Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2012

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
SIERRA CIRCUITS, INC. 401-K PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1996

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

SIERRA CIRCUITS, INC.

1108 WEST EVELYN AVE
SUNNYVALE, CA 94086

2b Employer Identification Number (EIN)
77-0120789

2c Sponsor's telephone number
408-328-4025

2d Business code (see instructions)
334110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/17/2013	KENNETH BAHL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number (optional)

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

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	335
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	332
b	Retired or separated participants receiving benefits	**6b**	2
c	Other retired or separated participants entitled to future benefits	**6c**	37
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	371
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	
f	Total. Add lines **6d** and **6e**	**6f**	371
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	137
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	8
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2012

This Form is Open to Public Inspection

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

A Name of plan
SIERRA CIRCUITS, INC. 401-K PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
77-0120789

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

JOHN HANCOCK USA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year (f) From	Policy or contract year (g) To
01-0233346	65838	75140	167	01/01/2012	12/31/2012

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
8519	9660

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

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

CAMBRIDGE INVESTMENT RESEARCH INC.
1776 PLEASANT PLAIN ROAD
FAIRFIELD, IA 52556

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	(d) Purpose	(e) Organization code
8519			

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

HICKS PENSION SERVICES
555 CHORRO STREET SUITE C
SAN LUIS OBISPO, CA 93405

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	(d) Purpose	(e) Organization code
0	9660	TPA FEE	5

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	291624
5	Current value of plan's interest under this contract in separate accounts at year end	5	3511952

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			7b	263271
c	Additions: (1) Contributions deposited during the year	7c(1)	25969		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	4068		
	(4) Transferred from separate account	7c(4)	13852		
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	43889
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	307160
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)	62		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	15474		
	▶ PARTICIPANT LOAN				
	(5) Total deductions			7e(5)	15536
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	291624

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

m ☐ Other (specify) ▶

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2012** **This Form is Open to Public Inspection.**

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

A Name of plan	**B** Three-digit plan number (PN) ▶
SIERRA CIRCUITS, INC. 401-K PLAN	001

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
SIERRA CIRCUITS, INC.	77-0120789

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

JOHN HANCOCK USA

P.O. BOX 600
BUFFALO, NY 14201-0600

01-0233346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 28 59 60 62 63 68			Yes [X] No [ ]	Yes [X] No [ ]		Yes [ ] No [X]

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2012

This Form is Open to Public Inspection.

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

A Name of plan
SIERRA CIRCUITS, INC. 401-K PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
77-0120789

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

a Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNTS

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
01-0233346-000	P	3511952

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2012

This Form is Open to Public Inspection

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

A Name of plan
SIERRA CIRCUITS, INC. 401-K PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
77-0120789

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	157818	209480
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	263271	291624
(15) Other	1c(15)	2760713	3302472

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	3181802	3803576
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	3181802	3803576

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	89250	
(B) Participants	2a(1)(B)	474783	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		564033
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	4068	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	6825	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		10893
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		309941
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		884867
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	213198	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		213198
f Corrective distributions (see instructions)	2f		42184
g Certain deemed distributions of participant loans (see instructions)	2g		4772
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	2939	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		2939
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		263093
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		621774
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: STOREK, CARLSON & STRUTZ **(2)** EIN: 94-3040933

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		400000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

Part V Trust Information (optional)

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2012

This Form is Open to Public Inspection.

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

A Name of plan
SIERRA CIRCUITS, INC. 401-K PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
77-0120789

Part I Distributions

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

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

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

EIN(s): 77-0120789 _____

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

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

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

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

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

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

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

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SIERRA CIRCUITS, INC. 401(k) PLAN

FINANCIAL STATEMENTS

December 31, 2012 and 2011

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and

INDEPENDENT AUDITORS' REPORT

STOREK, CARLSON & STRUTZ
Certified Public Accountants

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STOREK, CARLSON & STRUTZ • Certified Public Accountants

100 View Street, Suite 208 • Mountain View, California 94041 • (650) 961-5520, (408) 998-8363 • FAX (650) 961-0503

INDEPENDENT AUDITORS' REPORT

August 10, 2013

To the Plan Sponsor, Administrator, Participants and Beneficiaries of the
SIERRA CIRCUITS, INC. 401(K) PLAN

Report on the Financial Statements

We have audited the accompanying financial statements of Sierra Circuits, Inc. 401(k) Plan, which comprise the statements of net assets available for the benefits as of December 31, 2012 and 2011 and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Sierra Circuits, Inc. 401(k) Plan as of December 31, 2012 and 2011, and the changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental Schedule H, line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2012 is presented for the purpose of additional analysis and are not a required part of the basic financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the basic financial statements taken as a whole.



