Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2015

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); 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 (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
METRIC ENGINEERING, INC.

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

2b Employer Identification Number (EIN)
59-1685550

2c Plan 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.	10/17/2016	JULIA GARCIA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4c**	PN

5	Total number of participants at the beginning of the plan year	**5**	360
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	299
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	295
b	Retired or separated participants receiving benefits	**6b**	1
c	Other retired or separated participants entitled to future benefits	**6c**	52
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	348
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	348
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	221
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	49
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE 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

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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
GREAT WEST LIFE AND ANNUITY

(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
84-0467907	68322	943969-01	58	01/01/2015	12/31/2015

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
3756	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

COMMONWEALTH FINANCIAL NETWORK
2400 N COMMERCE PKWY STE 307
WESTON, FL 33326

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3756			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	1899695
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

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 ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	1781357
c	Additions: (1) Contributions deposited during the year	7c(1)	168908		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	22752		
	(4) Transferred from separate account	7c(4)	313148		
	(5) Other (specify below)	7c(5)	19696		
	▶ LOAN PAYMENTS				
	(6) Total additions			7c(6)	524504
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	2305861
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	94719		
	(2) Administration charge made by carrier	7e(2)	0		
	(3) Transferred to separate account	7e(3)	311447		
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	406166
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	1899695

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	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 line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE 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

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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
GREAT-WEST LIFE & ANNUITY 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
84-0467907	68322	943969-01	54	01/01/2015	12/31/2015

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

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

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

(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	

(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	
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	24764
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	
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 lines **7b** and **7c(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 line **7e(5)** from line **7d**)			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 organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	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 line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2015** **This Form is Open to Public Inspection.**

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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).. . . . . ☐ Yes ☒ No

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

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

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

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

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

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

GREAT-WEST LIFE & ANNUITY INSURANCE

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
64	RECORDKEEPER	37226	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

COMMONWEALTH FINANCIAL NETWORK

29 SAWYER RD
WALTHAM, MA 02453-3483

(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?
55	BROKER/ADVISER	0	Yes [X] No [ ]	Yes [ ] No [X]	17516	Yes [ ] No [X]

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

ADVISED ASSET GROUP

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MGMT	4254	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
COMMONWEALTH FINANCIAL NETWORK	55	17516

(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.
GREAT-WEST LIFE & ANNUITY INSURANCE 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111	OTHER COMMISSIONS

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	217553	167073
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	8569449	8859038
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	1781357	1899695
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	10568359	10925806
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h		
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	10568359	10925806

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)	188600	
(B) Participants	2a(1)(B)	862110	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1050710
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	10915	
(F) Other	2b(1)(F)	22752	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		33667
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	529691	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		529691
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-654466
c Other income	2c		35652
d Total income. Add all **income** amounts in column (b) and enter total	2d		995254
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	560309	
(2) To insurance carriers for the provision of benefits	2e(2)	24764	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		585073
f Corrective distributions (see instructions)	2f		5810
g Certain deemed distributions of participant loans (see instructions)	2g		5332
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	41480	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	112	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		41592
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		637807
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		357447
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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

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

			Yes	No	N/A	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X		
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X		
e	Was this plan covered by a fidelity bond?	4e	X			500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X		
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X		
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X		
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X			
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X		
l	Has the plan failed to provide any benefit when due under the plan?	4l		X		
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X		
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X		
o	Did the plan trust incur unrelated business taxable income?	4o				
p	Were in-service distributions made during the plan year?	4p				

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined

Part V Trust Information

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under 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

2015

This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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): 84-1455663

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A

22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____ (See instructions for tax law changes and codes).

22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter _____/_____/_____ and the letter's serial number _____.

22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter _____/_____/_____.

