Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

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
METRIC ENGINEERING SAVINGS AND RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1992

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

13940 SW 136TH STREET, SUITE 200
MIAMI, FL 33186

2b Employer Identification Number (EIN)
59-1685550

2c Sponsor's telephone number
305-235-5098

2d Business code (see instructions)
541330

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.	12/01/2011	VICTOR M. BENITEZ
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

13940 SW 136TH STREET, SUITE 200
MIAMI, FL 33186

3b Administrator's EIN
59-1685550

3c Administrator's telephone number
305-235-5098

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**	320
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**	230
b	Retired or separated participants receiving benefits	**6b**	9
c	Other retired or separated participants entitled to future benefits	**6c**	76
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	315
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	315
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	198
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	2
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

(1)	X		**H** (Financial Information)
(2)			**I** (Financial Information – Small Plan)
(3)	X	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

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
METRIC ENGINEERING SAVINGS AND RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
59-1685550

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
AXA EQUITABLE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5570651	62944	739361	204	01/01/2010	12/31/2010

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
19751	0

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

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

L. RODRIGUEZ
9130 DADELAND BOULEVARD
MIAMI, FL 33156

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
19751			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	**4**	3602049
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

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**	0
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6) Total additions			**7c(6)**	0
d	Total of balance and additions (add **b** and **c(6)**)			**7d**	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract **e(5)** from **d**)			**7f**	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
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)**	0
(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)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE 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.**	**2010** **This Form is Open to Public Inspection.**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
METRIC ENGINEERING SAVINGS AND RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
59-1685550

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

AXA EQUITABLE
100 MADISON STREET, SUITE 1000
SYRACUSE, NY 13202

13-5570651

(b) Enter name and EIN or address of person who provided you disclosure 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)

AXA EQUITABLE

100 MADISON STREET, SUITE 1000
SYRACUSE, NY 13202

13-5570651

(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?
37 58 28 25 59 60 62 63 67	RECORDKEEPER	7677	Yes [X] No [ ]	Yes [X] No [ ]	0	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 [ ]

(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

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
METRIC ENGINEERING SAVINGS AND RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
59-1685550

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: MULTIMANAGER AGGRESSIVE EQUITY

b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE CO

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)
13-5570651-000	E	513703

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

b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE CO

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)
13-5570651-000	E	575227

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

b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE CO

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)
13-5570651-000	E	59945

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/BALANCED FUND

b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE CO

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)
13-5570651-000	E	516058

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/BLACKROCK BASIC VALUE EQUITY

b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE CO

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)
13-5570651-000	E	132101

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/EQUITY 500 INDEX

b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE CO

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)
13-5570651-000	E	214010

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/ LARGE CAP VALUE PLUS

b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE CO

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)
13-5570651-000	E	387663

a Name of MTIA, CCT, PSA, or 103-12 IE: MULTIMANAGER INTERNATIONAL EQUITY			
b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE CO			
c EIN-PN 13-5570651-000	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	19218
a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/LARGE CAP GROWTH INDEX			
b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE CO			
c EIN-PN 13-5570651-000	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	30841
a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/GLOBAL MULTI-SECTOR EQUITY			
b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE CO			
c EIN-PN 13-5570651-000	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	206306
a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/BLACKROCK INTERNATIONAL VALUE			
b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE CO			
c EIN-PN 13-5570651-000	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	62522
a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/MID CAP VALUE PLUS			
b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE CO			
c EIN-PN 13-5570651-000	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	237219
a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/SMALL COMPANY INDEX			
b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE CO			
c EIN-PN 13-5570651-000	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	25023
a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/INTERNATIONAL			
b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE CO			
c EIN-PN 13-5570651-000	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	48743
a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/LARGE CAP GROWTH PLUS			
b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE CO			
c EIN-PN 13-5570651-000	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	85793
a Name of MTIA, CCT, PSA, or 103-12 IE: MULTIMANAGER LARGE CAP GROWTH			
b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE CO			
c EIN-PN 13-5570651-000	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
a Name of MTIA, CCT, PSA, or 103-12 IE: MULTIMANAGER LARGE CAP VALUE			
b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE CO			
c EIN-PN 13-5570651-000	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	17972

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

b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE CO

c EIN-PN 13-5570651-000	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11538

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/T. ROWE PRICE GROWTH STOCK FUND

b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE CO

c EIN-PN 13-5570651-000	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 56507

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/BOSTON ADVISORS EQTY INCOME

b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE CO

c EIN-PN 13-5570651-000	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20349