Certified Public Accountants

Mountain View, California
USA
August 10, 2013

SIERRA CIRCUITS, INC. 401(K) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2012 AND 2011

	2012	2011
ASSETS:		
Investments, at fair value:		
Pooled separate accounts	$ 3,302,472	$ 2,760,713
General investment account	304,453	273,743
Participant loans	209,480	157,818
Total investments	3,816,405	3,192,274
Receivables:		
Employee contributions	-	-
Employer contributions	-	-
Total receivables	-	-
TOTAL ASSETS	3,816,405	3,192,274
LIABILITIES:		
Excess contributions due to participants	-	-
TOTAL LIABILITIES	-	-
NET ASSETS REFLECTING INVESTMENTS AT FAIR VALUE	3,816,405	3,192,274
Adjustment from fair value to contract value for fully benefit-responsive investment contract	(12,829)	(10,472)
NET ASSETS AVAILABLE FOR BENEFITS	$ 3,803,576	$ 3,181,802

The accompanying notes are an integral part of these financial statements.

SIERRA CIRCUITS, INC. 401(K) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE PLAN YEAR ENDED DECEMBER 31, 2012

ADDITIONS		
Changes to net assets attributed to:		
Investment activity:		
Net appreciation in fair value of investments	$	309,941
Interest income		10,893
		320,834
Contributions:		
Participants'		474,783
Employer's		89,250
		564,033
Total additions (subtractions)		884,867
DEDUCTIONS		
Deductions to net assets attributed to:		
Benefits paid to participants		213,198
Corrective distributions		42,184
Loan deemed distribution		4,772
Fees		2,939
Total deductions		263,093
NET INCREASE (DECREASE)		621,774
NET ASSETS AVAILABLE FOR PLAN BENEFITS		
December 31, 2011		3,181,802
December 31, 2012	$	3,803,576

The accompanying notes are an integral part of these financial statements.

SIERRA CIRCUITS, INC. 401(K) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE PLAN YEAR ENDED DECEMBER 31, 2011

ADDITIONS		
Additions to net assets attributed to:		
Investment income:		
Net appreciation (depreciation) in fair value of investments	$	(102,207)
Interest income		12,282
		(89,925)
Contributions:		
Participants'		428,678
Rollovers		30,477
Employer's		80,854
		540,009
Total additions		450,084
DEDUCTIONS		
Deductions to net assets attributed to:		
Benefits paid to participants		62,954
Corrective distributions		41,293
Deemed distribution		1,098
Other		3,715
Total deductions		109,060
NET INCREASE		341,024
NET ASSETS AVAILABLE FOR PLAN BENEFITS		
December 31, 2010		2,840,778
December 31, 2011	$	3,181,802

The accompanying notes are an integral part of these financial statements.

SIERRA CIRCUITS, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2012 AND 2011

NOTE 1 - DESCRIPTION OF PLAN

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

(a) *General*. The Plan was originally adopted effective January 1, 1996 and subsequently restated effective January 1, 2009. It is a defined contribution plan covering all full-time employees of the Company age 18 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

(b) *Participant Contributions.* Participants may contribute up to 100% annually, but not in excess of $17,000 and $16,500 of either their pretax or after tax (Roth deferral) compensation, or a combination of both for 2012 and 2011 respectively as permitted by the Plan. Participants over 50 years of age may also contribute up to an additional $5,500 catch-up contributions for both 2012 and 2011. Participants may also roll over amounts representing distributions from other qualified defined benefit or contribution plans.

(c) *Employer Contributions.* The Plan allows discretionary employer contributions, to be determined each year as a percentage of participants' contributions from current compensation. The Company provided a match equal to twenty five percent up to the first six percent of participants' compensation deferred in both 2012 and 2011 .

(d) *Participant Accounts.* Each participant's account is credited with the participant's contribution, allocations of the Company's contribution and Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participants' eligible compensation or account balances, as defined in the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

(e) *Vesting.* Participants are immediately 100% vested in their contributions plus actual earnings thereon. Vesting in the Company's discretionary profit sharing contribution portion of their accounts is based on a six-year graded vesting schedule, in which a participant is fully vested after six years of vesting service. A year of vesting service is a plan year in which an employee has completed 1,000 hours of service.

(f) *Investment Options.* Upon enrollment in the Plan, a participant may direct employee and employer contributions into a general investment account, to any number of the various separate investment accounts offered by the Plan, or to any combination of such accounts. Participants may subsequently change their investment options after initial enrollment.

