's net assets at December 31, 2010 and 2009 are separately identified with an "\*".

During the year ended December 31, 2010, the Plan's mutual fund investments (including gains and losses on investments bought, sold, and held during the year) appreciated in value by \$2,020,413. The Plan's investment in the money market fund yielded \$524 of interest income.

---

**NOTE 5 - Information Certified by Trustee - Unaudited**

---

The Plan administrator has obtained certifications from the asset Trustee that the following information provided to the Plan administrator by the asset Trustee is complete and accurate:

- a. Net assets available for benefits at December 31, 2010 and 2009, as they relate to investments held by the asset Trustee.
- b. Changes in net assets available for benefits as they relate to investments held by the asset Trustee for the year ended December 31, 2010.
- c. Assets held for investment purposes at December 31, 2010 and 2009.
- d. Notes receivable from participants at December 31, 2010 and 2009.

---

**NOTE 6 - Plan Tax Status**

---

The Plan obtained a determination letter on October 9, 2003, in which the Internal Revenue Service determined that the Plan, as then designed, met the requirements of Section 401(a) of the IRC and was exempt from federal income tax under Section 501(a) of the IRC. The Plan has been amended since receiving the determination letter. The Plan Sponsor applied for a new determination letter in March 2010. The Plan administrator and the Plan's tax counsel believe that the Plan, as amended, is designed and being operated in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan is qualified and the related trust is tax-exempt at the financial statement date.

**MICRO DYNAMICS  
401(K) PROFIT SHARING PLAN**

NOTES TO FINANCIAL STATEMENTS  
December 31, 2010 and 2009

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**NOTE 7 - Parties-In-Interest**

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Certain Plan investments are shares of mutual funds managed by the asset Trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

---

**NOTE 8 - Action Pursuant to Rev. Proc. 2008-50**

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During the Plan year ended December 31, 2010, the Plan Sponsor determined eligible compensation used to determine employee deferrals was not consistent with the Plan document. Specifically, certain bonuses, severance and earned vacation that are eligible to be included as compensation for Plan purposes were excluded from eligible compensation for the years ended December 31, 2007 to 2010.

The Plan Sponsor intends to make a corrective contribution of \$151,599 consistent with the guidance in Rev. Proc. 2008-50 during the Plan year ended December 31, 2011.

---

**NOTE 9 - Reconciliation of Financial Statements to Schedule H Form 5500**

---

The financial statements have been prepared using the accrual method of accounting while the Plan's form 5500 has been prepared on the modified cash-basis method of accounting. The reconciliation between the financial statements and form 5500 for the year ended December 31, 2010 are as follows:

|                                                                        | <u>2010</u>         | <u>2009</u>         |
|------------------------------------------------------------------------|---------------------|---------------------|
| Total net assets per Form 5500, Schedule H                             | \$19,528,108        | \$17,561,439        |
| Adjustment of:                                                         |                     |                     |
| Company contribution receivable December 31                            | 22,456              | 18,213              |
| Excess contribution payable at December 31                             | <u>-</u>            | <u>(152,007)</u>    |
| Net assets available for benefits per financial statements             | <u>\$19,550,564</u> | <u>\$17,427,645</u> |
| <br>Increase in net assets per Form 5500, Schedule H                   | <br>\$ 1,966,669    |                     |
| Adjustment of:                                                         |                     |                     |
| Company contribution receivable at December 31, 2010                   | 22,456              |                     |
| Excess contribution payable at December 31, 2009                       | 152,007             |                     |
| Company contribution receivable at December 31, 2009                   | <u>(18,213)</u>     |                     |
| Increase in net assets available for benefits per financial statements | <u>\$ 2,122,919</u> |                     |

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**NOTE 10 - Subsequent Events**

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The Plan has evaluated subsequent events through October 17, 2011, which is the date that the financial statements were approved and available to be issued, for events requiring recording or disclosure in the Plan's financial statements.