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/GAMCO SMALL COMPANY VALUE

b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE CO

c EIN-PN 13-5570651-000	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 155176

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/CAPITAL GUARDIAN RESEARCH

b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE CO

c EIN-PN 13-5570651-000	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 62821

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/JP MORGAN VAL OPPORTUNITIES

b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE CO

c EIN-PN 13-5570651-000	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29677

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/LORD ABBETT GROWTH & INCOME

b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE CO

c EIN-PN 13-5570651-000	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18096

a Name of MTIA, CCT, PSA, or 103-12 IE: MULTIMANAGER SMALL CAP VALUE

b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE CO

c EIN-PN 13-5570651-000	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19808

a Name of MTIA, CCT, PSA, or 103-12 IE: MULTIMANAGER MID CAP VALUE

b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE CO

c EIN-PN 13-5570651-000	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 33481

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/LARGE CAP CORE PLUS

b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE CO

c EIN-PN 13-5570651-000	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 39988

a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP GROWTH PORTFOLIO

b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE CO

c EIN-PN 13-5570651-000	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 82649

a Name of MTIA, CCT, PSA, or 103-12 IE: AXA/MODERATE PLUS ALLOCATION

b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE CO

c EIN-PN 13-5570651-000	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 42725

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/EVERGREEN OMEGA

b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE CO

c EIN-PN 13-5570651-000	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11781

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

b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE CO

c EIN-PN 13-5570651-000	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 83477

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/VAN KAMPEN COMSTOCK

b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE CO

c EIN-PN 13-5570651-000	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4109

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/DAVIS NEW YORK VENTURE

b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE CO

c EIN-PN 13-5570651-000	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 71

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/OPPENHEIMER GLOBAL

b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE CO

c EIN-PN 13-5570651-000	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8967

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/TEMPLETON GLOBAL EQUITY

b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE CO

c EIN-PN 13-5570651-000	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2303

a Name of MTIA, CCT, PSA, or 103-12 IE: MULTIMANAGER LARGE CAP CORE EQUITY

b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE CO

c EIN-PN 13-5570651-000	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8089

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/INTERNATIONAL CORE PLUS

b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE CO

c EIN-PN 13-5570651-000	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6818

a Name of MTIA, CCT, PSA, or 103-12 IE: MULTIMANAGER MID CAP GROWTH

b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE CO

c EIN-PN 13-5570651-000	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 53208

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/FOCUS PLUS

b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE CO

c EIN-PN 13-5570651-000	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8770

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/CAPITAL GUARDIAN GROWTH

b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE CO

c EIN-PN 13-5570651-000	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11434

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/PIMCO ULTRA SHORT BOND

b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE CO

c EIN-PN 13-5570651-000	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/GLOBAL BOND PLUS

b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE CO

c EIN-PN 13-5570651-000	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4822

a Name of MTIA, CCT, PSA, or 103-12 IE: MULTIMANAGER SMALL CAP GROWTH

b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE CO

c EIN-PN 13-5570651-000	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17456

a Name of MTIA, CCT, PSA, or 103-12 IE: AXA/AGGRESSIVE ALLOCATION

b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE CO

c EIN-PN 13-5570651-000	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 33862

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/GAMCO MERGERS & ACQUISITION

b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE CO

c EIN-PN 13-5570651-000	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1171

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/INTERNATIONAL GROWTH

b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE CO

c EIN-PN 13-5570651-000	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4362

a Name of MTIA, CCT, PSA, or 103-12 IE: TARGET 2025 ALLOCATIN

b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE CO

c EIN-PN 13-5570651-000	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1753

a Name of MTIA, CCT, PSA, or 103-12 IE: TARGET 2045 ALLOCATION

b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE CO

c EIN-PN 13-5570651-000	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13743

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/MONTAG & CALDWELL GROWTH

b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE CO

c EIN-PN 13-5570651-000	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29234

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/UBS GROWTH AND INCOME

b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE CO

c EIN-PN 13-5570651-000	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 795

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/MUTUAL LARGE CAP EQUITY

b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE CO

c EIN-PN 13-5570651-000	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1329

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/FRANKLIN SMALL CAP VALUE

b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE CO

c EIN-PN 13-5570651-000	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2947

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/LARGE CAP VALUE INDEX

b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE CO

c EIN-PN 13-5570651-000	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 888