(g) *Participant Loans.* 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 account balance. Loan transactions are treated as a transfer to (from) the investment fund from (to) participant loan fund. Loan terms range up to five years, and up to 15 years for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined periodically by the Plan administrator. Interest rates on outstanding loans as of December 31, 2012 and 2011 range from about 4.25% to 9.25 %. Principal and interest are paid ratably through every payroll deductions.

NOTE 1 - DESCRIPTION OF PLAN (Continued)

(h) *Payment of Benefits.* At termination of service, a participant can request a lump-sum distribution with an amount equal to the value of the participant's vested interest in his or her account.

(i) *Forfeited Accounts.* At December 31, 2012 and 2011, forfeited nonvested account totaled $9,506 and $6,873, respectively. These accounts will be applied to reduce administrative expenses of the Plan, then any remaining amount will be used to reduce future employer contributions.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

(a) *Date of Management's Review.* Subsequent events were evaluated through August 10, 2013, which is the date the financial statements were available to be issued.

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

(c) *Basis of Accounting.* The financial statements of the Plan are prepared using the accrual basis of accounting.

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The Statement of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

(d) Notes Receivable from Participants. Loans to participants are reported at their unpaid principal balances plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based on the terms of the Plan document.

(e) *Investment Valuation and Income Recognition.* Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the plan's gains and losses on investments bought and sold as well as held during the year. Participant loans are valued at their outstanding balances, which approximate fair value.

(f) *Payment of Benefits.* Benefits are recorded when paid.

(g) *Operating Expenses.* Expenses of maintaining the Plan are paid by the Company.

NOTE 3 – PARTICIPANT-DIRECTED INVESTMENTS

The following presents investments that represent 5% or more of the Plan's net assets:

	December 31, 2012	December 31, 2011
Retirement Living (LifeCycle) 2015	$ 232,621	$ 203,567
Retirement Living (LifeCycle) 2020	$ 389,097	$ 399,518
Retirement Living (LifeCycle) 2030	$ 210,658	$ 161,641
Retirement Living (LifeCycle) 2035	$ 211,682	$ 152,697
Retirement Living (LifeCycle) 2040	$ 257,039	$ 728,211
Retirement Living (LifeCycle) 2045	$ 58,101	$ 219,082
PIMCO Total Return	$ 745,138	$ 15,422
Money Market Fund	$ 418,207	$ 348,392

NOTE 4 – FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy consists of three broad levels: : Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan value using Level 1 inputs because they generally provide the most reliable evidence of the fair value. No Level 2 inputs were available to the Plan, and Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurements

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end. The fair value of common stocks, corporate bonds and US Government securities, if any, are based on closing price reported on the active market where the individual securities are traded.

Level 3 Fair Value Measurements

The guaranteed contract with an insurance company is not actively traded and significant other observable inputs are not available. Thus, the fair value of the guaranteed investment contract is measured using an income approach based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer.

For those assets with fair value measured using Level 3 inputs, the fair value measurement policies and procedures are reassessed at least annually by the Plan administrator and Plan trustee to determine if the current valuation are still appropriate. At that time, the unobservable inputs used in the fair value measurements are evaluated and adjusted, as necessary, based on current market conditions and other third-party information.

NOTE 4 – FAIR VALUE MEASUREMENTS (continued)

The following table sets forth by level, within the fair value hierarchy, the plan's assets at fair value as of December 31, 2012 and 2011:

		Fair Value Measurements at the End of the Reporting Period using:	
	Fair Value	Quoted Prices in Active Market for Identical Assets (Level 1)	Significant Unobservable Inputs (Level 3)
December 31, 2012:			
Asset allocation -Lifecycle	$ 1,583,912	$ 1,583,912	
Mutual funds	$ 1,718,560	$ 1,718,560	
Guaranteed investment contract with insurance company	$ 304,453	$ -	$ 304,453
Participants loans	$ 209,480	$ -	$ 209,480
Total assets at fair value	$ 3,816,405	$ 3,302,472	$ 513,933
December 31, 2011:			
Asset allocation -Lifecycle	$ 2,076,983	$ 2,076,983	
Mutual funds	$ 683,730	$ 683,730	
Guaranteed investment contract with insurance company	$ 273,743	$ -	$ 273,743
Participants loans	$ 157,818	$ -	$ 157,818
Total assets at fair value	$ 3,192,274	$ 2,760,713	$ 431,561

