

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
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Part I	Annual Report Identification Information		
For calendar plan year 2015 or fiscal plan year beginning <u>07/01/2015</u> and ending <u>05/13/2016</u>			
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	
	☒ 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:	☒ Form 5558;	☐ automatic extension;	☐ the DFVC program;
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a Name of plan <u>FABRICO, INC. RETIREMENT PLAN</u>	1b Three-digit plan number (PN) ▶ <u>001</u>		
	1c Effective date of plan <u>07/01/1993</u>		
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) <u>TECHNETICS GROUP OXFORD, INC.</u> <u>10 OLD WEBSTER ROAD</u> <u>OXFORD, MA 01540</u>	2b Employer Identification Number (EIN) <u>30-0001515</u>		
	2c Plan Sponsor's telephone number <u>508-987-5900</u>		
	2d Business code (see instructions) <u>332900</u>		

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	03/04/2017	MARYBETH CAMPBELL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name FABRICO, INC.	4b EIN 30-0001515 4c PN 001
5 Total number of participants at the beginning of the plan year	5 200
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) 152
a(2) Total number of active participants at the end of the plan year	6a(2) 0
b Retired or separated participants receiving benefits.....	6b 0
c Other retired or separated participants entitled to future benefits.....	6c 0
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 0
f Total. Add lines 6d and 6e	6f 0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 0
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2S 2T 3D	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)
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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 C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2015
		This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 07/01/2015 and ending 05/13/2016		
A Name of plan FABRICO, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 TECHNETICS GROUP OXFORD, INC.	D Employer Identification Number (EIN) 30-0001515	

Part I	Service Provider Information (see instructions)
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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 FIDELITY INVESTMENTS INSTITUTIONAL
04-2647786

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 60 64 65	RECORDKEEPER	6249	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

MMC SECURITIES LLC

06-1685865

(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	ADVISOR	0	Yes ☒ No ☐	Yes ☐ No ☒	11267	Yes ☐ No ☒

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AM CENT HERITAGE A - AMERICAN CENT 44-0619208	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BLK RK INTL INDEX A - BNY MELLON IN P.O. BOX 9793 PROVIDENCE, RI 02940	0.05%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CALAMOS INTL GRTH A - US BANCORP F 39-0281260	0.35%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
COL MID CAP IDX A - COLUMBIA MGT I 04-2838628	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DREYFUS S&P 500 INDX - DREYFUS TRA 200 PARK AVENUE NEW YORK, NY 10166	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
INVS EQL WT S&P500 A - INVESCO INV 11 GREENWAY PLAZA, SUITE 100 HOUSTON, TX 77046	0.25%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JH DSCPL VAL MDCP A - JOHN HANCOCK 01-0233346	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JPM CORE BOND A - BOSTON FINANCIAL P.O. BOX 8480 BOSTON, MA 02266	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MFS VALUE R3 - MFS SERVICE CENTER 04-2865649	0.25%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
MNSTY LG CAP GRTH R2 - NYLIM SERVI 52-2206685		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.		
0.25%		
(a) Enter service provider name as it appears on line 2		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
OAK RIDGE SMCP GR A - UMB FUND SER 39-1657495		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.		
0.25%		
(a) Enter service provider name as it appears on line 2		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
OPPENHEIMER GLOBAL A - OFI GLOBAL 225 LIBERTY STREET NEW YORK, NY 10281		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.		
0.25%		

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
OPPHMR DEV MKTS A - OFI GLOBAL ASS 225 LIBERTY STREET NEW YORK, NY 10281	0.25%	
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VICTORY S SM CO OP A - SUNGARD INV P.O. BOX 182593 COLUMBUS, OH 43218	0.25%	
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
WF STABLE VALUE 800 LASALLE AVENUE, SUITE 100 MINNEAPOLIS, MN 55402-2054	0.25%	

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
MMC SECURITIES LLC	55	11267

(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.
NATIONAL FINANCIAL SERVICES LLC 04-3523567	

(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

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:

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

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

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning 07/01/2015 and ending 05/13/2016		
A Name of plan FABRICO, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 TECHNETICS GROUP OXFORD, INC.	D Employer Identification Number (EIN) 30-0001515	

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)	265226	0
(9) Value of interest in common/collective trusts.....	1c(9)	92796	0
(10) Value of interest in pooled separate accounts.....	1c(10)	0	0
(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)	3707053	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	0	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(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	4065075	0

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	4065075	0
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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)	0	
(B) Participants	2a(1)(B)	171984	
(C) Others (including rollovers)	2a(1)(C)	3861	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		175845
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)	8389	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		8389
(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)	202690	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		202690
(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)		979
(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)		-335156
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		52747

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	553947	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		553947
f Corrective distributions (see instructions)	2f		10036
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	6249	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		6249
j Total expenses. Add all expense amounts in column (b) and enter total	2j		570232

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-517485
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		3547590

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified **(2)** ☐ Qualified **(3)** ☒ Disclaimer **(4)** ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: WOLF & COMPANY, P.C.

(2) EIN: 04-2689883

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.)		☒		
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.)		☒		

	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.)		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.)		X		
e Was this plan covered by a fidelity bond?	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?		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?		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?		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.)		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.)	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?	X			
l Has the plan failed to provide any benefit when due under the plan?		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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.		X		
o Did the plan trust incur unrelated business taxable income?				
p Were in-service distributions made during the plan year?				