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/VAN KAMPEN MID CAP GROWTH

b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE CO

c EIN-PN 13-5570651-000	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16276

a Name of MTIA, CCT, PSA, or 103-12 IE: TARGET 2035 ALLOC ASSET ALLOC

b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE CO

c EIN-PN 13-5570651-000	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 294

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

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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

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
METRIC ENGINEERING SAVINGS AND RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
59-1685550

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)	356	33265
(2) Participant contributions	1b(2)	-157	63414
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3884894	3426446
(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)	237246	175602
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	3824172	0
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	0	4033118
(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)		

			(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	7946511	7731845
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		78131
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	78131
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	7946511	7653714

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)	126953	
	(B) Participants	2a(1)(B)	587285	
	(C) Others (including rollovers)	2a(1)(C)	139729	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		853967
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	175110	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		175110
	(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

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		559328
(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		652
d Total income. Add all **income** amounts in column (b) and enter total	2d		1589057
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1815552	
(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)		1815552
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		55079
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	11223	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		11223
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1881854
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-292797
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: RODRIGUEZ TRUEBA AND COMPANY (2) EIN: 59-2738713

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
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		550000
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)

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

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
METRIC ENGINEERING SAVINGS AND RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
59-1685550

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): 13-5570651 65-6111244

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Metric Engineering
Savings and Retirement Plan

Financial Statements
December 31, 2010 and 2009

RT&C
RODRIGUEZ TRUEBA & CO., PA
CERTIFIED PUBLIC ACCOUNTANTS

Metric Engineering
Savings and Retirement Plan
Financial Statements
December 31, 2010 and 2009

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RT&C
RODRIGUEZ, TRUEBA & CO., PA
CERTIFIED PUBLIC ACCOUNTANTS

Independent Auditors' Report

To the Administrative Committee of
Metric Engineering Savings and Retirement Plan
Miami, Florida

We were engaged to audit the accompanying Statement of Net Assets Available for Benefits of the Metric Engineering Savings and Retirement Plan (The "Plan") as of December 31, 2010 and 2009, and the related Statements of Changes in Net Assets Available for Benefits for the years then ended, and the supplemental Schedule H, Part IV, Line 4(i) – Schedule of Assets (Held at End of Year) as of December 31, 2010 and 2009. These financial statements and supplemental schedules are the responsibility of the Plan's management.

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

Because of the significance of the information in the Plan's 2010 and 2009 financial statements and schedules that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the 2010 and 2009 financial statements and supplemental schedules, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Rodriguez Trueba & Company

Doral, Florida
November 21, 2011

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Metric Engineering Savings and Retirement Plan
Statements of Net Assets Available for Benefits
December 31, 2010 and 2009

	2010	2009
Assets		
Investments:		
Guaranteed interest contract	$ 3,426,446	$ 3,884,894
Registered investment company	4,033,119	3,824,173
Participant loans	175,602	237,246
Receivables:		
Participants' contributions	64,182	19,841
Employer's contribution	33,265	3,969
Total Assets	$ 7,732,614	$ 7,970,123
Liabilities		
Employer contribution for correction of overpayments (see Note L)	$ 78,131	$ -
Net Assets Available for Benefits	$ 7,654,483	$ 7,970,123

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

Metric Engineering Savings and Retirement Plan
Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2010 and 2009

	2010	2009
Additions to Net Assets		
Interest and dividends	$ 175,110	$ 166,931
Net appreciation in fair value	560,180	817,686
	735,290	984,617
Contributions		
Participants' salary deferral	568,212	624,973
Employee rollovers	139,729	-
Employer's	122,984	140,026
Total Contributions	830,925	764,999
Total Additions to Net Assets	1,566,215	1,749,616
Deductions from Net Assets		
Benefits paid directly to participants	1,870,632	480,715
Administrative fees	11,223	11,564
Total Deductions from Net Assets	1,881,855	492,279
Net Increase (Decrease)	(315,640)	1,257,337
Net Assets Available for Benefits - Beginning of year	7,970,123	6,712,786
Net Assets Available for Benefits - End of year	$ 7,654,483	$ 7,970,123

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

Metric Engineering
Savings and Retirement Plan
Notes to Financial Statements
December 31, 2010 and 2009

Note A. Description of the Plan

The following description of the Metric Engineering ("Company") Savings and Retirement Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan provisions.

General

The Plan is a defined contribution plan covering substantially all full-time employees of the Company who have satisfied three months of service and are age twenty-one or older. This is a 401(k) deferred compensation plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Upon death or disability, the accrued benefits of the participants will be paid to the beneficiaries as designated by the participants.