The following tables reconcile the beginning and ending balances of the fair value measurements using significant unobservable inputs (Level 3) for the years ended December 31, 2012 and 2011:

	Level 3 Assets Year Ended December 31, 2012		
	Guaranteed Investment Contract	Participant Loans	Total
Balance, beginning of year	$ 273,743	$ 157,818	$ 431,561
Gain or losses included in changes in net assets available for benefits	6,426	6,791.00	13,217
Purchases, sales, issuances, and settlements:			
Purchases	39,820	-	39,820
Issues	-	131,550	131,550
Sales	-	-	-
Settlements	(15,536)	(86,679)	(102,215)
	$ 304,453	$ 209,480	$ 513,933
The amount of total gain or losses for the period included in changes in net assets attributable to the changes in unrealized gains or losses relating to assets still held at the reporting date	$ (2,357)	$ -	$ (2,357)

NOTE 4 – FAIR VALUE MEASUREMENTS (Continued)

	Level 3 Assets Year Ended December 31, 2011		
	Guaranteed Investment Contract	Participant Loans	Total
Balance, beginning of year	$ 270,962	$ 164,644	$ 435,606
Gain or losses included in changes in net assets available for benefits	965	-	965
Purchases, sales, issuances, and settlements:			
Purchases	41,121	-	41,121
Issues	-	81,890	81,890
Sales	-	-	-
Settlements	(39,305)	(88,716)	(128,021)
	$ 273,743	$ 157,818	$ 431,561
The amount of total gain or losses for the period included in changes in net assets attributable to the change in unrealized gains or losses relating to assets still held at the reporting date	$ 3,239	$ -	$ 3,239

NOTE 5 – GUARANTEED INVESTMENT CONTRACT WITH INSURANCE COMPANY

In 2008, the Plan entered into a benefit-responsive investment contract with John Hancock Insurance Company (John Hancock). John Hancock maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for Plan withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. The guaranteed investment contract is presented on the face of the statement of net assets available for benefits at fair value with an adjustment to contract value in arriving at next assets available for benefits. Contract value, as reported to the Plan by John Hancock, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the investment contract at December 31, 2012 and 2011 was $304,453 and $273,743, respectively. The crediting interest rate is based on a formula agreed upon with the issuer, but may not be less than 0%. Such interest rates are reviewed on a monthly basis for resetting.

NOTE 5 – GUARANTEED INVESTMENT CONTRACT WITH INSURANCE COMPANY (Continued)

Certain events limit the Plan's ability to transact at contract value with John Hancock. Such events include the following: a) amendments to the plan documents (including complete or partial plan termination or merger with another plan); b) changes to the plan's prohibition on competing investment options or deletion of equity wash provisions; c) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the plan; or d) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under the Employee Retirement Income Security Act of 1974. The Plan administrator does not believe that any events that would limit the Plan's ability to transact at contract value with Plan participants are probable of occurring.

The average yields on the guaranteed investment contract of the Plan based on actual earnings for 2012 and 2011 were 1.54% and 1.63% respectively. The average yields on the guaranteed investment contract of the Plan based on interest rate credited to the participants for 2012 and 2011 were 1.54% and 1.63% respectively.

NOTE 6 – TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated March 31, 2008 that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC.) Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's trustee believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

U.S. generally accepted accounting principles require plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2012, there are no uncertain positions taken or expected to be taken. The Plan, which is subject to taxation in the United States, has incurred no interest or penalties related to its tax positions. The Plan's 2009 through 2012 tax years remain subject to examination by the Internal Revenue Service.

NOTE 7 – PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their employer contributions.

NOTE 8 – RISKS AND UNCERTAINTIES

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

SIERRA CIRCUITS, INC. 401(K) PLAN
EIN:77-0120789
PLAN NUMBER:001
Supplemental Schedule
Schedule H, Line 4i -Schedule of Assets (Held At End of Year)
December 31, 2012