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: 0

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)
ENPRO INDUSTRIES, INC. RETIREMENT SAVINGS PLAN	01-0573945	004

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.
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For calendar plan year 2015 or fiscal plan year beginning 07/01/2015 and ending 05/13/2016

A Name of plan <u>FABRICO, INC. RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TECHNETICS GROUP OXFORD, INC.</u>	D Employer Identification Number (EIN) <u>30-0001515</u>

Part I	Distributions
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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	
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): <u>04-6568107</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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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
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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
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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.
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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
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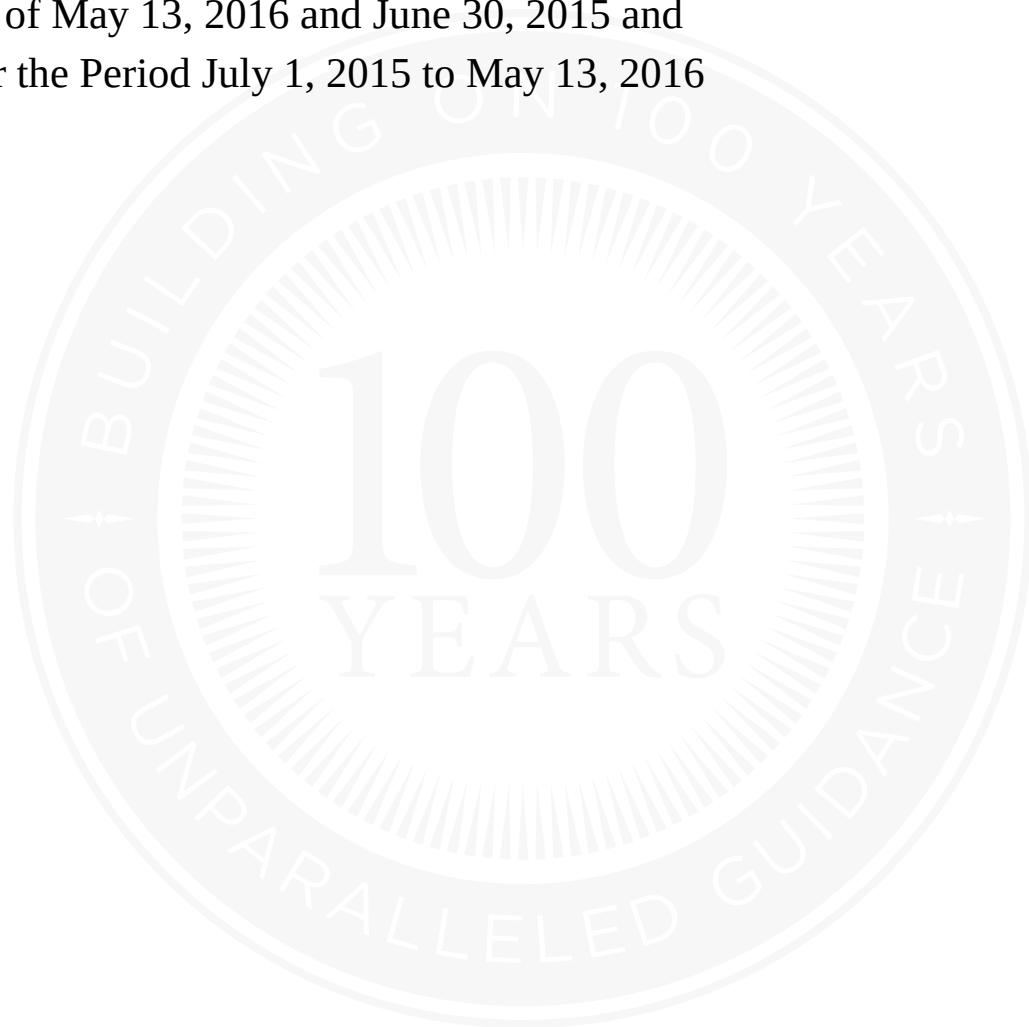
18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding 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
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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



Fabrico, Inc. Retirement Plan
Financial Statements and Supplemental Schedule
As of May 13, 2016 and June 30, 2015 and
For the Period July 1, 2015 to May 13, 2016



Fabrico, Inc. Retirement Plan

E.I.N. 30-0001515

Plan Number 001

Financial Statements and Supplemental Schedule

Table of Contents

The following financial information is submitted herewith:

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Independent Auditors' Report

To the Plan Administrator of the Fabrico, Inc. Retirement Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Fabrico, Inc. Retirement Plan (the "Plan"), which comprise the statements of net assets available for benefits as of May 13, 2016 and June 30, 2015, and the related statement of changes in net assets available for benefits for the period July 1, 2015 to May 13, 2016, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit 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 3, which was certified by Fidelity Management Trust Company, the Trustee of the Plan, except for comparing this 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 May 13, 2016 and June 30, 2015 and for the period July 1, 2015 to May 13, 2016, 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.

Emphasis of Matter

As further discussed in Note 1 to the financial statements, on May 13, 2016, all assets of the Plan were transferred to a retirement plan sponsored by the Parent Company. In accordance with accounting principles generally accepted in the United States of America, the Plan's financial statements are presented in accordance with the liquidation basis of accounting. Our opinion is not modified with respect to this matter.

Other Matter

The supplemental Schedule H, Line 4j - Schedule of Reportable Transactions for the period July 1, 2015 to May 13, 2016 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purposes of additional analysis and is 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 this supplemental schedule.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified or provided 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.

Wolf + Company, P.C.

Boston, Massachusetts

January 18, 2017

Fabrico, Inc. Retirement Plan

Statements of Net Assets Available for Benefits

May 13, 2016 and June 30, 2015

	<u>2016</u>	<u>2015</u>
Assets:		
Investments, at fair value	\$ -	\$ 3,799,849
Notes receivable from participants	-	265,226
Total assets	<u>-</u>	<u>4,065,075</u>
Liabilities:		
Excess contributions payable	<u>-</u>	<u>9,679</u>
Net assets available for benefits	<u><u>\$ -</u></u>	<u><u>\$ 4,055,396</u></u>

See independent auditors' report and notes to financial statements.

Fabrico, Inc. Retirement Plan

Statement of Changes in Net Assets Available for Benefits

For the Period July 1, 2015 to May 13, 2016

Additions to net assets attributed to:	
Investment income (loss):	
Net depreciation in fair value of investments	\$ (334,176)
Dividends and interest income	202,690
Total investment income (loss)	<u>(131,486)</u>
Interest income - notes receivable from participants	<u>8,389</u>
Contributions:	
Participant	171,983
Rollovers	3,861
Total contributions	<u>175,844</u>
Total additions	<u>52,747</u>
Deductions from net assets attributed to:	
Benefits paid to participants	554,304
Administrative expenses	6,249
Total deductions	<u>560,553</u>
Net decrease	(507,806)
Transfer of assets to the EnPro Industries, Inc. Retirement Savings Plan (Note 1)	(3,547,590)
Net assets available for benefits:	
Beginning of the period	<u>4,055,396</u>
End of the period	<u>\$ -</u>

See independent auditors' report and notes to financial statements.

