

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2015 This Form is Open to Public Inspection
---	---	--

Part I	Annual Report Identification Information
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>04/05/2015</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>AEROFLEX COLORADO SPRINGS, INC. PROFIT SHARING PLAN</u>	1b Three-digit plan number (PN) ▶	001	
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>AEROFLEX COLORADO SPRINGS, INC.</u> <u>35 SOUTH SERVICE ROAD</u> <u>P.O. BOX 6022</u> <u>PLAINVIEW, NY 11803</u>		1c Effective date of plan <u>01/01/2000</u>	
		2b Employer Identification Number (EIN) <u>84-0822182</u>	
		2c Plan Sponsor's telephone number <u>516-694-6700</u>	
		2d Business code (see instructions) <u>335900</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.	08/20/2018	BRIAN DRZEWIECKI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	08/20/2018	BRIAN DRZEWIECKI
	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 AEROFLEX COLORADO SPRINGS, INC.	4b EIN 84-0822182 4c PN 001
5 Total number of participants at the beginning of the plan year	5 358
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) 0
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 4
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 3D 2T	
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)
-----------------	---

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 01/01/2015 and ending 04/05/2015		
A Name of plan AEROFLEX COLORADO SPRINGS, INC. PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 AEROFLEX COLORADO SPRINGS, INC.	D Employer Identification Number (EIN) 84-0822182	

Part I	Service Provider Information (see instructions)
---------------	--

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation MASSACHUSETTS MUTUAL LIFE INS. CO.

04-1590850

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

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

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

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

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

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

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

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

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

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

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

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

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

MASSACHUSETTS MUTUAL LIFE INS. CO.

04-1590850

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 52 60 63 64 72	CONTRACT ADMINISTRATOR	1320	Yes ☒ No ☐	Yes ☒ No ☐	636	Yes ☒ No ☐

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	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.	
PIONEER BOND FUND 04-2652279	BASIS POINTS PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	72	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.	
PREMIER MONEY MARKET FD BABSON 04-3212059	BASIS POINTS PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	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.	
PUTNAM EQUITY INCOME FUND 04-6407893	BASIS POINTS PLAN ASSETS	

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
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation LORD ABBETT HIGH YIELD FUND 13-3731507 (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. BASIS POINTS PLAN ASSETS		
(a) Enter service provider name as it appears on line 2 MASSACHUSETTS MUTUAL LIFE INS. CO. (b) Service Codes (see instructions) 60 (c) Enter amount of indirect compensation 0		
(d) Enter name and EIN (address) of source of indirect compensation PRUDENTIAL GLOBAL REAL ESTATE FUND 22-3703799 (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. BASIS POINTS PLAN ASSETS		
(a) Enter service provider name as it appears on line 2 MASSACHUSETTS MUTUAL LIFE INS. CO. (b) Service Codes (see instructions) 60 (c) Enter amount of indirect compensation 0		
(d) Enter name and EIN (address) of source of indirect compensation JP MORGAN LARGE CAP GROWTH FUND 26-3613641 (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. BASIS POINTS PLAN ASSETS		

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
MASSACHUSETTS MUTUAL LIFE INS. CO.	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.	
COLUMBIA ACORN FUND 36-2692100	BASIS POINTS PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	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.	
COLUMBIA BALANCED FUND 36-3376651	BASIS POINTS PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	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.	
COLUMBIA SMALL CAP CORE FUND 36-6851784	BASIS POINTS PLAN ASSETS	

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
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
AMER CENT ONE CHOICE 2055 PRTFL FD 43-0821857	BASIS POINTS PLAN ASSETS	
(a) Enter service provider name as it appears on line 2		
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
AMER CENT ONE CHOICE 2020 PRTFL FD 44-6006315	BASIS POINTS PLAN ASSETS	
(a) Enter service provider name as it appears on line 2		
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
AMER CENT ONE CHOICE 2025 PRTFL FD 44-6006315	BASIS POINTS PLAN ASSETS	

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
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation AMER CENT ONE CHOICE 2030 PRTFL FD 44-6006315 (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. BASIS POINTS PLAN ASSETS		
(a) Enter service provider name as it appears on line 2 MASSACHUSETTS MUTUAL LIFE INS. CO. (b) Service Codes (see instructions) 60 (c) Enter amount of indirect compensation 0		
(d) Enter name and EIN (address) of source of indirect compensation AMER CENT ONE CHOICE 2035 PRTFL FD 44-6006315 (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. BASIS POINTS PLAN ASSETS		
(a) Enter service provider name as it appears on line 2 MASSACHUSETTS MUTUAL LIFE INS. CO. (b) Service Codes (see instructions) 60 (c) Enter amount of indirect compensation 0		
(d) Enter name and EIN (address) of source of indirect compensation AMER CENT ONE CHOICE 2040 PRTFL FD 44-6006315 (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. BASIS POINTS PLAN ASSETS		

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
MASSACHUSETTS MUTUAL LIFE INS. CO.	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.
AMER CENT ONE CHOICE 2045 PRTFL FD 44-6006315	BASIS POINTS PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	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.
AMER CENT ONE CHOICE 2050 PRTFL FD 44-6006315	BASIS POINTS PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	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.
AMER CENT ONE CHOICE INRET PRTFL FD 44-6006315	BASIS POINTS PLAN ASSETS

