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 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

2016

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
MINI-CIRCUITS LAB EMPLOYEE BENEFIT PLAN I

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 08/31/1972

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
SCIENTIFIC COMPONENTS CORPORATION

13 NEPTUNE AVE.
BROOKLYN, NY 11235-4404

2b Employer Identification Number (EIN) 11-2161210

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

2d Business code (see instructions) 334410

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2017	KAI LO
	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)

Preparer's telephone number

3a Plan administrator's name and address ☐ Same as Plan Sponsor

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

3b Administrator's EIN: 11-6227571

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

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

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	729
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	372
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	350
b	Retired or separated participants receiving benefits	**6b**	36
c	Other retired or separated participants entitled to future benefits	**6c**	346
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	732
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	732
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	732
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2C 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)	☐	Insurance
(2)	☐	Code section 412(e)(3) insurance contracts
(3)	☒	Trust
(4)	☐	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

- **(1)** ☒ **H** (Financial Information)
- **(2)** ☐ **I** (Financial Information – Small Plan)
- **(3)** ☐ 0 **A** (Insurance Information)
- **(4)** ☒ **C** (Service Provider Information)
- **(5)** ☐ **D** (DFE/Participating Plan Information)
- **(6)** ☐ **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

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.**	**2016** **This Form is Open to Public Inspection.**

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
11-2161210

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

JP MORGAN CHASE NA
1111 POLARIS PARKWAY
COLUMBUS, OH 43240

13-4994650

(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)

(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 ☐

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 H (Form 5500)

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

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
11-2161210

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	395575	321543
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	420174	402814
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	76937	78096
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3308912	3284628
(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)	2720844	2810315
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	2066850	2407677
(B) Common	1c(4)(B)	304604	323437
(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)	1932	378
(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)		
(15) Other	1c(15)	1259855	1256460

			(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**	10555683	10885348
	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**	10555683	10885348

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)**	402814	
	(B) Participants	**2a(1)(B)**		
	(C) Others (including rollovers)	**2a(1)(C)**		
	(2) Noncash contributions	**2a(2)**		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	**2a(3)**		402814
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	**2b(1)(A)**	7810	
	(B) U.S. Government securities	**2b(1)(B)**		
	(C) Corporate debt instruments	**2b(1)(C)**	168796	
	(D) Loans (other than to participants)	**2b(1)(D)**		
	(E) Participant loans	**2b(1)(E)**	60	
	(F) Other	**2b(1)(F)**	74314	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	**2b(1)(G)**		250980
	(2) Dividends: **(A)** Preferred stock	**2b(2)(A)**	154718	
	(B) Common stock	**2b(2)(B)**	9111	
	(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)**		163829
	(3) Rents	**2b(3)**		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	**2b(4)(A)**	162127	
	(B) Aggregate carrying amount (see instructions)	**2b(4)(B)**	166762	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	**2b(4)(C)**		-4635
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	**2b(5)(A)**		
	(B) Other	**2b(5)(B)**	12496	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	**2b(5)(C)**		12496

		(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)		
(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		825484
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	495819	
(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)		495819
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		0
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		495819
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		329665
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 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		500000
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			
o	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

Part V Trust Information

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

6c Name of trustee or custodian	**6d** Trustee's or custodian's telephone number

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 sections 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

2016

This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
11-2161210

Part I Distributions

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

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

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

EIN(s): 65-1198292

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** 26

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** 402814

b Enter the amount contributed by the employer to the plan for this plan year **6b** 402814

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** 0

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: 0.0 % 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):

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes	☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Current year" ADP test	☐ "Prior year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test	☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes	☐ No

22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter ____/____/____ and the serial number _____.

22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter ____/____/____.

MINI-CIRCUITS LAB
EMPLOYEE BENEFIT PLAN I

FINANCIAL STATEMENTS AND SUPPLEMENTAL INFORMATION

Year Ended December 31, 2016

MINI-CIRCUITS LAB EMPLOYEE BENEFIT PLAN I

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mwe
Margolin, Winer & Evens LLP
CERTIFIED PUBLIC ACCOUNTANTS

REPORT OF INDEPENDENT AUDITORS

Trustee
Mini-Circuits Lab Employee Benefit Plan I
Brooklyn, New York

Report on the Financial Statements

We have audited the accompanying financial statements of Mini-Circuits Lab Employee Benefit Plan I (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, and the related statement of changes in net assets available for benefits for the year ended December 31, 2016, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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.