23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

METRIC ENGINEERING SAVINGS AND RETIREMENT PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2015 and 2014

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

Metric Engineering
Savings and Retirement Plan
Financial Statements
December 31, 2015 and 2014

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RODRIGUEZ, TRUEBA & CO., PA
CERTIFIED PUBLIC ACCOUNTANTS

Independent Auditors' Report

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Metric Engineering Savings and Retirement Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

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 Great-West Trust Company LLC, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. 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, 2015 and 2014, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matters

The supplemental schedules, Schedule H, Part IV, Line 4(i) – Schedule of Assets (Held at End of Year), as of and for the years ended December 31, 2015 and 2014, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in 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 & Co., CPA P.A.
Doral, Florida
October 10, 2016

Metric Engineering Savings and Retirement Plan
Statements of Net Assets Available for Benefits
December 31, 2015 and 2014

	2015	2014
Assets		
Investments:		
Guaranteed interest contract	$ 1,890,482	$ 1,751,264
Registered investment company	8,859,037	8,569,448
Notes Receivable from Participants	167,073	217,553
Receivables:		
Participants' contributions	34,466	32,437
Employer's contribution	7,505	6,852
Other Assets	9,213	30,093
Total Assets	10,967,776	10,607,647
Liabilities		
Corrective distributions payable	12,741	6,683
Net Assets Available for Benefits	$ 10,955,035	$ 10,600,964

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, 2015 and 2014

	2015	2014
Additions to Net Assets		
Interest and dividends	$ 563,358	$ 472,952
Net appreciation (depreciation) in fair value	(654,466)	17,873
Other income	35,652	-
	(55,456)	490,825
Contributions		
Participants' salary deferral	864,140	829,165
Employee rollovers	-	111,628
Employer's	189,253	179,633
Total Contributions	1,053,393	1,120,426
Total Additions to Net Assets	997,937	1,611,251
Deductions from Net Assets		
Benefits paid directly to participants	602,273	587,707
Administrative fees	41,593	37,176
Total Deductions from Net Assets	643,866	624,883
Net Increase	354,071	986,368
Net Assets Available for Benefits - Beginning of year	10,600,964	9,614,596
Net Assets Available for Benefits - End of year	$ 10,955,035	$ 10,600,964

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

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.

Great-West Trust Company, LLC ("Great-West" or the "Trustee") is the trustee and custodian of the Plan. Great-West Life & Annuity Insurance Company is the record keeper of the Plan. Management of the Company controls and manages the operation and administration of the Plan.

Contributions

For the year 2015 and 2014, 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 Plan currently offers forty (40) mutual funds and one (1) guaranteed interest contract. 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.

Note A. Description of the Plan - continued

Notes Receivable from 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.

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.

In-Service Distributions

The plan allows in-service distributions if the participant has a hardship, attained the normal retirement age or attained the early retirement age. In-service distributions are permitted if the Participant is 100% vested in the amount being withdrawn.

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 $4,154 and $26,186 for the year 2015 and 2014, 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. The participant loans are secured by vested account balances of borrowing participants, are valued at amortized cost, which approximates at fair value. See Note C for discussion of fair value measurements.

Note B. Summary of Accounting Policies – continued

Investment Valuation and Income Recognition - continued

Purchases and sales of securities were recorded on a trade-date basis. Dividends were recorded on the ex-dividend date. Interest income is recorded on the accrual basis. Net appreciation and depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Excess Contributions

During 2015 and 2014, there were excess employee contributions of $12,741 and $6,683, respectively.

Payments of Benefits

Benefits are recorded when paid.

Subsequent Events

The Plan has evaluated subsequent events through October 10, 2016, the date the financial statements were available to be issued.

Note C. Investments

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Great-West Trust Company, LLC, the Trustee for the Plan, has certified as to the completeness and accuracy of all the investments reflected on the accompanying statements of net assets available for benefits as of December 31, 2015 and 2014, the supplemental Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2015 and 2014, and the related investment activity reflected in the Statement of Changes in Net Assets Available for Benefits for the years ended December 31, 2015 and 2014.

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 $1,890,482 and $1,751,264 at December 31, 2015 and 2014, respectively.

The following presents the investments at December 31, 2015 and 2014 that represent 5% or more of the Plan's net assets.