Fabrico, Inc. Retirement Plan

Notes to Financial Statements

1. DESCRIPTION OF THE PLAN

The following description of the Fabrico, Inc. Retirement Plan (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a complete description of the Plan’s provisions.

General

The purpose of the Plan is to enable participating employees of Technetics Group Oxford, Inc. (the “Company” or “Plan Administrator”) to accumulate capital accessible in their retirement years. Technetics Group Oxford, Inc. was formerly Fabrico, Inc. prior to a December 2014 acquisition by EnPro Industries, Inc. The Plan was amended, effective December 30, 2015, to change the name of the Plan Sponsor to Technetics Group Oxford, Inc.

The Plan is a defined contribution plan covering substantially all employees of the Company. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

All assets acquired under this Plan as a result of participant and Company contributions, income and other additions will be administered, distributed, forfeited and otherwise governed by the provisions of this Plan. The Plan is administered by the Company for the exclusive benefit of participants in the Plan and their beneficiaries.

Merger

The Benefits Committee of EnPro Industries, Inc., the Parent Company, voted on November 9, 2015, to merge the Plan into the EnPro Industries, Inc. Retirement Savings Plan (the “Parent’s Plan”). Beginning January 1, 2016, the Company’s employees began participation in and making contributions to the Parent’s Plan, ceasing contributions to the Fabrico, Inc. Retirement Plan. All assets of the Fabrico, Inc. Retirement Plan were transferred to the Parent’s Plan on May 13, 2016.

Eligibility

Each employee who was 18 years of age or older and completed two months of service was eligible to make salary deferrals into the Plan.

Employees were eligible to receive the employer discretionary profit-sharing contributions if they have completed at least 1,000 hours of service during the Plan year and were employed by the Company at Plan year end.

See independent auditors’ report.

Fabrico, Inc. Retirement Plan

Notes to Financial Statements (Continued)

DESCRIPTION OF THE PLAN (continued)

Participant Contributions

An active participant could elect to make contributions to the Plan subject to limitations as defined in the Internal Revenue Code noted below. No contributions were made into the Plan subsequent to December 31, 2015. All participant contributions thereafter were made to the Parent's Plan.

Compensation deferral contributions

Each active participant may elect to contribute to the Plan a percentage of their compensation, as defined, up to 50% of compensation, on a pre-tax basis or after-tax basis, up to the maximum amount allowable under federal regulations. In the absence of an affirmative election, 2% of compensation will be deferred on each eligible employee's behalf, unless an employee opts not to participate (herein referred to as the "auto-enroll provision"). Compensation deferral contributions are remitted to the Plan by the Company on the participants' behalf. Each participant's account is credited with the participant's contributions.

Rollover contributions

An active participant may, at the discretion of the Plan Administrator, contribute to the Plan, distributions from other qualified plans or individual retirement accounts, if the contributions satisfy the tax law requirements for a qualified rollover.

Employer Contributions

The Company, at its discretion, may elect to make a profit-sharing contribution to the Plan. The Company did not make a profit-sharing contribution during the period ended May 13, 2016.

The Company does not provide for a matching contribution.

See independent auditors' report.

Fabrico, Inc. Retirement Plan

Notes to Financial Statements (Continued)

DESCRIPTION OF THE PLAN (continued)

Vesting

A participant will have a fully vested interest in that portion of their account attributable to compensation deferral contributions, rollover contributions and related investment earnings. Participants vest in the employer profit-sharing contributions based on whole years of service as follows:

<u>Completed Years of Service</u>	<u>Vested Percentage</u>
Less than 2 years	0%
2 years	20%
3 years	40%
4 years	60%
5 years	80%
6 years or more	100%

Participants became fully vested in any unvested employer contributions upon transfer of the Plan assets into the Parent's Plan.

Forfeitures

Only contributions made by the Company are subject to forfeiture. Forfeitures may first be used to pay administrative expenses of the Plan. Any remaining amounts may be allocated to the accounts of eligible Plan participants.

For the period July 1, 2015 to May 13, 2016, \$4,724 of forfeitures were used to pay administrative expenses of the Plan.

Investments

The Plan offers a number of investment options which vary by investment objective. Participants elect in which investment or investments they wish their accounts invested. Participants may change their investment options daily. Earnings for each investment are allocated to each participant's investment account based on the ratio of each participant's account balance to the balance of all participants' accounts invested in the same investment.

See independent auditors' report.

Fabrico, Inc. Retirement Plan

Notes to Financial Statements (Continued)

DESCRIPTION OF THE PLAN (concluded)

Notes Receivable from Participants

Notes receivable from participants are made in accordance with provisions in the Plan. Notes receivable shall be in an amount not less than \$1,000 or greater than \$50,000, limited to 50% of a participant's vested interest in the Plan. Notes receivable are secured by an irrevocable pledge and assignment of up to 50% of the participant's vested interest in the Plan. Each note receivable shall bear a fixed interest rate equal to the prime rate at the date of the note plus one percent. Notes receivable are generally required to be repaid through regular payroll deductions within five years of the date it is made, unless such note is used to acquire a principal residence in which case the term is extended to a maximum of 10 years. A participant is not allowed to have more than one note outstanding at any time.

Notes receivable were transferred to the Parent's Plan based on the outstanding principal balance plus any accrued unpaid interest.

Distributions

Retirement, Disability or Death

Prior to May 13, 2016, participants who retired or became disabled were entitled to 100% of their account balance. Upon death, the participant's beneficiary is entitled to 100% of the account balance, payable in accordance with the Plan agreement.

In Service

Prior to May 13, 2016, a participant who reached age 59½ was entitled to withdraw 100% of their vested account balance. Distributions could be made as in-service hardship withdrawals, as defined.

Other Termination of Employment

Prior to May 13, 2016, upon termination of employment for any reason other than retirement or death, the participant was entitled to receive the entire amount of their vested account balance.

See independent auditors' report.

Fabrico, Inc. Retirement Plan

Notes to Financial Statements (Continued)

2. SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

The accompanying financial statements of the Plan have been prepared under the liquidation basis of accounting and are in conformity with accounting principles generally accepted in the United States of America. The presentation of the financial statements under the liquidation basis of accounting does not have a significant impact since the Plan's investments are reflected at fair value.