Auditors' 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 audit to obtain reasonable assurance about whether the financial statements are free from 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 auditors' 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

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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 Mini-Circuits Lab Employee Benefit Plan I as of December 31, 2016 and 2015, and the changes in net assets available for benefits for the year ended December 31, 2016, in accordance with accounting principles generally accepted in the United States of America.

Margolin, Winer & Evans LLP

Garden City, New York
October 12, 2017

MINI-CIRCUITS LAB EMPLOYEE BENEFIT PLAN I

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31,	**2016**	2015
ASSETS		
Investments, at fair value (Notes 4 and 5):		
Cash and cash equivalents	**$ 3,597,875**	$ 3,696,191
Corporate bonds and notes	**2,810,315**	2,720,844
Preferred stocks	**2,407,677**	2,066,850
Common stocks	**313,261**	280,520
Warrants	**10,176**	24,084
U.S. treasury money market fund	**8,296**	8,296
Tax-exempt municipal bonds	**1,256,460**	1,259,855
Total Investments	**10,404,060**	10,056,640
Receivables:		
Employer contribution	**402,814**	420,174
Accrued interest receivable	**78,096**	76,937
Notes receivable from participants	**378**	1,932
Total Receivables	**481,288**	499,043
Net Assets Available for Benefits	**$ 10,885,348**	$ 10,555,683

The accompanying notes are an integral part of these statements.

MINI-CIRCUITS LAB EMPLOYEE BENEFIT PLAN I

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year Ended December 31,	2016
Additions to Net Assets Attributed to:	
Investment income:	
Interest and dividends	$ 414,748
Net appreciation in fair value of investments	7,862
	422,610
Interest income - notes receivable from participants	60
Contribution - employer	402,814
Total Additions	825,484
Deductions from Net Assets Attributed to -	
Benefits paid to participants	495,819
Net Increase	329,665
Net Assets Available for Benefits - beginning of year	10,555,683
Net Assets Available for Benefits - end of year	$ 10,885,348

The accompanying notes are an integral part of this statement.

1. Plan Information

The Mini-Circuits Lab Employee Benefit Plan I (the "Plan") is a defined contribution plan of the money purchase type covering eligible employees of Scientific Components Corporation, Advanced Systems Research, Inc. and Mini-Circuits Missouri, Inc. (the "Employer"). Advanced Systems Research, Inc. ("ASR") ceased operations in 2015. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974.

Effective April 20, 2015, the Plan was amended such that any participant who was employed by ASR will be fully vested and that any present and former employee of ASR is permitted to receive the value of their vested benefit at the time of the discontinuance of ASR's participation in the Plan in 2015.

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

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

Contributions - Each year the Employer shall contribute to the Plan 2% of the plan year eligible compensation of all eligible employees. Forfeitures of terminated participants' nonvested accounts may be used to pay Plan expenses or reduce the Employer contribution. In 2016, the Employer contribution was reduced by forfeitures of $4,570.

Allocated insurance contracts - Each participant can elect to have the Plan purchase allocated insurance contracts for the benefit of the participant. The premiums for these contracts are deducted from the participants' accounts. Allocated insurance contracts are excluded from the Plan assets. At December 31, 2016 and 2015, there were no allocated insurance contracts.

Participant accounts - Each participant's account is credited with an allocation of (a) the Employer's contribution, (b) Plan earnings, and (c) forfeitures of terminated participants' non-vested accounts, and charged with an allocation of administrative expenses, if any. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

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

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

Notes receivable from participants - Except as noted below, participants may borrow from their accounts any amount up to a maximum of $50,000 or 50% of their vested account balance, whichever is less. For the purpose of this limitation, all notes from all plans of the Employer are aggregated. Loan repayments must be made monthly, in level payments of principal and interest, and repaid within five years. All notes are required to bear a reasonable rate of interest and are secured by the balance of the participant's account. There is no allowance for uncollectible amounts at December 31, 2016 and 2015. Effective June 1, 2016, the Plan no longer allows loans to be made from the Plan.