Contributions

For the year 2010 and 2009 employees eligible to participate were permitted to make elected deferrals in any amount from 2% up to 75% of their pretax annual compensation, as defined in the Plan. However, for any calendar year the elective deferrals may not exceed a specific amount determined by the Internal Revenue Service. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Company contributes 25% of the first 8% of base compensation that a participant contributes to the Plan. Additional amounts may be contributed at the option of the Company's board of directors.

Participant Account

Each participant's account was credited with the participant's contribution and allocation of (a) the Company's contribution and, (b) Plan earnings, and charged with an allocation of administrative expenses. 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 vested account.

Vesting

Participants were immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. In 2002 and thereafter the vesting was amended to 20% after two years, 40% after three years, 60% after four years, and 100% after five years of credited service.

Loans to Participants

Participants may borrow from their accounts a minimum of $1,000 up to a maximum of $50,000 or 50% of their vested account balance, provided the loan is adequately secured and bears a reasonable rate of interest commensurate with local prevailing rates. Repayment should take place within a specified period of time within a range of 5 years or up to 10 years for the purchase of a primary residence. Principal and interest is paid biweekly through payroll deductions.

Note A. Description of the Plan - continued

Payment of Benefits

On termination of service due to death, disability, or retirement, a participant could elect to either lump-sum amount equal to the value of the participant's vested interest in his or her account, or annual installments over a specified period. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

Forfeited Accounts

Upon termination of service, a participant's non-vested account balance is treated as forfeiture. Forfeitures are allocated to and reduce future employer contributions. Total forfeitures amounted to $3,282 and $6,221 for the year 2010 and 2009, respectively.

Note B. Summary of Accounting Policies

Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Quoted market prices were used to value investments. Shares of mutual funds were valued at quoted market prices, which represented the net asset value of shares held by the Plan at year end.

Purchases and sales of securities were recorded on a trade-date basis. Dividends were recorded on the ex-dividend date.

Excess Contributions

During the years 2010 and 2009, there were no significant excess employee contributions.

Payments of Benefits

Benefits are recorded when paid.

Note C. Investments

All of the Plan's investments are held in individual annuity contracts directed by each participant. Each annuity contract has a guaranteed interest minimum. The aggregate value of the minimum guarantee is $3,426,446 and $3,884,894 at December 31, 2010 and 2009, respectively.

Note C. Investments - continued

The following presents the investments at December 31, 2010 and 2009 that represent 5% or more of the Plan's net assets.

	2010	2009
Shares of a Registered Investment Company		
AXA Equitable Life Insurance		
Common Stock Fund	$ 575,227	$ 560,080
AXA Moderate Allocation	516,058	-
Multimanager Aggressive Equity	513,703	444,830
EQ/Large Cap Value Plus	387,663	371,075
EQ/ Balanced Fund	-	489,838
AXA Equitable Life Insurance		
Guaranteed Interest Account	$ 3,426,446	$ 3,884,894

During 2010, the Plan's investments in shares of registered investment companies increased in value (including gains and losses on investments bought and sold, as well as held during the year) by $560,180. During 2009, the Plan's investments in shares of registered investment companies appreciated in value (including gains and losses on investments bought and sold, as well as held during the year) by $817,686.

Fair Value Measurements

The Financial Accounting Standard Board Accounting Standards Codification 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 are described as follows:

Level 1

Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2

Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Note C. Investments – continued

Fair Value Measurements - continued

Level 3

Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used at December 31, 2010.

Mutual funds and Money Market funds: Valued at the net asset value (NAV) of shares held by the Plan at year end.

Participant loans: Valued at amortized cost, which approximates fair value.

Guaranteed interest contract: Valued at fair value by discounting the related cash flows based on current yield of similar instruments with comparable durations considering the credit-worthiness of the issuer.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010:

	Level 1	Level 2	Level 3	Total
Mutual Funds:				
Large company stock	$ 2,261,177	$ -	$ -	$ 2,261,177
Small/Mid company stock	654,781	-	-	654,781
International	359,310	-	-	359,310
Allocation portfolios	608,436	-	-	608,436
Bonds	4,822	-	-	4,822
Specialty sector	84,648	-	-	84,648
Total Mutual Funds	3,973,174	-	-	3,973,174
Money Market	59,945	-	-	59,945
Guaranteed Interest Contract	-	-	3,426,446	3,426,446
Participant Loans	-	-	175,602	175,602
Total assets at fair value	$ 4,033,119	$ -	$ 3,602,048	$ 7,635,167