Use of Estimates

The presentation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value utilizing information provided by Fidelity Management Trust Company (the "Trustee"). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses was recorded as of June 30, 2015. Delinquent participant loans are recorded as distributions on the basis of the terms of the Plan agreement.

A note receivable is considered delinquent if the participant misses a regularly scheduled payment. A delinquent note is considered to be in default in the calendar quarter following the quarter in which the last payment was made. Upon default, the outstanding balance of the note receivable shall be deemed distributed to the participant. During the period July 1, 2015 to May 13, 2016, defaulted notes receivable deemed distributed amounted to \$28,318.

See independent auditors' report.

Fabrico, Inc. Retirement Plan

Notes to Financial Statements (Continued)

SIGNIFICANT ACCOUNTING POLICIES (concluded)

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Service (“IRS”) are recorded as a liability with a corresponding reduction to contributions.

The Plan failed operational tests over participant contribution limitations for the period ending May 13, 2016, resulting in \$3,938 due to certain Plan participants. Due to the plan merger, this liability is the responsibility of the Parent’s Plan and has not been recorded in the accompanying financial statements.

Benefit Payments

Benefits are recorded when paid.

Administrative Expenses

Certain costs of the Plan are paid by the Company.

3. FINANCIAL INFORMATION CERTIFIED BY THE TRUSTEE

The Plan Administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator instructed the Plan’s independent auditors not to perform any auditing procedures with respect to the following information certified by the Trustee as of May 13, 2016 and June 30, 2015 and for the period July 1, 2015 to May 13, 2016, except for comparing such information certified by the Trustee to information included in the Plan’s financial statements and supplemental schedule. The Plan Administrator has obtained a certification from the Trustee for the above noted periods that such information is complete and accurate.

Information certified is as follows:

	<u>2016</u>	<u>2015</u>
Investments at fair value	\$ -	\$ 3,799,849
Notes receivable from participants	-	265,226
Investment income (loss):		
Net depreciation in fair value of investments	(334,176)	
Dividends and interest income	202,690	
Interest income - notes receivable from participants	8,389	

See independent auditors’ report.

Fabrico, Inc. Retirement Plan

Notes to Financial Statements (Continued)

4. FAIR VALUE MEASUREMENTS

The framework for measuring fair value 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) and the lowest priority to unobservable inputs (Level 3). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Fair Value Hierarchy

The three levels of the fair value hierarchy are as follows:

Level 1 - Fair values are based upon unadjusted quoted prices in active markets for identical assets or liabilities that the reporting entity has the ability to access at the measurement date.

Level 2 - Fair values are based upon quoted prices for similar assets and liabilities in active markets, quoted prices for identical or similar assets and liabilities in markets that are not active, and inputs other than quoted prices that are observable for the asset or liability, either directly or by correlation or other means.

Level 3 - Fair values are based upon unobservable inputs for the asset or liability and include situations where there is little, if any, market activity for the asset or liability. Such inputs are based upon the best information in the circumstances and may require significant management judgment or estimation.

In certain cases, inputs used to measure fair value may fall into different levels of the fair value hierarchy. In such cases, an investment's level within the fair value hierarchy is based on the lowest level of input that is significant to the fair value measurement. The Plan's assessment of the significance of a particular input to the fair value measurement in its entirety requires judgment and considers factors specific to the investment.

The Plan recognizes transfers between levels at the end of the reporting period as if the transfers occurred on the last day of the reporting period. There were no transfers during 2016 and 2015.

See independent auditors' report.

Fabrico, Inc. Retirement Plan

Notes to Financial Statements (Continued)

FAIR VALUE MEASUREMENTS (continued)

Fair Value Hierarchy (concluded)

Following is a description of the valuation methodologies used for assets measured at fair value.

Mutual funds - Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Stable value fund – Stable value fund that is composed primarily of fully benefit-responsive investment contracts is valued at the net asset value of units of the collective trust. The net asset value is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value. Participant transactions (purchases and sales) may occur daily.

Investments at Fair Value on a Recurring Basis

The following table summarizes the valuation of the Plan's investments by the fair value hierarchy as of June 30, 2015:

	Assets at Fair Value as of June 30, 2015			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 3,707,053	\$ -	\$ -	\$ 3,707,053
Total assets in the fair value hierarchy	<u>\$ 3,707,053</u>	<u>\$ -</u>	<u>\$ -</u>	3,707,053
Investments measured at net asset value (a)				<u>92,796</u>
Investments at fair value				<u>\$ 3,799,849</u>

- (a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits and notes to the financial statements.

See independent auditors' report.

Fabrico, Inc. Retirement Plan

Notes to Financial Statements (Continued)

FAIR VALUE MEASUREMENTS (concluded)

Investments Measured Using the Net Asset Value per Share Practical Expedient

The follow table summarizes investments for which fair value is measured using the net asset value per share practical expedient. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

	Fair Value at June 30, 2015	Unfunded Commitments	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
Wells Fargo Stable Value Fund M	\$ 92,796	n/a	Daily	12 months

5. TAX STATUS

The Company adopted a Fidelity Advisor 401(k) Program Volume Submitter Defined Contribution Plan, which the Internal Revenue Service determined, as stated in a letter dated March 31, 2008, was acceptable under the applicable requirements of the Internal Revenue Code and therefore, the Plan Administrator believes that the Plan qualifies as a tax-exempt plan. The Plan has been amended since receiving the determination letter, however, the Plan Administrator believes that the Plan is designed and operated in compliance with the applicable requirements of the Internal Revenue Code and therefore, believes that the Plan qualifies as a tax-exempt plan. Accordingly, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS or the Department of Labor ("DOL"). The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of May 13, 2016 and June 30, 2015, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan Administrator believes it is no longer subject to examinations for years prior to June 30, 2013.

See independent auditors' report.

Fabrico, Inc. Retirement Plan

Notes to Financial Statements (Concluded)

6. RELATED PARTY TRANSACTIONS

Prior to May 13, 2016, plan investments consisted of shares of mutual funds managed by Fidelity Management Trust Company. Fidelity Management Trust Company is the Trustee of the Plan and, therefore, these transactions qualify as party-in-interest transactions. Administrative costs of the Plan paid to the Trustee amounted to \$6,249 for the period July 1, 2015 to May 13, 2016. Fees paid for investment management services are included as a reduction of the return earned by each mutual fund.