2. **Payment of Benefits**

On termination of service due to death, disability or normal retirement at age 65, a participant becomes 100% vested in their employer contribution account. A participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in either a lump-sum payment or installment payments subject to Plan provisions. For termination of service due to other reasons, participants with a vested interest in their account balance of $5,000 or greater will receive the value of the vested interest in their account upon the earlier of death, disability or reaching normal retirement age. Participants with a vested interest in their account balance of less than $5,000 may receive the value of the vested interest in their account in a lump-sum payment upon the valuation date following termination of employment.

3. **Termination of the Plan**

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

4. **Summary of Significant Accounting Policies**

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

Investments may be made in securities or property, as determined by a Trustee.

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 5 for a discussion of fair value measurements.

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

Benefits are recorded when paid.

Participant loans are classified as notes receivable from participants and are measured at their unpaid principal balance plus any accrued but unpaid interest. Notes receivable from participants are reported as investments on Form 5500. Delinquent notes receivable from participants are reclassified as distributions based upon the terms of the Plan document.

The Plan has evaluated events and transactions for potential recognition or disclosure through October 12, 2017, the date the financial statements were available to be issued.

5. Fair Value Measurements

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

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

Level 2 - Valuations based on quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not active or inputs other than quoted prices that are observable, either directly or indirectly. Level 2 investments of the Plan consist of corporate bonds and notes, warrants, and tax-exempt municipal bonds which are valued based on a model pricing matrix used by the broker. This model uses quoted prices of the same or similar securities taking into account the level of trading activity associated with such quoted prices and differences in interest rates, credit ratings,

maturity dates, call dates and other market conditions between similar securities for which quoted prices are available and the securities held by the Plan.

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

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

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2016 and 2015:

	Investments at Fair Value at December 31, 2016			
	Level 1	Level 2	Level 3	Total
Interest bearing cash and cash equivalents	$ 3,597,875	$ -	$ -	$ 3,597,875
Corporate bonds and notes	-	2,810,315	-	2,810,315
Preferred stocks	2,407,677	-	-	2,407,677
Common stocks	313,261	-	-	313,261
Warrants	-	10,176	-	10,176
U.S. treasury money market fund	8,296	-	-	8,296
Tax-exempt municipal bonds	-	1,256,460	-	1,256,460
Total investments, at fair value	$ 6,327,109	$ 4,076,951	$ -	$ 10,404,060

NOTES TO FINANCIAL STATEMENTS

	Investments at Fair Value at December 31, 2015			
	Level 1	Level 2	Level 3	Total
Interest bearing cash and cash equivalents	$ 3,696,191	$ -	$ -	$ 3,696,191
Corporate bonds and notes	-	2,720,844	-	2,720,844
Preferred stocks	2,066,850	-	-	2,066,850
Common stocks	280,520	-	-	280,520
Warrants	-	24,084	-	24,084
U.S. treasury money market fund	8,296	-	-	8,296
Tax-exempt municipal bonds	-	1,259,855	-	1,259,855
Total investments, at fair value	$ 6,051,857	$ 4,004,783	$ -	$ 10,056,640

6. Tax Status

Effective January 1, 2016, the Plan administrator adopted a volume submitter money purchase pension plan that received a favorable determination letter from the Internal Revenue Service (IRS) dated March 31, 2014. Although the Plan has been subsequently amended, the Plan administrator believes that the Plan is designed and is being operated in compliance with the applicable requirements of ERISA and the Internal Revenue Code and therefore fulfills the criteria for exemption from federal and state income taxes.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2016, there are no uncertain positions taken or expected to be taken by the Plan that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2013.

7. Party-In-Interest Transactions

Substantially all administrative expenses of the Plan are paid by the Employer.

8. Risks and Uncertainties

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

Cash and cash equivalents include deposits of $3,276,311 and $3,300,595 at December 31, 2016 and 2015, respectively, held by RBC Three World Financial Center Branch located in New York (the "Branch"), a U.S. branch of Royal Bank of Canada ("Royal Bank"), a Canadian bank. Such deposits are not insured by the Federal Deposit Insurance Corporation ("FDIC"), Securities Investor Protection Corporation ("SIPC") or any governmental agency of the United States, Canada or any other jurisdiction. The deposits are obligations of the Branch only. The payment of principal and interest on the deposits at the Branch is subject to the creditworthiness of Royal Bank.