(A)	(B) Identity of issuer, borrower, lessor or similar party	(C) Description of investment	(D) Cost	(E) Current Value
*	John Hancock Life Insurance Co.	Insurance Co. General Guaranteed Interest	291,624	291,624
	Blue Chip Growth Fund	Pooled Separate Accounts	35,402	37,678
	Total Bond Market Fund	Pooled Separate Accounts	8,971	9,390
	T. Rowe Price Equity Inc	Pooled Separate Accounts	28,741	34,505
	Mutual Discovery	Pooled Separate Accounts	23,323	27,227
	EuroPacific Growth Fund	Pooled Separate Accounts	2,933	3,168
	The Growth Fund of America	Pooled Separate Accounts	7,255	8,288
	Short-Term Federal	Pooled Separate Accounts	3,595	3,660
	T. Rowe Price Health Sci	Pooled Separate Accounts	86,697	95,642
	VS High Yield	Pooled Separate Accounts	15,206	16,695
	Investment Company of America	Pooled Separate Accounts	5,778	6,490
	International Growth Fund	Pooled Separate Accounts	4,927	4,682
	International Value Fund	Pooled Separate Accounts	10,916	11,341
	Lifecycle 2010	Pooled Separate Accounts	81,183	99,259
	Lifecycle 2015	Pooled Separate Accounts	194,139	232,621
	Lifecycle 2020	Pooled Separate Accounts	327,942	389,097
	Lifecycle 2025	Pooled Separate Accounts	104,390	118,651
	Lifecycle 2030	Pooled Separate Accounts	182,765	210,658
	Lifecycle 2035	Pooled Separate Accounts	181,473	211,682
	Lifecycle 2040	Pooled Separate Accounts	221,062	257,039
	Lifecycle 2045	Pooled Separate Accounts	51,944	58,101
	Lifecycle 2050	Pooled Separate Accounts	6,508	6,804
	Mid Cap Index Fund	Pooled Separate Accounts	3,573	3,956
	Mid Cap Stock Fund	Pooled Separate Accounts	51,267	53,652
	Money Market Fund	Pooled Separate Accounts	422,393	418,207
	PIMCO Real Return	Pooled Separate Accounts	12,704	15,297
	Real Est. Securities Fund	Pooled Separate Accounts	13,906	14,374
	Small Cap Growth Fund	Pooled Separate Accounts	4,566	4,751
	DFA US Small Cap Fund	Pooled Separate Accounts	1,541	1,642
	SSgA Mid Value Index Fund	Pooled Separate Accounts	5,778	6,157
	Science & Technology Fund	Pooled Separate Accounts	60,901	64,248
	PIMCO Total Return	Pooled Separate Accounts	726,627	745,138
	MFS Utilities	Pooled Separate Accounts	5,465	6,019
	Davis New York Venture	Pooled Separate Accounts	30,081	32,935
	Energy	Pooled Separate Accounts	66,496	67,691
	Small Cap Value Index	Pooled Separate Accounts	18,151	21,607
	Oppenheimer Global	Pooled Separate Accounts	3,329	4,120
	Participant Loans	Interest 4.25%-9.25%	-	209,480

John Hancock

STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 75140 THE TRUSTEES OF SIERRA CIRCUITS, INC.
401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2012

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF SIERRA CIRCUITS, INC. 401(K) PLAN Total No of Units	Total Value
Retirement Living through 2050	$ 66007936.69	620.400907	$ 6259.73
Retirement Living through 2045	$ 527047866.97	5015.992964	$ 58092.27
Retirement Living through 2040	$ 524538556.92	22131.006026	$ 256467.70
Retirement Living through 2035	$ 683977908.58	18198.415576	$ 211103.29
Retirement Living through 2030	$ 855293303.66	18268.494014	$ 210528.99
Retirement Living through 2025	$ 980417742.41	10130.525648	$ 118589.44
Retirement Living through 2020	$ 890640494.83	32365.214724	$ 389052.93
Retirement Living through 2015	$ 561748227.34	18966.814584	$ 232381.73
Retirement Living through 2010	$ 362679570.74	7926.996807	$ 99252.34
Retirement Choices at 2050	$ 121306313.50	.000000	$ 0.00
Retirement Choices at 2045	$ 215573710.18	.000000	$ 0.00
Retirement Choices at 2040	$ 293774476.58	.000000	$ 0.00
Retirement Choices at 2035	$ 435302566.07	.000000	$ 0.00
Retirement Choices at 2030	$ 556408982.27	.000000	$ 0.00
Retirement Choices at 2025	$ 648033469.41	.000000	$ 0.00
Retirement Choices at 2020	$ 572124713.33	.000000	$ 0.00
Retirement Choices at 2015	$ 340801796.39	.000000	$ 0.00
Retirement Choices at 2010	$ 224194602.29	.000000	$ 0.00
Lifestyle Aggressive	$ 3262992109.26	.000000	$ 0.00
Lifestyle Growth	$ 9741959258.64	.000000	$ 0.00
Lifestyle Balanced	$ 10529844943.52	.000000	$ 0.00
Lifestyle Moderate	$ 3261914224.70	.000000	$ 0.00
Lifestyle Conservative	$ 2967413402.57	.000000	$ 0.00
Russell Equity Growth	$ 38470433.12	.000000	$ 0.00
Russell Growth	$ 115639698.61	.000000	$ 0.00
Russell Balanced	$ 130305056.85	.000000	$ 0.00