7. RECONCILIATION TO FORM 5500

A reconciliation of net assets and changes in net assets between the financial statements and the Form 5500 follows:

	<u>2016</u>	<u>2015</u>
Net assets as reported in the statement of net assets available for benefits	\$ -	\$ 4,055,396
Add: excess contributions to be refunded	<u>-</u>	<u>9,679</u>
	<u>\$ -</u>	<u>\$ 4,065,075</u>
Net decrease as reported in the statement of changes in net assets available for benefits	\$ (507,806)	
Less: prior year excess contributions refunded	<u>(9,679)</u>	
Net decrease per Form 5500	<u>\$ (517,485)</u>	

8. SUBSEQUENT EVENTS

Management has evaluated subsequent events through January 18, 2017, which is the date the financial statements were available to be issued. There were no subsequent events that require adjustment to or disclosure in the financial statements.

See independent auditors' report.

Fabrico, Inc. Retirement Plan

Schedule H, Line 4j - Schedule of Reportable Transactions

E.I.N. 30-0001515

Plan Number 001

Period Ended May 13, 2016

a	b	c	d	e	f	g	h	i
Identity of Party Involved	Description of Asset (Include Interest Rate and Maturity in Case of Loan)	Purchase Price	Selling Price	Lease Rental	Expenses Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
<u>Category (1)</u> - A single transaction in excess of 5% plan assets								
Fidelity Management Trust Company	Plan assets transferred to EnPro Industries, Inc. Retirement Savings Plan	\$ -	\$ 3,547,589	\$ -	\$ -	(A)	\$ 3,547,589	(A)
<u>Category (2)</u> - A series of transactions with the same person involving property other than securities and aggregating to more than 5% of plan assets								
None								
<u>Category (3)</u> - A series of securities transactions in excess of 5% of plan assets								
Fidelity Management Trust Company	Fidelity Freedom 2020 Fund transferred to EnPro Industries, Inc. Retirement Savings Plan	\$ -	\$ 308,292	\$ -	\$ -	(A)	\$ 308,292	(A)
Fidelity Management Trust Company	Fidelity Freedom 2030 Fund transferred to EnPro Industries, Inc. Retirement Savings Plan	\$ -	\$ 665,418	\$ -	\$ -	(A)	\$ 665,418	(A)
Fidelity Management Trust Company	Fidelity Freedom 2025 Fund transferred to EnPro Industries, Inc. Retirement Savings Plan	\$ -	\$ 537,879	\$ -	\$ -	(A)	\$ 537,879	(A)
Fidelity Management Trust Company	Fidelity Freedom 2035 Fund transferred to EnPro Industries, Inc. Retirement Savings Plan	\$ -	\$ 387,153	\$ -	\$ -	(A)	\$ 387,153	(A)

Category (4) - A single transaction with the same person in excess of 5% of plan assets

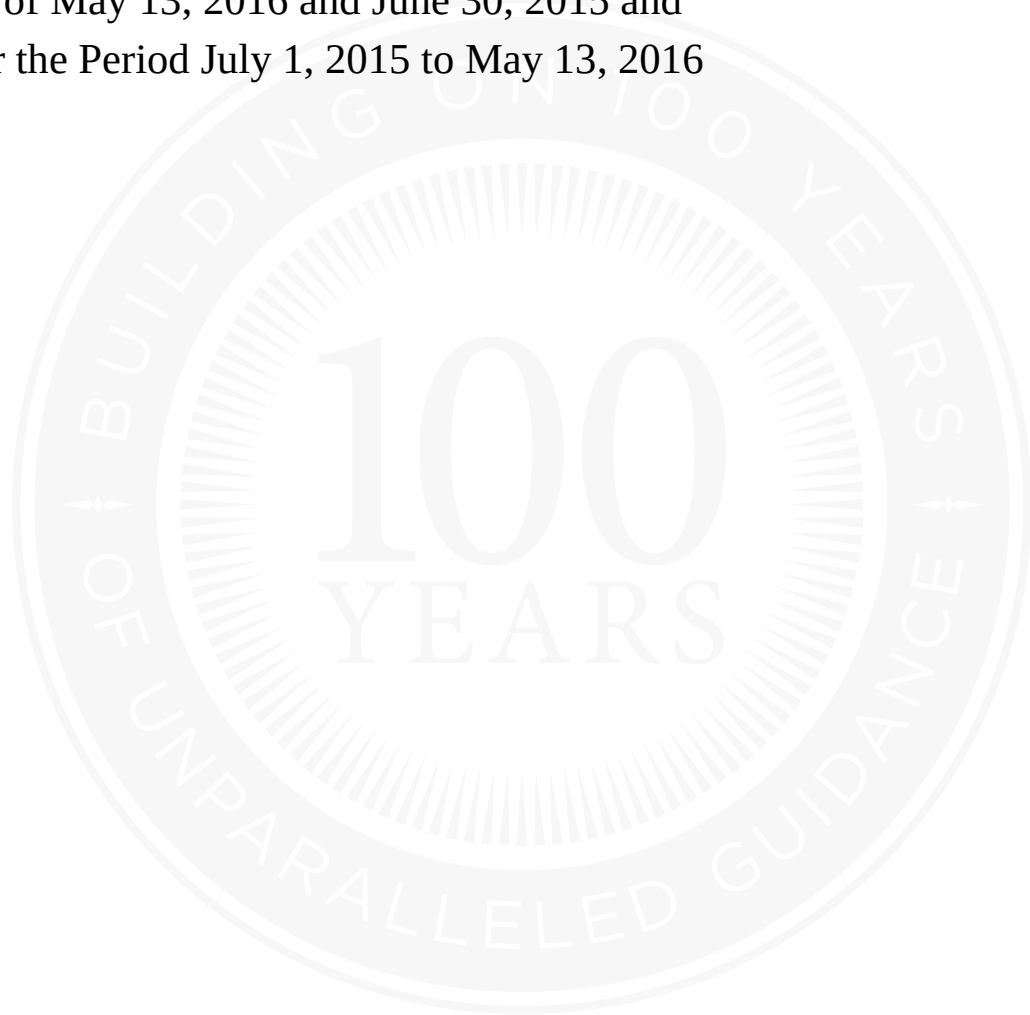
None

(A) The cost of the investment assets is a required disclosure under ERISA, however, the information is not available.
Disclosure of this information is required by the United States Department of Labor's Rules and Regulations
for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974

See independent auditors' report.