	2015	2014
Shares of a Registered Investment Company		
Great West Retirement Services		
Great West International Index Fund I	$ -	$ 1,530,515
Great West SF LT 2015 GI	1,182,343	1,298,631
Great West SF LT 2025 GI	1,499,602	1,078,581
Great West SF LT 2035 GI	1,132,219	461,970
Fidelity Spartan 500 Index Inv	527,496	-

Note C. Investments – continued

During 2015 and 2014, the Plan's investments in shares of registered investment companies appreciated (depreciated) in value (including gains and losses on investments bought and sold, as well as held during the year) by $(654,466) and $17,873, respectively.

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 l

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.

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.

The following is a description of the valuation methodologies for assets measured at fair value. There have been no changes in methodologies used at December 31, 2015.

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.

Note C. Investments – continued

Fair Value Measurements - continued

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. 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, 2015:

	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 8,859,037	$ -	$ -	$ 8,859,037
Guaranteed Interest Contract	-	1,890,482	-	1,890,482
Participant Loans	-	-	167,073	167,073
Total assets at fair value	$ 8,859,037	$ 1,890,482	$ 167,073	$ 10,916,592

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2014:

	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 8,569,448	$ -	$ -	$ 8,569,448
Guaranteed Interest Contract	-	1,751,264	-	1,751,264
Participant Loans	-	-	217,553	217,553
Total assets at fair value	$ 8,569,448	$ 1,751,264	$ 217,553	$ 10,538,265

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, 2015:

	Participant Loans
Balance, beginning of year	$ 217,553
Purchases, sales, issuances, and settlements (net)	(50,480)
Balance, end of year	$ 167,073

Note D. 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 E. 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 F. 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 years ended December 31, 2015 and 2014 to Schedule H of Form 5500:

	2015	2014
Net assets available for benefits per financial statements	$ 10,955,035	$ 10,600,964
Contributions receivable per financial statements	(41,971)	(39,289)
Corrective distributions payable per financial statements	12,741	6,683
Rounding difference	1	1
Net assets available for benefits per Schedule H of Form 5500	$ 10,925,806	$ 10,568,359

The following is a reconciliation of contribution revenues per the financial statements for the years ended December 31, 2015 and 2014 to Schedule H of Form 5500:

	2015	2014
Contributions received per financial statements	$ 1,053,393	$ 1,120,426
Contributions receivable per prior year financial statements	39,289	33,941
Contributions receivable per current year financial statements	(41,971)	(39,289)
Rounding difference	(1)	-
Contributions received per Schedule H of Form 5500	$ 1,050,710	$ 1,115,078

Note G. Tax Status

The IRS has determined and informed the plan sponsor by a letter dated March 31, 2008, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRS and, therefore, believe that the Plan is qualified and tax-exempt.

Note H. Administration of Plan Assets

The Plan has entered into a group annuity contract with Great-West Trust Company, LLC, an insurance company. The Plan assets, which consist of mutual funds, a guaranteed interest account, and participants' loans, are held by the 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 I. Related Party Transactions

The Plan invests in shares of mutual funds managed by Great-West Trust Company, LLC. Great-West Trust Company, LLC is the trustee as defined by the plan and, therefore these transactions qualify as party-in-interest transactions. During the years ended December 31, 2015 and 2014, the Plan paid $61,989 and $46,785, respectively in administrative expenses to Great-West.

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.