*Assets = Liabilities

Note: this report does not reflect transactions processed after December 31, 2012
Cash Basis



STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 75140 THE TRUSTEES OF SIERRA CIRCUITS, INC.
401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2012

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF SIERRA CIRCUITS, INC. 401(K) PLAN Total No of Units	Total Value
Russell Moderate	$ 29663037.44	.000000	$ 0.00
Russell Conservative	$ 21478784.26	.000000	$ 0.00
Fidelity Advisor Gold Fund	$ 107681877.22	.000000	$ 0.00
Real Est. Securities Fund	$ 504834023.80	236.269669	$ 14353.05
Natural Resources Fund	$ 141678023.88	.000000	$ 0.00
DFA Emerging Markets Value	$ 258022835.26	.000000	$ 0.00
Royce Opportunity	$ 133972727.39	.000000	$ 0.00
Intl Small Cap Fund	$ 101112789.45	.000000	$ 0.00
Fidelity Adv Leveraged Co Stk	$ 32752393.61	.000000	$ 0.00
Oppenheimer Developing Mkt	$ 719845861.37	.000000	$ 0.00
PIMCO Commodity Real Return	$ 11305677.39	.000000	$ 0.00
Energy	$ 486696506.97	748.299434	$ 67641.23
Dodge & Cox International St	$ 15047706.15	.000000	$ 0.00
Keeley Small Cap Value	$ 26334923.44	.000000	$ 0.00
DFA International Value	$ 76076562.67	.000000	$ 0.00
Aberdeen International Equity	$ 949.78	.000000	$ 0.00
SSgA Mid Growth Index Fund	$ 32617269.04	.000000	$ 0.00
International Value Fund	$ 229578700.58	538.818678	$ 11335.96
DFA US Targeted Value Fund	$ 29254189.28	.000000	$ 0.00
Mid Cap Stock Fund	$ 284477707.93	2501.284521	$ 53481.72
T. Rowe Price Sci & Tech	$ 283676896.32	.000000	$ 0.00
Columbia Value & Restructuring	$ 0.00	.000000	$ 0.00
DFA U.S. Small Cap Fund	$ 121565146.32	59.675228	$ 1622.48
Small Cap Growth Index	$ 247576773.62	.000000	$ 0.00
Intl Equity Index Fund	$ 200284513.62	.000000	$ 0.00
International Core Fund	$ 34509700.51	.000000	$ 0.00

*Assets = Liabilities

John Hancock

STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 75140 THE TRUSTEES OF SIERRA CIRCUITS, INC.
401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2012

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF SIERRA CIRCUITS, INC. 401(K) PLAN Total No of Units	Total Value
SMALLCAP World Fund	$ 31742525.13	.000000	$ 0.00
New World Fund	$ 42860861.53	.000000	$ 0.00
Science & Technology Fund	$ 167917283.33	3265.568404	$ 64096.54
Financial Services Fund	$ 78405682.66	.000000	$ 0.00
Small Cap Index Fund	$ 169045499.96	.000000	$ 0.00
American Century Heritage	$ 235607960.35	.000000	$ 0.00
John Hancock Intl Growth	$ 9769166.95	.000000	$ 0.00
Explorer	$ 45807715.28	.000000	$ 0.00
Small Cap Growth Fund	$ 76666586.77	334.066777	$ 4701.69
Inv Small Cap Growth	$ 133711681.83	.000000	$ 0.00
Oppenheimer Intl Growth Fund	$ 70236921.74	.000000	$ 0.00
EuroPacific Growth Fund	$ 720830555.93	56.386415	$ 3151.78
Franklin Small-Mid Growth	$ 150573884.31	.000000	$ 0.00
Pru Jennison 20/20 Focus Fund	$ 50611462.83	.000000	$ 0.00
Legg Mason ClearBr Agg Growth	$ 134212912.61	.000000	$ 0.00
Turner Large Growth Fund	$ 2081421.29	.000000	$ 0.00
Thornburg International Value	$ 37080394.56	.000000	$ 0.00
International Growth Fund	$ 50729839.16	281.849279	$ 4607.32
Brandywine Blue Fund	$ 0.00	.000000	$ 0.00
T. Rowe Price Health Sci	$ 465252211.09	1840.119080	$ 95487.56
Small Cap Opportunities Fund	$ 50203641.95	.000000	$ 0.00
SSgA Mid Value Index Fund	$ 29566043.10	515.918744	$ 6138.65
Aston/Fairpointe Mid Cap Fund	$ 18808598.60	.000000	$ 0.00
Small Company Value Fund	$ 104652083.11	.000000	$ 0.00
Small Cap Value Index	$ 47362555.33	1120.480132	$ 21499.95
Royce Pennsylvania Mutual Fund	$ 4438289.83	.000000	$ 0.00