Note C. Investments – continued

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, 2009:

	Level 1	Level 2	Level 3	Total
Mutual Funds:				
Large company stock	2,162,198	$ -	$ -	$ 2,162,198
Small/Mid company stock	611,813	-	-	611,813
International	281,593	-	-	281,593
Allocation portfolios	558,431	-	-	558,431
Bonds	4,807	-	-	4,807
Specialty sector	136,248	-	-	136,248
Total Mutual Funds	3,755,090	-	-	3,755,090
Money Market	69,083	-	-	69,083
Guaranteed Interest Contract	-	-	3,884,894	3,884,894
Participant Loans	-	-	237,246	237,246
Total assets at fair value	$ 3,824,173	$ -	$ 4,122,140	$ 7,946,313

The following table sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2010:

	Guaranteed Interest Contract	Participant Loans
Balance, beginning of year	$ 3,884,894	$ 237,246
Unrealized gains relating to instruments still held at the reporting date	161,705	-
Purchases, sales, issuances, and settlements (net)	(620,153)	(61,644)
Balance, end of year	$ 3,426,446	$ 175,602

Note D. Related Party Transactions

For the Plan years 2010 and 2009, there were no real estate or other related party transactions between the plan and the sponsor, plan administrator, or the employer.

Note E. Bonding Requirements

The Employee Retirement Income Security Act of 1974 requires fiduciaries of qualified benefit plans to be bonded with a bond equivalent to 10% of the assets held in the Plan at the beginning of the Plan year. The minimum bond is $1,000 and the maximum bond is $500,000. The Plan is in compliance with bonding requirements.

Note F. 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, participates will become 100% vested in their accounts.

Note G. Reconciliation of Financial Statements to Schedule H of Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements for the year ended December 31, 2010 to Schedule H of Form 5500:

Net assets available for benefits per financial statements	$	7,654,483
Contributions receivable per financial statements as of 12/31/10		(97,447)
Contributions receivable per Schedule H of Form 5500		96,679
Rounding adjustment		(1)
Net assets available for benefits per Schedule H of Form 5500	$	7,653,714

The following is a reconciliation of contribution revenues per the financial statements for the year ended December 31, 2010 to Schedule H of Form 5500:

Contributions received per financial statements	$	830,925
Contributions receivable per financial statements as of 12/31/09		23,810
Contributions receivable per financial statements as of 12/31/10		(97,447)
Contributions receivable per Schedule H of Form 5500		96,679
Contributions received per Schedule H of Form 5500	$	853,967

Note H. Tax Status

The Plan originally obtained a determination in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is currently designed and 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.

Note I. Administration of Plan Assets

The Plan assets, which consist of mutual funds, a guaranteed interest account, and participants' loans, are held by an insurance company.

Participants and employer contributions are held and managed (as directed by the participants), by the insurance company, which invest the cash received, interest and dividend income and make distributions to participants. The insurance company also administers the loans to participants.

Certain administrative functions of the Plan are performed by officers or employees of the sponsor. No such officer or employee receives compensation from the Plan. Fees for the accounting third party service company and for the audit are paid directly by the sponsor.

Note J. Contingencies

There were no unusual or infrequent events or transactions occurring subsequent to the balance sheet date that might significantly affect the usefulness of the financial statements in assessing the Plan's present and future ability to pay benefits.

Note K. 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.

Note L. In-Service Distributions

During 2010 and 2009 there were several participants who received impermissible in-service distributions. At the time of the distributions the plan provisions did not allow in-service withdrawals. Efforts to collect the overpayment from the Participants, as required by Revenue Procedure 2008-50, were unsuccessful. Consequently, the plan sponsor elected to correct the overpayments by contributing the distributed amounts plus appropriate interest back in the Plan. The funds were recorded in an unallocated account that can be used to reduce employer contributions in the current and succeeding years. As of December 31, 2010, $78,131 remains available for this purpose. In September 2010 the plan was amended to allow in-service distributions if the participant has a hardship, attained the normal retirement age or attained the early retirement age.

Note M. Subsequent Events

In February 2011 the plan sponsor changed the plan's trustee from AXA Equitable Insurance Company to Great-West Life and Annuity Insurance Company. The change was primarily due to less administrative fees.