Fabrico, Inc. Retirement Plan
Financial Statements and Supplemental Schedule
As of May 13, 2016 and June 30, 2015 and
For the Period July 1, 2015 to May 13, 2016



Fabrico, Inc. Retirement Plan

E.I.N. 30-0001515

Plan Number 001

Financial Statements and Supplemental Schedule

Table of Contents

The following financial information is submitted herewith:

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Independent Auditors' Report

To the Plan Administrator of the Fabrico, Inc. Retirement Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Fabrico, Inc. Retirement Plan (the "Plan"), which comprise the statements of net assets available for benefits as of May 13, 2016 and June 30, 2015, and the related statement of changes in net assets available for benefits for the period July 1, 2015 to May 13, 2016, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit 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 3, which was certified by Fidelity Management Trust Company, the Trustee of the Plan, except for comparing this 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 May 13, 2016 and June 30, 2015 and for the period July 1, 2015 to May 13, 2016, 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.

Emphasis of Matter

As further discussed in Note 1 to the financial statements, on May 13, 2016, all assets of the Plan were transferred to a retirement plan sponsored by the Parent Company. In accordance with accounting principles generally accepted in the United States of America, the Plan's financial statements are presented in accordance with the liquidation basis of accounting. Our opinion is not modified with respect to this matter.

Other Matter

The supplemental Schedule H, Line 4j - Schedule of Reportable Transactions for the period July 1, 2015 to May 13, 2016 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purposes of additional analysis and is 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 this supplemental schedule.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified or provided 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.

Wolf + Company, P.C.

Boston, Massachusetts

January 18, 2017

Fabrico, Inc. Retirement Plan

Statements of Net Assets Available for Benefits

May 13, 2016 and June 30, 2015

	<u>2016</u>	<u>2015</u>
Assets:		
Investments, at fair value	\$ -	\$ 3,799,849
Notes receivable from participants	-	265,226
Total assets	<u>-</u>	<u>4,065,075</u>
Liabilities:		
Excess contributions payable	<u>-</u>	<u>9,679</u>
Net assets available for benefits	<u><u>\$ -</u></u>	<u><u>\$ 4,055,396</u></u>

See independent auditors' report and notes to financial statements.

Fabrico, Inc. Retirement Plan

Statement of Changes in Net Assets Available for Benefits

For the Period July 1, 2015 to May 13, 2016

Additions to net assets attributed to:	
Investment income (loss):	
Net depreciation in fair value of investments	\$ (334,176)
Dividends and interest income	202,690
Total investment income (loss)	<u>(131,486)</u>
Interest income - notes receivable from participants	<u>8,389</u>
Contributions:	
Participant	171,983
Rollovers	3,861
Total contributions	<u>175,844</u>
Total additions	<u>52,747</u>
Deductions from net assets attributed to:	
Benefits paid to participants	554,304
Administrative expenses	6,249
Total deductions	<u>560,553</u>
Net decrease	(507,806)
Transfer of assets to the EnPro Industries, Inc. Retirement Savings Plan (Note 1)	(3,547,590)
Net assets available for benefits:	
Beginning of the period	<u>4,055,396</u>
End of the period	<u>\$ -</u>

See independent auditors' report and notes to financial statements.

Fabrico, Inc. Retirement Plan

Notes to Financial Statements

1. DESCRIPTION OF THE PLAN

The following description of the Fabrico, Inc. Retirement Plan (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a complete description of the Plan’s provisions.

General

The purpose of the Plan is to enable participating employees of Technetics Group Oxford, Inc. (the “Company” or “Plan Administrator”) to accumulate capital accessible in their retirement years. Technetics Group Oxford, Inc. was formerly Fabrico, Inc. prior to a December 2014 acquisition by EnPro Industries, Inc. The Plan was amended, effective December 30, 2015, to change the name of the Plan Sponsor to Technetics Group Oxford, Inc.

The Plan is a defined contribution plan covering substantially all employees of the Company. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

All assets acquired under this Plan as a result of participant and Company contributions, income and other additions will be administered, distributed, forfeited and otherwise governed by the provisions of this Plan. The Plan is administered by the Company for the exclusive benefit of participants in the Plan and their beneficiaries.

Merger

The Benefits Committee of EnPro Industries, Inc., the Parent Company, voted on November 9, 2015, to merge the Plan into the EnPro Industries, Inc. Retirement Savings Plan (the “Parent’s Plan”). Beginning January 1, 2016, the Company’s employees began participation in and making contributions to the Parent’s Plan, ceasing contributions to the Fabrico, Inc. Retirement Plan. All assets of the Fabrico, Inc. Retirement Plan were transferred to the Parent’s Plan on May 13, 2016.

Eligibility

Each employee who was 18 years of age or older and completed two months of service was eligible to make salary deferrals into the Plan.

Employees were eligible to receive the employer discretionary profit-sharing contributions if they have completed at least 1,000 hours of service during the Plan year and were employed by the Company at Plan year end.

See independent auditors’ report.

Fabrico, Inc. Retirement Plan

Notes to Financial Statements (Continued)

DESCRIPTION OF THE PLAN (continued)

Participant Contributions

An active participant could elect to make contributions to the Plan subject to limitations as defined in the Internal Revenue Code noted below. No contributions were made into the Plan subsequent to December 31, 2015. All participant contributions thereafter were made to the Parent's Plan.

Compensation deferral contributions

Each active participant may elect to contribute to the Plan a percentage of their compensation, as defined, up to 50% of compensation, on a pre-tax basis or after-tax basis, up to the maximum amount allowable under federal regulations. In the absence of an affirmative election, 2% of compensation will be deferred on each eligible employee's behalf, unless an employee opts not to participate (herein referred to as the "auto-enroll provision"). Compensation deferral contributions are remitted to the Plan by the Company on the participants' behalf. Each participant's account is credited with the participant's contributions.

Rollover contributions

An active participant may, at the discretion of the Plan Administrator, contribute to the Plan, distributions from other qualified plans or individual retirement accounts, if the contributions satisfy the tax law requirements for a qualified rollover.

Employer Contributions

The Company, at its discretion, may elect to make a profit-sharing contribution to the Plan. The Company did not make a profit-sharing contribution during the period ended May 13, 2016.