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, 2015

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
	Guaranteed Interest Account			
*	Great West	Key Guaranteed Portfolio Fund	n/a	1,890,482
	Shares of a Registered Investment Company			
*	Great West Retirement Services	Great West SF LT 2025 GI	n/a	1,499,602
*	Great West Retirement Services	Great West SF LT 2015 GI	n/a	1,182,343
*	Great West Retirement Services	Great West SF LT 2035 GI	n/a	1,132,219
*	Great West Retirement Services	Fidelity Spartan 500 Index Inv	n/a	527,496
	Fidelity Investments	Janus Triton S	n/a	437,975
*	Great West Retirement Services	Great West SF LT 2045 GI	n/a	378,796
	Oppenheimer	Fidelity Low-Priced Stock	n/a	368,083
	RidgeWorth	Fidelity Growth Company Fund	n/a	274,095
	Fidelity Investments	Great West Lifetime 2015 Fund I TI	n/a	269,803
	MFS	Oppenheimer International Growth A	n/a	249,661
	Ivy Funds	Great West S&P SmallCap 600 Index Fund L	n/a	169,051
*	Great West Retirement Services	RidgeWorth Large Cap Value Equity I	n/a	161,577
	Artisan	Great West Lifetime 2035 Fund I TI	n/a	159,054
*	Great West Retirement Services	Great West SF LT 2040 GI	n/a	154,112
*	Great West Retirement Services	MFS Moderate Allocation R2	n/a	149,973
	Oppenheimer	American Funds Fundamental Invs R3	n/a	134,443
	Ivy Funds	RidgeWorth Mid-Cap Value Equity I	n/a	131,250
	Lazard	Ivy Mid Cap Growth R	n/a	128,845
	Oakmark	Principal Real Estate Securities A	n/a	120,594
	Neuberger Berman	JPMorgan Total Return R2	n/a	108,791
*	Great West Retirement Services	Artisan International Value Investor	n/a	102,540
	PIMCO	Ivy High Income Y	n/a	101,769
	MFS	Great West Bond Index Fund I	n/a	95,536
	Fidelity Investments	PIMCO Real Return R	n/a	86,130
*	Great West Retirement Services	Lazard Emerging Markets Open	n/a	82,125
*	Great West Retirement Services	Oakmark International II	n/a	76,835
	American Fund	Oppenheimer Gold & Special Minerals A	n/a	69,726
	MFS	Great West International Index Fund I	n/a	66,373
	PIMCO	Thompson Bond Fund	n/a	59,349
	Janus	Great West SF Balanced GI	n/a	59,120
	Thompson IM Funds, Inc.	Delaware Small Cap Value A	n/a	53,626
	Delaware Investments	MFS Conservative Allocation R2	n/a	52,700
*	Great West Retirement Services	Great West Lifetime 2025 Fund I TI	n/a	49,400
	RidgeWorth	MFS Growth Allocation R2	n/a	48,854
*	Great West Retirement Services	Great West SF LT 2050 GI	n/a	44,129
*	Great West Retirement Services	Great West SF LT 2020 GI	n/a	26,724
*	Great West Retirement Services	Great West SF LT 2055 GI	n/a	19,844
*	Great West Retirement Services	Great West Lifetime 2055 Fund I TI	n/a	10,554
*	Great West Retirement Services	Great West SF LT 2030 GI	n/a	8,522
*	Great West Retirement Services	Great West Lifetime 2045 Fund I TI	n/a	7,417
		Subtotal		8,859,037
		Total Investments		$ 10,749,519

continued on next page…

continued from previous page…

(a)	(b) Identity of Issue or Borrower	(c) Description	(d) Cost	(e) Current Value
	Participant Loans	*Maturity Date and Rate of Interest*		
	Crist, Ryan Timothy	03/02/2025; 6%	-0-	18,845
	Frierson, Kecia A	12/24/2018; 6%	-0-	960
	Garcia, Julia M	11/29/2017; 6%	-0-	8,253
	Garcia, Maria V	11/09/2018; 6%	-0-	2,449
	George, Jared Calvin	11/19/2020;6%	-0-	11,191
	Gilmour, Jesse E	11/07/2016; 6%	-0-	536
	Jackson, Anthony R	12/05/2018; 6%	-0-	15,806
	Leach, Renata	4/23/2016; 6%	-0-	1,930
	Linares, Roberto A	01/28/2018; 6%	-0-	23,492
	Luyanda Andino, Felipe	05/14/2016; 6%	-0-	2,289
	Martinez, Beatriz V	07/18/2016; 6%	-0-	189
	Mccoy, Michael R	05/31/2016; 6%	-0-	4,490
	Pettis, Robby R	12/09/2023; 6%	-0-	21,102
	Pope, Michael Lee	6/8/2020; 6%	-0-	912
	Ramirez, Rolando L	11/16/2017; 6%	-0-	8,830
	Rodriguez, Carlos D	02/19/2023; 6%	-0-	21,019
	Rodriguez, Felix	04/05/2017; 6%	-0-	9,021
	Ruggiano, Douglas J	09/06/2016; 6%	-0-	5,081
	Santana, Edwin	09/11/2017; 6%	-0-	10,680
		Total Participant Loans		167,073
		Total Assets (Held at End of Year)		$ 10,916,592