*Assets = Liabilities



STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 75140 THE TRUSTEES OF SIERRA CIRCUITS, INC.
401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2012

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF SIERRA CIRCUITS, INC. 401(K) PLAN Total No of Units	Total Value
Columbia Mid Cap Value	$ 63444093.07	.000000	$ 0.00
Small Cap Value Fund	$ 254853850.98	.000000	$ 0.00
Blue Chip Growth Fund	$ 577189305.13	1302.946751	$ 37569.24
Value Fund	$ 280155332.78	.000000	$ 0.00
Mid Cap Index Fund	$ 381279411.70	137.726381	$ 3807.45
Franklin Balance Sheet	$ 0.00	.000000	$ 0.00
T. Rowe Price Sml Cap Val	$ 177881043.44	.000000	$ 0.00
Oppenheimer Global	$ 205911426.33	88.537763	$ 4042.88
JH Disciplined Value Mid Cap	$ 1463107.74	.000000	$ 0.00
Lord Abbett Value Opps Fund	$ 22693514.22	.000000	$ 0.00
Fundamental All Cap Core Fund	$ 129575110.11	.000000	$ 0.00
Mid Value Fund	$ 195972295.96	.000000	$ 0.00
Capital World Growth & Income	$ 104004387.62	.000000	$ 0.00
Capital Appreciation Fund	$ 402506839.15	.000000	$ 0.00
Templeton World	$ 128494296.50	.000000	$ 0.00
Domini Social Equity	$ 63418095.40	.000000	$ 0.00
All Cap Core Fund	$ 17607568.43	.000000	$ 0.00
John Hancock Rainier Grow	$ 2777105.83	.000000	$ 0.00
All Cap Value Fund	$ 88720636.06	.000000	$ 0.00
JPM MidCap Value Fund	$ 271691515.79	.000000	$ 0.00
New Perspective Fund	$ 51605824.28	.000000	$ 0.00
Pru Jennison Mid Growth Fund	$ 79328747.23	.000000	$ 0.00
Fundamental Investors	$ 172099640.29	.000000	$ 0.00
Utilities Fund	$ 105837155.03	.000000	$ 0.00
MFS Utilities	$ 238329675.07	236.123960	$ 6015.06
Total Stock Market Index Fund	$ 263368734.64	.000000	$ 0.00

*Assets = Liabilities



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MONEY INVESTED AS OF DECEMBER 31, 2012

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF SIERRA CIRCUITS, INC. 401(K) PLAN Total No of Units	Total Value
JPMorgan Large Cap Growth	$ 5527482.18	.000000	$ 0.00
Victory Diversified Stock	$ 10385728.49	.000000	$ 0.00
John Hancock Disciplined Value	$ 325464578.98	.000000	$ 0.00
Growth Index Fund	$ 99574777.43	.000000	$ 0.00
The Growth Fund of America	$ 787513229.20	215.948239	$ 8264.62
Eaton Vance Large-Cap Value	$ 42023739.97	.000000	$ 0.00
Fidelity ContraFund	$ 403398752.47	.000000	$ 0.00
Fidelity Adv New Insights	$ 71548436.23	.000000	$ 0.00
Mass Investors Fund	$ 39043853.55	.000000	$ 0.00
Dodge & Cox Stock Fund	$ 16761282.49	.000000	$ 0.00
Equity Income Fund	$ 269144869.59	.000000	$ 0.00
Fundamental Large Cap Value	$ 65664225.43	.000000	$ 0.00
Davis New York Venture	$ 507337196.54	1082.602756	$ 32924.22
T. Rowe Price Equity Inc	$ 482076951.99	801.869443	$ 34482.46
Columbia Equity Value	$ 8192091.35	.000000	$ 0.00
Value Index Fund	$ 51485461.13	.000000	$ 0.00
BlackRock Basic Value	$ 12493696.60	.000000	$ 0.00
500 Index Fund	$ 1044330916.29	.000000	$ 0.00
Mutual Beacon	$ 331377676.46	.000000	$ 0.00
FT Founding Allocation	$ 22980147.47	.000000	$ 0.00
Washington Mutual Investors	$ 276579564.51	.000000	$ 0.00
Investment Company of America	$ 212105727.98	155.946765	$ 6488.29
Parnassus Equity Income	$ 77607605.81	.000000	$ 0.00
U.S. Equity Fund	$ 43285455.92	.000000	$ 0.00
Ivy Asset Strategy Fund	$ 158699364.45	.000000	$ 0.00
T. Rowe Price Cap Appreciation	$ 35032674.71	.000000	$ 0.00