Margolin, Winer & Evens LLP
CERTIFIED PUBLIC ACCOUNTANTS

REPORT OF INDEPENDENT AUDITORS ON SUPPLEMENTAL INFORMATION

Trustee
Mini-Circuits Lab Employee Benefit Plan I
Brooklyn, New York

We have audited the financial statements of Mini-Circuits Lab Employee Benefit Plan I (the "Plan") as of December 31, 2016 and 2015, and for the year ended December 31, 2016, and have issued our report thereon dated October 12, 2017 which contained an unmodified opinion on those financial statements. Our audits were performed for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets Held for Investment Purposes as of December 31, 2016 is presented for the purposes of additional analysis and is not a required part of the financial statements but is 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 financial statements as a whole.

Margolin, Winer & Evens LLP

Garden City, New York
October 12, 2017

MINI-CIRCUITS LAB EMPLOYEE BENEFIT PLAN I

FORM 5500 - SCHEDULE H, line 4i
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
EIN: 11-2161210 - PLAN NUMBER 001

December 31, 2016

	INTEREST RATE	MATURITY DATE	NUMBER OF SHARES OR FACE VALUE	COST	FAIR VALUE
Money Market Fund -					
J.P. Morgan U.S. Treasury Plus Money Market Fund	Variable	N/A	8,296	$ 8,296	$ 8,296
Corporate Bonds and Notes:					
Alcoa Inc. Notes	5.720%	02/23/2019	64,000	58,408	67,840
Morgan Stanley Senior Notes	5.500%	07/28/2021	100,000	94,500	110,814
New Jersey Bell Telephone Co. Deb	8.000%	06/01/2022	100,000	99,857	120,562
Fleet Financial Group Inc. Notes	6.875%	01/15/2028	250,000	243,930	295,555
GTE North Inc. Debentures	6.730%	02/15/2028	45,000	45,006	36,743
GTE Corp. Debentures	6.940%	04/15/2028	100,000	94,593	124,673
AT&T Corp.	6.500%	03/15/2029	50,000	49,945	55,968
Ford Motor Co. Del Debentures	8.900%	01/15/2032	100,000	100,006	132,959
Verizon Global Funding Corp. Notes	7.750%	06/15/2032	100,000	97,505	130,711
Credit Suisse First Boston USA Inc. Notes	7.125%	07/15/2032	100,000	99,805	132,134
Phelps Dodge Corp.	6.125%	03/15/2034	50,000	41,378	50,125
Goldman Sachs Group Inc. Subordinated Global Notes	6.750%	10/01/2037	100,000	99,000	123,485
Petrobas International Finance Company	6.750%	01/27/2041	200,000	199,750	168,000
Hewlett Packard Co. Notes	6.000%	09/15/2041	150,000	149,966	151,295
Pitney Bowes Notes	6.700%	03/07/2043	112,500	112,500	115,065
Viacom Inc.	5.850%	09/01/2043	100,000	93,700	98,000
Diamond Offshore Drilling Inc.	4.875%	11/01/2043	200,000	182,000	142,066
GE Capital Global Med Term Notes Ser A	4.875%	01/29/2053	200,000	200,000	196,400
GE Capital Global Med Term Notes Ser A	4.700%	05/16/2053	100,000	100,000	98,240
Telephone and Data Systems Inc. Senior Notes	5.875%	12/01/2061	100,000	100,000	89,760
NextEra Energy Capital Holdings Inc. Junior Subordinated Debt	5.700%	03/01/2072	200,000	200,000	194,080
NextEra Energy Capital Holdings Inc. Junior Subordinated Debt	5.125%	11/15/2072	200,000	200,000	175,840
Total Corporate Bonds and Notes				2,661,849	2,810,315

The accompanying notes are an integral part of this schedule.