* An asterisk in Column (a) represents party-in-interest as defined by ERISA.
Column (d) contains "N/A" where investments are participant directed; thus, cost information has been omitted.

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, 2014

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
	Guaranteed Interest Account			
*	Great West	Key Guaranteed Portfolio Fund	n/a	1,751,264
	Shares of a Registered Investment Company			
*	Great West Retirement Services	Great-West International Index Fund I	n/a	1,530,515
*	Great West Retirement Services	Great-West Lifetime 2015 Fund I T1	n/a	1,298,631
*	Great West Retirement Services	Great-West Lifetime 2025 Fund I T1	n/a	1,078,581
*	Great West Retirement Services	Great-West Lifetime 2035 Fund I T1	n/a	461,970
	Fidelity Investments	Fidelity Spartan 500 Index Inv	n/a	423,777
*	Great West Retirement Services	Great-West Lifetime 2045 Fund I T1	n/a	399,621
	Oppenheimer	Oppenheimer International Growth A	n/a	311,985
	RidgeWorth	RidgeWorth Large Cap Value Equity I	n/a	280,972
	Fidelity Investments	Fidelity Low-Priced Stock	n/a	230,365
	MFS	MFS Moderate Allocation R2	n/a	206,803
	Ivy Funds	Ivy Mid Cap Growth R	n/a	195,154
*	Great West Retirement Services	Great-West Lifetime 2055 Fund I T1	n/a	194,965
	Artisan	Artisan International Value Investor	n/a	180,455
*	Great West Retirement Services	Great-West S&P Small Cap 600 Index Fund L	n/a	150,873
*	Great West Retirement Services	Great-West SF Balance Fund G1	n/a	147,139
	Oppenheimer	Oppenheimer Gold & Special Minerals A	n/a	137,650
	Ivy Funds	Ivy High Income Y	n/a	117,010
	Lazard	Lazard Emerging Markets Open	n/a	102,851
	Oakmark	Oakmark International II	n/a	96,769
	Neuberger Berman	Neuberger Berman Real Estate A	n/a	88,465
*	Great West Retirement Services	Great-West SF Lifetime 2015 Fund G1	n/a	86,434
	PIMCO	PIMCO Total Return Fund - R	n/a	82,715
	MFS	MFS Conservative Allocation R2	n/a	77,312
	Fidelity Investments	Fidelity Growth Company Fund	n/a	73,733
*	Great West Retirement Services	Great-West SF Lifetime 2020 Fund G1	n/a	68,718
*	Great West Retirement Services	Great-West SF Lifetime 2025 Fund G1	n/a	62,058
	American Fund	American Funds Fundamental Invs R3	n/a	59,102
	MFS	MFS Growth Allocation R2	n/a	58,962
	PIMCO	PIMCO Real Return R	n/a	57,312
	Janus	Janus Triton S	n/a	56,656
	Thompson IM Funds, Inc.	Thompson Bond Fund	n/a	40,909
	Delaware Investments	Delaware Small Cap Value A	n/a	40,207
*	Great West Retirement Services	Great-West Bond Index Fund I	n/a	38,993
	RidgeWorth	RidgeWorth Mid-Cap Value Equity I	n/a	38,824
*	Great West Retirement Services	Great-West SF Lifetime 2030 Fund G1	n/a	31,164
*	Great West Retirement Services	Great-West SF Lifetime 2035 Fund G1	n/a	24,684
*	Great West Retirement Services	Great-West SF Lifetime 2040 Fund G1	n/a	15,694
*	Great West Retirement Services	Great-West SF Lifetime 2045 Fund G1	n/a	13,686
*	Great West Retirement Services	Great-West SF Lifetime 2050 Fund G1	n/a	4,349
*	Great West Retirement Services	Great-West SF Lifetime 2055 Fund G1	n/a	3,388
		Subtotal		8,569,448
		Total Investments		$ 10,320,712