Metric Engineering Savings and Retirement Plan
Plan Sponsor's EIN: 59-1685550
Plan Number: 001
Schedule H, Line 4i-Schedule of Assets (Held at End of Year)
December 31, 2010

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
	Guaranteed Interest Account			
	AXA Equitable Life Insurance	Guaranteed Interest Account	n/a	$ 3,426,446
	Shares of a Registered Investment Company			
	AXA Equitable Life Insurance	Common Stock Fund	n/a	575,227
	AXA Equitable Life Insurance	AXA Moderate Allocation	n/a	516,058
	AXA Equitable Life Insurance	Multimanager Aggressive Equity	n/a	513,703
	AXA Equitable Life Insurance	EQ/Large Cap Value Plus	n/a	387,663
	AXA Equitable Life Insurance	EQ/Mid Cap Value Plus	n/a	237,219
	AXA Equitable Life Insurance	EQ/Equity 500 Index	n/a	214,010
	AXA Equitable Life Insurance	EQ/Global Multi-Sector Equity	n/a	206,306
	AXA Equitable Life Insurance	EQ/GAMCO Small Company Value	n/a	155,176
	AXA Equitable Life Insurance	EQ/BlackRock Basic Value Equity	n/a	132,101
	AXA Equitable Life Insurance	EQ/Large Cap Growth Plus	n/a	85,793
	AXA Equitable Life Insurance	Multimanager Technology	n/a	83,477
	AXA Equitable Life Insurance	Small Cap Growth Portfolio	n/a	82,649
	AXA Equitable Life Insurance	EQ/Capital Guardian Research	n/a	62,821
	AXA Equitable Life Insurance	EQ/BlackRock International Value	n/a	62,522
	AXA Equitable Life Insurance	Money Market Fund	n/a	59,945
	AXA Equitable Life Insurance	EQ/T. Rowe Price Growth Stock Fund	n/a	56,507
	AXA Equitable Life Insurance	Multimanager Mid Cap Growth	n/a	53,208
	AXA Equitable Life Insurance	EQ/International	n/a	48,743
	AXA Equitable Life Insurance	AXA/Moderate Plus Allocation	n/a	42,725
	AXA Equitable Life Insurance	EQ/Large Cap Core Plus	n/a	39,988
	AXA Equitable Life Insurance	AXA/Aggressive Allocation	n/a	33,862
	AXA Equitable Life Insurance	Multimanager Mid Cap Value	n/a	33,481
	AXA Equitable Life Insurance	EQ/Large Cap Growth Index	n/a	30,841
	AXA Equitable Life Insurance	EQ/JP Morgan Val Opportunities	n/a	29,677
	AXA Equitable Life Insurance	EQ/Montag & Caldwell Growth	n/a	29,234
	AXA Equitable Life Insurance	EQ/Small Company Index	n/a	25,023
	AXA Equitable Life Insurance	EQ/Boston Advisors Eqty Income	n/a	20,349
	AXA Equitable Life Insurance	Multimanager Small Cap Value	n/a	19,808
	AXA Equitable Life Insurance	Multimanager International Equity	n/a	19,218
	AXA Equitable Life Insurance	EQ/Lord Abbett Growth & Income	n/a	18,096
	AXA Equitable Life Insurance	Multimanager Large Cap Value	n/a	17,972
	AXA Equitable Life Insurance	Multimanager Small Cap Growth	n/a	17,456
	AXA Equitable Life Insurance	EQ/Morgan Stanley Mid Cap Growth	n/a	16,276
	AXA Equitable Life Insurance	Target 2045 Allocation	n/a	13,743
	AXA Equitable Life Insurance	EQ/Wells Fargo Advtg Omega Gr	n/a	11,781
	AXA Equitable Life Insurance	Mid Cap Index	n/a	11,538
	AXA Equitable Life Insurance	EQ/Capital Guardian Growth	n/a	11,434
	AXA Equitable Life Insurance	EQ/Oppenheimer Global	n/a	8,967
	AXA Equitable Life Insurance	EQ/Focus Plus	n/a	8,770
	AXA Equitable Life Insurance	Multimanager Large Cap Core Equity	n/a	8,089
	AXA Equitable Life Insurance	EQ/International Core Plus	n/a	6,818
	AXA Equitable Life Insurance	EQ/Global Bond Plus	n/a	4,822
	AXA Equitable Life Insurance	EQ/International Growth	n/a	4,362
	AXA Equitable Life Insurance	EQ/Van Kampen Comstock	n/a	4,109
	AXA Equitable Life Insurance	EQ/Franklin Small Cap Value	n/a	2,947
	AXA Equitable Life Insurance	EQ/Templeton Global Equity	n/a	2,303
	AXA Equitable Life Insurance	Target 2025 Allocation	n/a	1,753
	AXA Equitable Life Insurance	EQ/Mutual Large Cap Equity	n/a	1,329
	AXA Equitable Life Insurance	EQ/GAMCO Mergers & Acquisition	n/a	1,171
	AXA Equitable Life Insurance	EQ/Large Cap Value Index	n/a	888
	AXA Equitable Life Insurance	EQ/UBS Growth and Income	n/a	795
	AXA Equitable Life Insurance	Target 2035 Allocation	n/a	295
	AXA Equitable Life Insurance	EQ/Davis New York Venture	n/a	71
		Subtotal		4,033,119
		Total Investments		$ 7,459,565