MINI-CIRCUITS LAB EMPLOYEE BENEFIT PLAN I

FORM 5500 - SCHEDULE H, line 4i
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES (continued)
EIN: 11-2161210 - PLAN NUMBER 001

December 31, 2016

	INTEREST RATE	MATURITY DATE	NUMBER OF SHARES OR FACE VALUE	COST	FAIR VALUE
Preferred Stocks:					
Aegon N V	6.375%	01/31/2017	7,000	$ 175,000	$ 175,280
HSBC Holdings PLC	8.125%	01/31/2017	6,000	150,000	155,700
Barclays Bank PLC ADR	7.100%	03/15/2017	2,000	50,000	50,760
Public Storage	5.625%	06/15/2017	4,000	100,000	94,120
Gabelli Equity Trust Inc.	5.000%	09/28/2017	2,000	50,000	45,700
M&T Bank Corp.	6.375%	11/15/2018	200	200,166	202,000
Allstate Corp. Leopards Per Pfd D	6.625%	04/15/2019	4,000	100,000	103,480
JP Morgan Chase & Co. Pfd Y	6.125%	03/01/2020	8,000	200,000	202,800
JP Morgan Chase & Co. Pfd BB	6.150%	09/01/2020	16,000	400,000	409,440
Wells Fargo & Company Pfd Ser W	5.700%	03/15/2021	8,000	200,000	189,280
Bank of America Corporation Pfd Ser EE	6.000%	04/25/2021	4,000	100,000	99,600
Charles Schwab Corp. Pfd Ser D	5.950%	06/01/2021	4,000	100,000	99,960
Wells Fargo & Company Pfd Ser X	5.500%	09/15/2021	8,000	200,000	183,280
Reinsurance Group of America	6.200%	09/15/2042	4,000	100,000	107,920
Sears Roebuck Acceptance Corp.	7.400%	02/01/2043	6,000	150,000	55,800
Southern Co.	6.250%	10/15/2075	8,000	200,000	208,800
Assured Guaranty Municipal Holdings Inc.	5.600%	07/15/2103	1,000	25,000	23,757
Total Preferred Stocks				2,500,166	2,407,677
Municipal Bonds:					
Hudson City NJ Improvement Authority	5.000%	06/01/2030	200,000	199,988	207,068
Illinois St G/O Bonds Pension General Purpose	5.100%	06/01/2033	200,000	169,006	176,764
New Orleans Pub Impact Bonds G/O 2014A	5.750%	12/01/2033	50,000	49,996	55,736
Illinois St G/O Bonds 2010 Primary/Secondary Education	6.900%	03/01/2035	100,000	99,656	101,078
Illinois St G/O Bonds 2010 Primary/Secondary Education	6.900%	03/01/2035	100,000	99,650	101,078
Illinois St G/O Bonds 2012	5.750%	01/01/2037	65,000	64,995	58,429
Kentucky St Mun Mpwr Agy Pwr Electricity and Public Pwr	6.490%	09/01/2037	100,000	103,006	106,994
Illinois St G/O Bonds 2013B	5.520%	04/01/2038	200,000	191,367	186,272
South New Jersey Transit Authority Other Transportation	7.000%	11/01/2038	100,000	99,991	106,103
New Jersey St Edl Fac Authority New Jersey Inst of Tech	6.410%	07/01/2040	50,000	50,006	54,230
Coshocton City Sch Dist OH G/O 2010B	5.966%	12/01/2040	100,000	99,998	102,708
Total Municipal Bonds				1,227,659	1,256,460

The accompanying notes are an integral part of this schedule.

MINI-CIRCUITS LAB EMPLOYEE BENEFIT PLAN I

FORM 5500 - SCHEDULE H, line 4i
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES (continued)
EIN: 11-2161210 - PLAN NUMBER 001

December 31, 2016

	INTEREST RATE	MATURITY DATE	NUMBER OF SHARES OR FACE VALUE	COST	FAIR VALUE
Common Stocks:					
AT&T Corp.	N/A	N/A	779	$ 45,609	$ 33,131
Comcast Corp. Class A	N/A	N/A	2,425	76,340	167,446
Frontier Communications Corp.	N/A	N/A	199	2,817	673
General Motors Company	N/A	N/A	651	68,508	22,681
UTS Motors Liquidation Company ZZ	N/A	N/A	151	N/A	1,268
Verizon Communications	N/A	N/A	832	42,616	44,412
Xerox Corp.	N/A	N/A	5,000	83,278	43,650
Total Common Stocks				319,168	313,261
Warrants:					
General Motors Company Class B Warrants	N/A	07/10/2019	593	35,373	10,176
Total Warrants				35,373	10,176
Notes Receivable from Participants	5.75%	Various	N/A	378	378
Cash and Cash Equivalents				3,597,875	3,597,875
Total Assets Held for Investment				$ 10,350,764	$ 10,404,438

The accompanying notes are an integral part of this schedule.