The Company does not provide for a matching contribution.

See independent auditors' report.

Fabrico, Inc. Retirement Plan

Notes to Financial Statements (Continued)

DESCRIPTION OF THE PLAN (continued)

Vesting

A participant will have a fully vested interest in that portion of their account attributable to compensation deferral contributions, rollover contributions and related investment earnings. Participants vest in the employer profit-sharing contributions based on whole years of service as follows:

<u>Completed Years of Service</u>	<u>Vested Percentage</u>
Less than 2 years	0%
2 years	20%
3 years	40%
4 years	60%
5 years	80%
6 years or more	100%

Participants became fully vested in any unvested employer contributions upon transfer of the Plan assets into the Parent's Plan.

Forfeitures

Only contributions made by the Company are subject to forfeiture. Forfeitures may first be used to pay administrative expenses of the Plan. Any remaining amounts may be allocated to the accounts of eligible Plan participants.

For the period July 1, 2015 to May 13, 2016, \$4,724 of forfeitures were used to pay administrative expenses of the Plan.

Investments

The Plan offers a number of investment options which vary by investment objective. Participants elect in which investment or investments they wish their accounts invested. Participants may change their investment options daily. Earnings for each investment are allocated to each participant's investment account based on the ratio of each participant's account balance to the balance of all participants' accounts invested in the same investment.

See independent auditors' report.

Fabrico, Inc. Retirement Plan

Notes to Financial Statements (Continued)

DESCRIPTION OF THE PLAN (concluded)

Notes Receivable from Participants

Notes receivable from participants are made in accordance with provisions in the Plan. Notes receivable shall be in an amount not less than \$1,000 or greater than \$50,000, limited to 50% of a participant's vested interest in the Plan. Notes receivable are secured by an irrevocable pledge and assignment of up to 50% of the participant's vested interest in the Plan. Each note receivable shall bear a fixed interest rate equal to the prime rate at the date of the note plus one percent. Notes receivable are generally required to be repaid through regular payroll deductions within five years of the date it is made, unless such note is used to acquire a principal residence in which case the term is extended to a maximum of 10 years. A participant is not allowed to have more than one note outstanding at any time.

Notes receivable were transferred to the Parent's Plan based on the outstanding principal balance plus any accrued unpaid interest.

Distributions

Retirement, Disability or Death

Prior to May 13, 2016, participants who retired or became disabled were entitled to 100% of their account balance. Upon death, the participant's beneficiary is entitled to 100% of the account balance, payable in accordance with the Plan agreement.

In Service

Prior to May 13, 2016, a participant who reached age 59½ was entitled to withdraw 100% of their vested account balance. Distributions could be made as in-service hardship withdrawals, as defined.

Other Termination of Employment

Prior to May 13, 2016, upon termination of employment for any reason other than retirement or death, the participant was entitled to receive the entire amount of their vested account balance.

See independent auditors' report.

Fabrico, Inc. Retirement Plan

Notes to Financial Statements (Continued)

2. SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

The accompanying financial statements of the Plan have been prepared under the liquidation basis of accounting and are in conformity with accounting principles generally accepted in the United States of America. The presentation of the financial statements under the liquidation basis of accounting does not have a significant impact since the Plan's investments are reflected at fair value.

Use of Estimates

The presentation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value utilizing information provided by Fidelity Management Trust Company (the "Trustee"). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses was recorded as of June 30, 2015. Delinquent participant loans are recorded as distributions on the basis of the terms of the Plan agreement.

A note receivable is considered delinquent if the participant misses a regularly scheduled payment. A delinquent note is considered to be in default in the calendar quarter following the quarter in which the last payment was made. Upon default, the outstanding balance of the note receivable shall be deemed distributed to the participant. During the period July 1, 2015 to May 13, 2016, defaulted notes receivable deemed distributed amounted to \$28,318.

See independent auditors' report.

Fabrico, Inc. Retirement Plan

Notes to Financial Statements (Continued)

SIGNIFICANT ACCOUNTING POLICIES (concluded)

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Service (“IRS”) are recorded as a liability with a corresponding reduction to contributions.

The Plan failed operational tests over participant contribution limitations for the period ending May 13, 2016, resulting in \$3,938 due to certain Plan participants. Due to the plan merger, this liability is the responsibility of the Parent’s Plan and has not been recorded in the accompanying financial statements.

Benefit Payments

Benefits are recorded when paid.

Administrative Expenses

Certain costs of the Plan are paid by the Company.

3. FINANCIAL INFORMATION CERTIFIED BY THE TRUSTEE

The Plan Administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator instructed the Plan’s independent auditors not to perform any auditing procedures with respect to the following information certified by the Trustee as of May 13, 2016 and June 30, 2015 and for the period July 1, 2015 to May 13, 2016, except for comparing such information certified by the Trustee to information included in the Plan’s financial statements and supplemental schedule. The Plan Administrator has obtained a certification from the Trustee for the above noted periods that such information is complete and accurate.

Information certified is as follows:

	<u>2016</u>	<u>2015</u>
Investments at fair value	\$ -	\$ 3,799,849
Notes receivable from participants	-	265,226
Investment income (loss):		
Net depreciation in fair value of investments	(334,176)	
Dividends and interest income	202,690	
Interest income - notes receivable from participants	8,389	

See independent auditors’ report.

Fabrico, Inc. Retirement Plan

Notes to Financial Statements (Continued)

4. FAIR VALUE MEASUREMENTS

The framework for measuring fair value 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) and the lowest priority to unobservable inputs (Level 3). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Fair Value Hierarchy

The three levels of the fair value hierarchy are as follows:

Level 1 - Fair values are based upon unadjusted quoted prices in active markets for identical assets or liabilities that the reporting entity has the ability to access at the measurement date.

Level 2 - Fair values are based upon quoted prices for similar assets and liabilities in active markets, quoted prices for identical or similar assets and liabilities in markets that are not active, and inputs other than quoted prices that are observable for the asset or liability, either directly or by correlation or other means.

Level 3 - Fair values are based upon unobservable inputs for the asset or liability and include situations where there is little, if any, market activity for the asset or liability. Such inputs are based upon the best information in the circumstances and may require significant management judgment or estimation.