continued on next page…

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, 2014

continued from previous page…

(a)	(b) Identity of Issue or Borrower	(c) Description	(d) Cost	(e) Current Value
	Participant Loans	*Maturity Date and Rate of Interest*		
	Bouthillier, Heidi N	07/15/2015; 6%	-0-	$ 704
	Caetano, Renata	04/23/2016; 6%	-0-	7,963
	Cook, David M	01/10/2016; 6%	-0-	1,766
	Diaz, Victor M	11/30/2017; 6%	-0-	2,766
	Dowling, Lilia	09/14/2016; 6%	-0-	312
	Foster, Damian L	03/06/2015; 6%	-0-	110
	Frierson, Kecia A	12/24/2018; 6%	-0-	1,243
	Garcia, Julia M	11/29/2017; 6%	-0-	12,185
	Garcia, Maria V	12/23/2015; 6%	-0-	623
	Gilmour, Jesse E	11/07/2016; 6%	-0-	1,039
	Jackson, Anthony R	12/05/2018; 6%	-0-	20,541
	Jaureguy, Alejandro A	12/14/2016; 6%	-0-	2,372
	Linares, Roberto A	01/28/2018; 6%	-0-	33,410
	Luyanda Andino, Felipe	05/14/2016; 6%	-0-	4,919
	Martinez, Beatriz V	07/18/2016; 6%	-0-	481
	Mccoy, Michael R	05/31/2016; 6%	-0-	14,661
	Pettis, Robby R	12/09/2023; 6%	-0-	23,109
	Piedra, Antonio E	04/09/2016; 6%	-0-	18,556
	Ramirez, Rolando L	09/05/2015; 6%	-0-	2,643
	Rodriguez, Carlos D	02/19/2023; 6%	-0-	23,410
	Rodriguez, Felix	04/05/2017; 6%	-0-	15,267
	Rowell, Roderick C	10/01/2015; 6%	-0-	1,627
	Ruggiano, Douglas J	09/06/2016; 6%	-0-	11,348
	Santana, Edwin	09/11/2017; 6%	-0-	16,500
		Total Participant Loans		217,553
		Total Assets (Held at End of Year)		$ 10,538,265

* An asterisk in Column (a) represents party-in-interest as defined by ERISA.
Column (d) contains "N/A" where investments are participant directed; thus, cost information has been omitted.

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Metric Engineering Savings and Retirement Plan
01-JAN-15 to 31-DEC-15