*Assets = Liabilities



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MONEY INVESTED AS OF DECEMBER 31, 2012

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF SIERRA CIRCUITS, INC. 401(K) PLAN Total No of Units	Total Value
Capital Income Builder	$ 47699541.15	.000000	$ 0.00
Pax World Balanced Fund	$ 1721989.88	.000000	$ 0.00
Income Fund of America	$ 52244503.59	.000000	$ 0.00
Core Global Diversification	$ 28678160.94	.000000	$ 0.00
American Balanced Fund	$ 545948790.71	.000000	$ 0.00
BlackRock Global Allocation	$ 354905454.41	.000000	$ 0.00
PIMCO All Asset	$ 217523446.62	.000000	$ 0.00
PIMCO All Asset All Authority	$ 3058818.72	.000000	$ 0.00
Mutual Global Discovery	$ 368017602.51	364.389157	$ 27183.59
Core Diversified Grwth & Inc	$ 24617338.21	.000000	$ 0.00
Core Fundamental Holdings	$ 12280566.77	.000000	$ 0.00
Managers AMG FQ Global Alt	$ 5048973.60	.000000	$ 0.00
Alternative Asset Allocation	$ 4570813.61	.000000	$ 0.00
MFS Emerging Markets Debt	$ 838616.57	.000000	$ 0.00
High Yield Fund	$ 380533638.09	552.400369	$ 16636.77
U.S. High Yield Bond Fund	$ 96586192.19	.000000	$ 0.00
American High-Income Fund	$ 52482498.95	.000000	$ 0.00
Federated High Yield Bond	$ 33125302.69	.000000	$ 0.00
Floating Rate Income Fund	$ 1973644.80	.000000	$ 0.00
Global Bond Fund	$ 85984500.66	.000000	$ 0.00
Real Return Bond Fund	$ 163033963.68	.000000	$ 0.00
PIMCO Global Bond	$ 210336610.49	.000000	$ 0.00
Oppenheimer Intl Bond	$ 109205402.46	.000000	$ 0.00
DFA Inflation-Protected Sec	$ 41119404.71	.000000	$ 0.00
PIMCO Real Return	$ 437380823.81	745.357697	$ 15274.66
Templeton Global Bond Fund	$ 84603099.55	.000000	$ 0.00

*Assets = Liabilities

John Hancock

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MONEY INVESTED AS OF DECEMBER 31, 2012

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF SIERRA CIRCUITS, INC. 401(K) PLAN Total No of Units	Total Value
Capital World Bond Fund	$ 17495736.83	.000000	$ 0.00
T. Rowe Price Spectrum Inc	$ 239085581.69	.000000	$ 0.00
Payden/Kravitz Cash Balance	$ 3347946.53	.000000	$ 0.00
Strategic Income Opp Fund	$ 269342101.41	.000000	$ 0.00
Active Bond Fund	$ 69324177.89	.000000	$ 0.00
The Bond Fund of America	$ 0.00	.000000	$ 0.00
Investment Qual Bond Fund	$ 76286858.51	.000000	$ 0.00
Total Return Fund	$ 396118722.73	.000000	$ 0.00
Core Bond Fund	$ 81662428.36	.000000	$ 0.00
PIMCO Total Return	$ 1589419842.53	30596.112436	$ 742629.51
Total Bond Market Fund	$ 118947817.02	536.561675	$ 9364.19
US Government Securities	$ 78451840.50	.000000	$ 0.00
T. Rowe Price Short Term Bond	$ 26461586.14	.000000	$ 0.00
Short-Term Federal	$ 456316394.92	177.672226	$ 3658.03
Money Market Fund	$ 2212460255.64	33987.372078	$ 417854.86
John Hancock Stable Val	$ 1965363307.45	.000000	$ 0.00

*Assets = Liabilities

I hereby certify that this statement, given pursuant to 29 CFR 2520.103-5(c), is complete and accurate.

Peter Gordon
President, Retirement Plan Services

Production Date(C): MAR/13/2013