In certain cases, inputs used to measure fair value may fall into different levels of the fair value hierarchy. In such cases, an investment's level within the fair value hierarchy is based on the lowest level of input that is significant to the fair value measurement. The Plan's assessment of the significance of a particular input to the fair value measurement in its entirety requires judgment and considers factors specific to the investment.

The Plan recognizes transfers between levels at the end of the reporting period as if the transfers occurred on the last day of the reporting period. There were no transfers during 2016 and 2015.

See independent auditors' report.

Fabrico, Inc. Retirement Plan

Notes to Financial Statements (Continued)

FAIR VALUE MEASUREMENTS (continued)

Fair Value Hierarchy (concluded)

Following is a description of the valuation methodologies used for assets measured at fair value.

Mutual funds - Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Stable value fund – Stable value fund that is composed primarily of fully benefit-responsive investment contracts is valued at the net asset value of units of the collective trust. The net asset value is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value. Participant transactions (purchases and sales) may occur daily.

Investments at Fair Value on a Recurring Basis

The following table summarizes the valuation of the Plan's investments by the fair value hierarchy as of June 30, 2015:

	Assets at Fair Value as of June 30, 2015			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 3,707,053	\$ -	\$ -	\$ 3,707,053
Total assets in the fair value hierarchy	<u>\$ 3,707,053</u>	<u>\$ -</u>	<u>\$ -</u>	3,707,053
Investments measured at net asset value (a)				<u>92,796</u>
Investments at fair value				<u>\$ 3,799,849</u>

- (a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits and notes to the financial statements.

See independent auditors' report.

Fabrico, Inc. Retirement Plan

Notes to Financial Statements (Continued)

FAIR VALUE MEASUREMENTS (concluded)

Investments Measured Using the Net Asset Value per Share Practical Expedient

The follow table summarizes investments for which fair value is measured using the net asset value per share practical expedient. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

	Fair Value at June 30, 2015	Unfunded Commitments	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
Wells Fargo Stable Value Fund M	\$ 92,796	n/a	Daily	12 months

5. TAX STATUS

The Company adopted a Fidelity Advisor 401(k) Program Volume Submitter Defined Contribution Plan, which the Internal Revenue Service determined, as stated in a letter dated March 31, 2008, was acceptable under the applicable requirements of the Internal Revenue Code and therefore, the Plan Administrator believes that the Plan qualifies as a tax-exempt plan. The Plan has been amended since receiving the determination letter, however, the Plan Administrator believes that the Plan is designed and operated in compliance with the applicable requirements of the Internal Revenue Code and therefore, believes that the Plan qualifies as a tax-exempt plan. Accordingly, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS or the Department of Labor ("DOL"). The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of May 13, 2016 and June 30, 2015, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan Administrator believes it is no longer subject to examinations for years prior to June 30, 2013.

See independent auditors' report.

Fabrico, Inc. Retirement Plan

Notes to Financial Statements (Concluded)

6. RELATED PARTY TRANSACTIONS

Prior to May 13, 2016, plan investments consisted of shares of mutual funds managed by Fidelity Management Trust Company. Fidelity Management Trust Company is the Trustee of the Plan and, therefore, these transactions qualify as party-in-interest transactions. Administrative costs of the Plan paid to the Trustee amounted to \$6,249 for the period July 1, 2015 to May 13, 2016. Fees paid for investment management services are included as a reduction of the return earned by each mutual fund.

7. RECONCILIATION TO FORM 5500

A reconciliation of net assets and changes in net assets between the financial statements and the Form 5500 follows:

	<u>2016</u>	<u>2015</u>
Net assets as reported in the statement of net assets available for benefits	\$ -	\$ 4,055,396
Add: excess contributions to be refunded	<u>-</u>	<u>9,679</u>
	<u>\$ -</u>	<u>\$ 4,065,075</u>
Net decrease as reported in the statement of changes in net assets available for benefits	\$ (507,806)	
Less: prior year excess contributions refunded	<u>(9,679)</u>	
Net decrease per Form 5500	<u>\$ (517,485)</u>	

8. SUBSEQUENT EVENTS

Management has evaluated subsequent events through January 18, 2017, which is the date the financial statements were available to be issued. There were no subsequent events that require adjustment to or disclosure in the financial statements.

See independent auditors' report.

Fabrico, Inc. Retirement Plan

Schedule H, Line 4j - Schedule of Reportable Transactions

E.I.N. 30-0001515

Plan Number 001

Period Ended May 13, 2016

a	b	c	d	e	f	g	h	i
Identity of Party Involved	Description of Asset (Include Interest Rate and Maturity in Case of Loan)	Purchase Price	Selling Price	Lease Rental	Expenses Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
<u>Category (1)</u> - A single transaction in excess of 5% plan assets								
Fidelity Management Trust Company	Plan assets transferred to EnPro Industries, Inc. Retirement Savings Plan	\$ -	\$ 3,547,589	\$ -	\$ -	(A)	\$ 3,547,589	(A)
<u>Category (2)</u> - A series of transactions with the same person involving property other than securities and aggregating to more than 5% of plan assets								
None								
<u>Category (3)</u> - A series of securities transactions in excess of 5% of plan assets								
Fidelity Management Trust Company	Fidelity Freedom 2020 Fund transferred to EnPro Industries, Inc. Retirement Savings Plan	\$ -	\$ 308,292	\$ -	\$ -	(A)	\$ 308,292	(A)
Fidelity Management Trust Company	Fidelity Freedom 2030 Fund transferred to EnPro Industries, Inc. Retirement Savings Plan	\$ -	\$ 665,418	\$ -	\$ -	(A)	\$ 665,418	(A)
Fidelity Management Trust Company	Fidelity Freedom 2025 Fund transferred to EnPro Industries, Inc. Retirement Savings Plan	\$ -	\$ 537,879	\$ -	\$ -	(A)	\$ 537,879	(A)
Fidelity Management Trust Company	Fidelity Freedom 2035 Fund transferred to EnPro Industries, Inc. Retirement Savings Plan	\$ -	\$ 387,153	\$ -	\$ -	(A)	\$ 387,153	(A)

Category (4) - A single transaction with the same person in excess of 5% of plan assets

None

(A) The cost of the investment assets is a required disclosure under ERISA, however, the information is not available.
Disclosure of this information is required by the United States Department of Labor's Rules and Regulations
for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974

See independent auditors' report.