Metric Engineering Savings and Retirement Plan
Plan Sponsor's EIN: 59-1685550
Plan Number: 001
Schedule H, Line 4i-Schedule of Assets (Held at End of Year)
December 31, 2010

(a)	(b) Identity of Issue or Borrower	(c) Description	(d) Cost	(e) Current Value
	Participant Loans	*Maturity Date and Rate of Interest*		
	Alonso, J. C.	02/01/2011 6%	-	$ 974
	Antelo, E.	11/17/2014; 6%	-	13,162
*	Benitez, V. A.	08/11/2014; 6%	-	7,766
	Bishop, D. D.	11/02/2014; 6%	-	3,290
	Byers Jr., T. M.	01/12/2014; 6%	-	1,728
	Cordell, G. A.	09/04/2012; 6%	-	5,883
	Collins, M. P.	04/13/2014; 6%	-	18,249
	Foster, D. L.	11/02/2014; 6%	-	72
	Jackson, A. R.	08/11/2013; 6%	-	8,787
	Lopez, J. N.	02/01/2015; 6%	-	12,461
	Pettis, R. R.	02/19/2013; 6%	-	5,834
	Pettit, G. S.	02/01/2015; 6%	-	32,802
	Quarless, S. L.	08/24/2014; 6%	-	1,306
	Rowell, R. C.	10/01/2015; 6%	-	13,858
	Stratton III, C. B.	04/01/2013; 6%	-	6,907
	Vila, A.	02/02/2014; 6%	-	20,478
	Ward, L. M.	04/01/2012; 6%	-	22,045
		Total Participant Loans		175,602
		Total Assets (Held at End of Year)		$ 7,635,167

* Column (a) asterisk indicates parties-in-interest

Metric Engineering Savings and Retirement Plan
Schedule of Investment Assets
Both Acquired and Disposed of Within the Plan Year
December 31, 2010

Plan Sponsor's EIN: 59-1685550
Plan Number: 001

(a)	(b) Identity of Issue, Borrower,	(c) Description	(d) Cost of Acquisitions	(e) Proceeds of Dispositions
		In accordance with specific instructions, acquisitions and disposition of certain types of assets need not be reported. These include funds of common/collective trusts and registered investment companies.		

Metric Engineering Savings and Retirement Plan
Schedule of Reportable Transactions
For the Year Ended December 31, 2010

Plan Sponsor's EIN: 59-1685550
Plan Number: 001

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Identity of Party	Description of Asset	Purchase Price	Selling Price	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or Loss

Transactions under a participant (or beneficiary) directed account plan need no longer be reported on this schedule as a reportable transaction.

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

Name of Plan:

► Metric Engineering Savings and Retirement

Employer Identification Number:► 59-1685550

For plan year (beginning/ending):► 01/01/2010 to 12/31/10 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
	AXA Equitable Life Insurance Co.	Multimanager Aggressive Equity	N/A	513,703
	AXA Equitable Life Insurance Co.	Common Stock Fund	N/A	575,227
	AXA Equitable Life Insurance Co.	Money Market Fund	N/A	59,945
	AXA Equitable Life Insurance Co.	EQ/Balanced Fund	N/A	516,058
	AXA Equitable Life Insurance Co.	EQ/BlackRock Basic Value Equity	N/A	132,101
	AXA Equitable Life Insurance Co.	EQ/Equity 500 Index	N/A	214,010
	AXA Equitable Life Insurance Co.	EQ/ Large Cap Value Plus	N/A	387,663
	AXA Equitable Life Insurance Co.	Multimanager International Equity	N/A	19,218
	AXA Equitable Life Insurance Co.	EQ/Large Cap Growth Index	N/A	30,841
	AXA Equitable Life Insurance Co.	EQ/Global Multi-Sector Equity	N/A	206,306
	AXA Equitable Life Insurance Co.	EQ/BlackRock International Value	N/A	62,522
	AXA Equitable Life Insurance Co.	EQ/Mid Cap Value Plus	N/A	237,219
	AXA Equitable Life Insurance Co.	EQ/Small Company Index	N/A	25,023
	AXA Equitable Life Insurance Co.	EQ/International	N/A	48,743
	AXA Equitable Life Insurance Co.	EQ/Large Cap Growth Plus	N/A	85,793
	AXA Equitable Life Insurance Co.	Multimanager Large Cap Value	N/A	17,972
	AXA Equitable Life Insurance Co.	Mid Cap Index	N/A	11,538
	AXA Equitable Life Insurance Co.	EQ/T. Rowe Price Growth Stock Fund	N/A	56,507
	AXA Equitable Life Insurance Co.	EQ/Boston Advisors Eqty Income	N/A	20,349
	AXA Equitable Life Insurance Co.	EQ/GAMCO Small Company Value	N/A	155,176
	AXA Equitable Life Insurance Co.	EQ/Capital Guardian Research	N/A	62,821
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	AXA Equitable Life Insurance Co.	EQ/Lord Abbett Growth & Income	N/A	18,096
	AXA Equitable Life Insurance Co.	Multimanager Small Cap Value	N/A	19,808
	AXA Equitable Life Insurance Co.	Multimanager Mid Cap Value	N/A	33,481
	AXA Equitable Life Insurance Co.	EQ/Large Cap Core Plus	N/A	39,988
	AXA Equitable Life Insurance Co.	Small Cap Growth Portfolio	N/A	82,649
	AXA Equitable Life Insurance Co.	AXA/Moderate Plus Allocation	N/A	42,725
	AXA Equitable Life Insurance Co.	EQ/Evergreen Omega	N/A	11,781
	AXA Equitable Life Insurance Co.	Multimanager Technology	N/A	83,477
	AXA Equitable Life Insurance Co.	EQ/Van Kampen Comstock	N/A	4,109
	AXA Equitable Life Insurance Co.	EQ/Davis New York Venture	N/A	71
	AXA Equitable Life Insurance Co.	EQ/Oppenheimer Global	N/A	8,967
	AXA Equitable Life Insurance Co.	EQ/Templeton Global Equity	N/A	2,303
	AXA Equitable Life Insurance Co.	Multimanager Large Cap Core Equity	N/A	8,089
	AXA Equitable Life Insurance Co.	EQ/International Core Plus	N/A	6,818
	AXA Equitable Life Insurance Co.	Multimanager Mid Cap Growth	N/A	53,208
	AXA Equitable Life Insurance Co.	EQ/Focus Plus	N/A	8,770
	AXA Equitable Life Insurance Co.	EQ/Capital Guardian Growth	N/A	11,434

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

Name of Plan:

► Metric Engineering Savings and Retirement

Employer Identification Number:► 59-1685550

For plan year (beginning/ending):► 01/01/2010 to 12/31/10 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
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	AXA Equitable Life Insurance Co.	Multimanager Small Cap Growth	N/A	17,456
	AXA Equitable Life Insurance Co.	AXA/Aggressive Allocation	N/A	33,862
	AXA Equitable Life Insurance Co.	EQ/GAMCO Mergers & Acquisition	N/A	1,171
	AXA Equitable Life Insurance Co.	EQ/International Growth	N/A	4,362
	AXA Equitable Life Insurance Co.	Target 2025 Allocatin	N/A	1,753
	AXA Equitable Life Insurance Co.	Target 2045 Allocation	N/A	13,743
	AXA Equitable Life Insurance Co.	EQ/Montag & Caldwell Growth	N/A	29,234
	AXA Equitable Life Insurance Co.	EQ/UBS Growth and Income	N/A	795
	AXA Equitable Life Insurance Co.	EQ/Mutual Large Cap Equity	N/A	1,329
	AXA Equitable Life Insurance Co.	EQ/Franklin Small Cap Value	N/A	2,947
	AXA Equitable Life Insurance Co.	EQ/Large Cap Value Index	N/A	888
	AXA Equitable Life Insurance Co.	EQ/Van Kampen Mid Cap Growth	N/A	16,276
	AXA Equitable Life Insurance Co.	Target 2035 Alloc Asset Alloc	N/A	295
		Participant Loans	N/A	175,602