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1MXSBL1			59,673.30	59,119.92
1MXS151			1,270,135.57	1,182,342.59
1MXS201			27,718.89	26,723.82
1MXS251			1,607,067.71	1,499,601.73
1MXS301			8,994.79	8,521.68
1MXS351			1,177,662.89	1,132,219.46
1MXS401			161,477.36	154,112.18
1MXS451			403,220.10	378,796.35
1MXS501			46,662.13	44,128.80
1MXS551			21,798.99	19,843.59
1MX15C1			298,634.91	269,803.22
1MX25C1			54,943.50	49,399.69
1MX35C1			179,631.47	159,054.22
1MX45C1			8,397.99	7,417.31
1MX55C1			11,911.88	10,553.89
1MGALX			49,736.53	48,854.06
1MCARX			52,965.84	52,700.45
1MARRX			152,998.26	149,973.20
1ARTKX			112,144.96	102,540.09
1MXINX			70,667.97	66,373.23
1LZOEX			107,859.55	82,125.04
1OARIX			87,964.77	76,835.33
1OIGAX			242,505.83	249,661.16
1OPGSX			123,093.82	69,725.94
1PRRAX			129,185.72	120,594.09
1DEVLX			60,245.53	53,625.68
1MXNSX			175,330.00	169,050.50
1JGMIX			469,695.36	437,975.39
1FLPSX			381,252.58	368,083.03
1WMGRX			143,813.22	128,845.40
1SMVTX			148,866.19	131,250.35
1RFNCX			138,805.77	134,443.08
1FDGRX			264,198.31	274,095.23
1FUSEX			463,563.15	527,495.52
1STVTX			183,368.96	161,577.01
1BIMXBI			97,183.26	95,535.81
1WHIYX			124,669.04	101,769.13
1JMTTX			113,376.72	108,790.86
1PRRRX			91,762.90	86,130.29
1THOPX			65,277.69	59,348.89
1KGPF		1.200	1,792,347.81	1,890,481.91
			11,180,811.22	**10,749,519.12**
PARTICIPANT LOANS	VARIOUS	6.000-6.000	166,880.49	167,073.40
FORFEITURES			7,228.86	9,213.29

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Metric Engineering Savings and Retirement Plan
01-JAN-15 to 31-DEC-15

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE

Attachment to Form 5500, Schedule H, Part 4, Item I
EIN # 59-1685550

LEGEND

INVESTMENT OPTION:

1MXSBL1	Great-West SecureFoundation Balanced G1
1MXS201	Great-West SecureFoundation LT 2020 G1
1MXS301	Great-West SecureFoundation LT 2030 G1
1MXS401	Great-West SecureFoundation LT 2040 G1
1MXS501	Great-West SecureFoundation LT 2050 G1
1MX15C1	Great-West Lifetime 2015 Fund I T1
1MX35C1	Great-West Lifetime 2035 Fund I T1
1MX55C1	Great-West Lifetime 2055 Fund I T1
1MCARX	MFS Conservative Allocation R2
1ARTKX	Artisan International Value Investor
1LZOEX	Lazard Emerging Markets Open
1OIGAX	Oppenheimer International Growth A
1PRRAX	Principal Real Estate Securities A
1MXNSX	Great-West S&P SmallCap 600 Index Fund L
1FLPSX	Fidelity Low-Priced Stock
1SMVTX	RidgeWorth Mid-Cap Value Equity I
1FDGRX	Fidelity Growth Company Fund
1STVTX	RidgeWorth Large Cap Value Equity I
1WHIYX	Ivy High Income Y
1PRRRX	PIMCO Real Return R
1KGPF	Key Guaranteed Portfolio Fund
1MXS151	Great-West SecureFoundation LT 2015 G1
1MXS251	Great-West SecureFoundation LT 2025 G1
1MXS351	Great-West SecureFoundation LT 2035 G1
1MXS451	Great-West SecureFoundation LT 2045 G1
1MXS551	Great-West SecureFoundation LT 2055 G1
1MX25C1	Great-West Lifetime 2025 Fund I T1
1MX45C1	Great-West Lifetime 2045 Fund I T1
1MGALX	MFS Growth Allocation R2
1MARRX	MFS Moderate Allocation R2
1MXINX	Great-West International Index Fund I
1OARIX	Oakmark International II
1OPGSX	Oppenheimer Gold & Special Minerals A
1DEVLX	Delaware Small Cap Value A
1JGMIX	Janus Triton S
1WMGRX	Ivy Mid Cap Growth R
1RFNCX	American Funds Fundamental Invs R3
1FUSEX	Fidelity Spartan 500 Index Inv
1BIMXBI	Great-West Bond Index Fund I
1JMTTX	JPMorgan Total Return R2
1THOPX	Thompson Bond Fund

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year
CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year