Schedule H, Line 4i
Schedule of Assets (Held At End of Year)

Name of Plan:

► MINI-CIRCUITS LAB EMPLOYEE BENEFIT PLAN I

Employer Identification Number:► 11-2161210

For plan year (beginning/ending):► 01/01/2016-12/31/2016 Plan number:► 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	J.P. Morgan U.S. Treasury Plus Money Market Fund		8296	8296
	Aloca Inc. Notes		58408	67840
	Morgan Stanley Senior Notes		94500	110814
	New Jersey Bell Telephone Co. Deb		99857	120562
	Fleet Financial Group Inc. Notes		243930	295555
	GTE North Inc. Debentures		45006	36743
	GTE Corp. Debentures		94593	124673
	AT&T Corp.		49945	55968
	Ford Motor Co. Del Debentures		100006	132959
	Verizon Global Funding Corp. Notes		97505	130711
	Credit Suisse First Boston USA Inc. Notes		99805	132134
	Phelps Dodge Corp.		41378	50125
	Goldman Sachs Group Inc. Subordinated Global Notes		99000	123485
	Petrobas International Finance Company		199750	168000
	Hewlett Packard Co. Notes		149966	151295
	Viacom Inc		93700	98000
	Diamond Offshore Drilling Inc.		182000	142066
	Pitney Bowes Notes		112500	115065
	GE Capital Global Med Term Notes Ser A		200000	196400
	GE Capital Global Med Term Notes Ser A		100000	98240
	Telephone and Data Systems Inc. Senior Notes		100000	89760
	NextEra Energy Capital Holdings Inc. Junior Subordinated Debt		200000	194080
	NextEra Energy Capital Holdings Inc. Junior Subordinated Debt		200000	175840
	Barclays Bank PLC ADR		50000	50760
	HSBC Holdings PLC		150000	155700
	Aegon N V		175000	175280
	Public Storage		100000	94120
	Gabelli Equity Trust Inc.		50000	45700
	M&T Bank Corp.		200166	202000
	Allstate Corp. Leopards Per Pfd D		100000	103480
	JP Morgan Chase Pfd Y		200000	202800
	JP Morgan Chase Pfd BB		400000	409440

	Wells Fargo & Company Ptd Ser W	200000	189280
	Bank of America Corporation Pfd Ser EE	100000	99600
	Charles Schwab Corp Pfd Ser D	100000	99960
	Wells Fargo & Company Ptd Ser X	200000	183280
	Reinsurance Group of America	100000	107920
	Sears Roebuck Acceptance Corp.	150000	55800
	Southern Co	200000	208800
	Assured Guaranty Municipal Holdings Inc.	25000	23757
	Hudson City NJ Improvement Authority	199988	207068
	New Orleans Pub Impact Bonds G/O 2014A	49996	55736
	Illinois St GO Bonds Pension General Purpose	169006	176764
	Illinois St GO Bonds 2010 Primary/Secondary Education	99656	101078
	Illinois St GO Bonds 2010 Primary/Secondary Education	99650	101078
	Illinois St GO Bonds 2012	64995	58429
	Kentucky St Mun Mpwr Agy Pwr Electricity and Public Pwr	103006	106994
	Illinois St GO Bonds 2013B	191367	186272
	South New Jersey Transit Authority Other Transportation	99991	106103
	New Jersey St Edl Fac Authority New Jersey Inst of Tech	50006	54230
	Coshocton City Sch Dist OH GO	99998	102708
	AT&T Corp.	45609	33131
	Comcast Corp. CL A	76340	167446
	Frontier Communications Corp.	2817	673
	General Motors Company	68508	22681
	UTS Motors Liquidation Company ZZ	NA	1268
	Verizon Communications	42616	44412
	Xerox Corp.	83278	43650
	General Motors Company Class B Warrants	35373	10176
	Notes Receivable from Participants	378	378
	Cash and Cash Equivalents	3597875	3597875