## **SUPPLEMENTAL INFORMATION**

**MICRO DYNAMICS  
401(K) PROFIT SHARING PLAN**

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

December 31, 2010  
EIN 41-1424025  
PLAN 001

| (a) | (b)<br>Identity of Issue,<br>Borrower, Lessor, or<br>Similar Party | (c)<br>Description of Investment Including Maturity<br>Date, Rate of Interest, Collateral, Par or<br>Maturity Value | (d)<br>Cost | (e)<br>Current<br>Value |
|-----|--------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-------------|-------------------------|
| *   | Fidelity Investments                                               | Retirement Money Market                                                                                             | **          | \$ 2,672,050            |
| *   | Fidelity Investments                                               | Contrafund                                                                                                          | **          | 2,547,051               |
| *   | Fidelity Investments                                               | International Discovery                                                                                             | **          | 1,680,946               |
| *   | Fidelity Investments                                               | U.S. Bond Index                                                                                                     | **          | 866,292                 |
| *   | Fidelity Investments                                               | Mid Cap Stock Fund                                                                                                  | **          | 1,087,931               |
| *   | Spartan                                                            | U.S. Equity Index                                                                                                   | **          | 570,882                 |
| *   | Fidelity Investments                                               | Asset Manager 50%                                                                                                   | **          | 733,210                 |
| *   | Pimco                                                              | Total Return Fund                                                                                                   | **          | 801,158                 |
| *   | Fidelity Investments                                               | Asset Manager 70%                                                                                                   | **          | 754,763                 |
| *   | Fidelity Investments                                               | Real Estate Investments                                                                                             | **          | 539,736                 |
| *   | Fidelity Investments                                               | Dividend Growth                                                                                                     | **          | 473,517                 |
| *   | Fidelity Investments                                               | Value Strategies                                                                                                    | **          | 564,360                 |
| *   | MFS                                                                | Value R3 Fund                                                                                                       | **          | 699,457                 |
| *   | Fidelity Investments                                               | Small Cap Independent                                                                                               | **          | 475,392                 |
| *   | Fidelity Investments                                               | Freedom 2020                                                                                                        | **          | 344,438                 |
| *   | Fidelity Investments                                               | Select Technology                                                                                                   | **          | 605,837                 |
| *   | Perkins                                                            | Perkins Mid Cap Value Fund                                                                                          | **          | 477,613                 |
| *   | Fidelity Investments                                               | Capital Appreciation                                                                                                | **          | 368,225                 |
| *   | Fidelity Investments                                               | Freedom 2030 Fund                                                                                                   | **          | 377,322                 |
| *   | Fidelity Investments                                               | Freedom 2040 Fund                                                                                                   | **          | 237,605                 |
| *   | Fidelity Investments                                               | Select Biotechnology                                                                                                | **          | 238,614                 |
| *   | Fidelity Investments                                               | Asset Manager 20%                                                                                                   | **          | 291,121                 |
| *   | Fidelity Investments                                               | Freedom 2025 Fund                                                                                                   | **          | 285,998                 |
| *   | Fidelity Investments                                               | Freedom 2015 Fund                                                                                                   | **          | 251,993                 |
| *   | Fidelity Investments                                               | Balanced Fund                                                                                                       | **          | 173,094                 |
| *   | Fidelity Investments                                               | Overseas Fund                                                                                                       | **          | 202,512                 |
| *   | Fidelity Investments                                               | Freedom 2045 Fund                                                                                                   | **          | 273,410                 |
| *   | Spartan                                                            | Total Market Index                                                                                                  | **          | 201,314                 |
| *   | Fidelity Investments                                               | Freedom 2035 Fund                                                                                                   | **          | 169,240                 |
| *   | Fidelity Investments                                               | Freedom 2050 Fund                                                                                                   | **          | 166,370                 |
| *   | Spartan                                                            | Extended Market Index Fund                                                                                          | **          | 83,556                  |
| *   | Fidelity Investments                                               | Freedom Income Fund                                                                                                 | **          | 59,396                  |
| *   | Fidelity Investments                                               | Freedom 2010 Fund                                                                                                   | **          | 17,621                  |
| *   | Fidelity Investments                                               | Freedom 2000 Fund                                                                                                   | **          | 6,109                   |
| *   | Fidelity Investments                                               | Freedom 2005 Fund                                                                                                   | **          | 20                      |
| *   | Participant loans                                                  | 4.5% - 7.5%                                                                                                         | \$0         | 229,955                 |
|     |                                                                    |                                                                                                                     |             | <u>\$19,528,108</u>     |

\* Represents a party-in-interest

\*\* Cost omitted for participant directed investments