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
MASSACHUSETTS MUTUAL LIFE INS. CO.	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.	
AMERICAN CENTURY MID CAP VALUE FUND 44-6006315	BASIS POINTS PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	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.	
CLOSED AMER CENT ONE CHOICE 20 44-6006315	BASIS POINTS PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	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.	
COLUMBIA LARGE CAP INDEX FUND 56-0906609	BASIS POINTS PLAN ASSETS	

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
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation TEMPLETON GLOBAL BOND FUND 59-6865210		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. BASIS POINTS PLAN ASSETS		
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation OPPENHEIMER DEVELOPING MARKETS FUND 93-6305075		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. BASIS POINTS PLAN ASSETS		
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation WELLS FARGO STABLE RETURN OF 40654 94-6751924		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. BASIS POINTS PLAN ASSETS		

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
MASSACHUSETTS MUTUAL LIFE INS. CO.	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.	
AMER FUNDS EUROPACIFIC GROWTH FUND 95-1411037	BASIS POINTS PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	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.	
PIMCO COMMODITY REAL RTN STRAT FD 95-2632339	BASIS POINTS PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	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.	
PIMCO REAL RETURN FUND 95-2632339	BASIS POINTS PLAN ASSETS	

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: BAKER TILLY VIRCHOW KRAUSE, LLP	b EIN: 39-0859910
c Position: ACCOUNTANTS	
d Address: 125 BAYLIS RD STE 300 MELVILLE, NY 11747	e Telephone:

Explanation: PLAN TERMINATED

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 04/05/2015		
A Name of plan AEROFLEX COLORADO SPRINGS, INC. PROFIT SHARING PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 AEROFLEX COLORADO SPRINGS, INC.	D Employer Identification Number (EIN) 84-0822182	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)		
	(2) Participant contributions	1b(2)		
	(3) Other.....	1b(3)		
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
	(2) U.S. Government securities.....	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)	0	0
	(9) Value of interest in common/collective trusts.....	1c(9)	0	0
	(10) Value of interest in pooled separate accounts.....	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	22546941	0
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other	1c(15)	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)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	22546941	0

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	22546941	0
---	-----------	----------	---

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)	1635782	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1635782
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	98669	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		98669
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		349488
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		2083939

Expenses**e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	982560	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		982560
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	1320	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1320
j Total expenses. Add all expense amounts in column (b) and enter total	2j		983880

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1100059
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		23647000

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: TRONCONI SEGARRA & ASSOCIATES

(2) EIN: 04-3728817

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.				
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:

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)
COBHAM UNITED STATES 401(K) PLAN	20-8844348	001

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

Part V Trust Information

6a Name of trust

6b Trust's EIN

6c Name of trustee or custodian

6d Trustee's or custodian's telephone number

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 04/05/2015

A Name of plan <u>AEROFLEX COLORADO SPRINGS, INC. PROFIT SHARING 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>AEROFLEX COLORADO SPRINGS, INC.</u>	D Employer Identification Number (EIN) <u>84-0822182</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
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>04-1590850</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)
----------------	--

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2015
v. 150123

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:		
	a The current year	14a	
	b The plan year immediately preceding the current plan year	14b	
	c The second preceding plan year	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
	a The corresponding number for the plan year immediately preceding the current plan year	15a	
	b The corresponding number for the second preceding plan year	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐		

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

18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c)
	a Enter the percentage of plan assets held as: Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
	b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
	c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

Part VII	IRS Compliance Questions
-----------------	---------------------------------

20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A
22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____. (See instructions for tax law changes and codes).		
22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number _____.		
22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.		
23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

**Aeroflex Colorado Springs, Inc.
Profit Sharing Plan**

Financial Statements

**For the period from January 1, 2015
through April 5, 2015
and for the year ended December 31, 2014**

Aeroflex Colorado Springs, Inc. Profit Sharing Plan
Financial Statements

Table of Contents

	<u>Page</u>
Report of Independent Auditors	
Financial Statements	
Statements of Net Assets Available for Benefits	1
Statements of Changes in Net Assets Available for Benefits	2
Notes to Financial Statements	3-10

Report of Independent Auditors

To the Plan Administrator and Participants of the
Aeroflex Colorado Springs, Inc.
Profit Sharing Plan
Orchard Park, New York

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Aeroflex Colorado Springs, Inc. Profit Sharing Plan (the "Plan"), which comprise the statements of net assets available for benefits as of April 5, 2015, and the related statements of changes in net assets available for benefits for the period then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). 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 ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), 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 Massachusetts Mutual Life Insurance Company, the trustee of the Plan (the "Trustee"), except for comparing such 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 certifications from the Trustee as of April 5, 2015, 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 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 the 2015 financial statements referred to in the first paragraph.

Prior Period Financial Statements

The financial statements of the Plan as of December 31, 2014 were audited by predecessor auditors. As permitted by CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the predecessor auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by the Trustee of the Plan. Their report, dated October 12, 2015, indicated that (a) because of the significance of the information that they did not audit, they were unable to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements, and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the Trustee, were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Report on Form and Content in Compliance with DOL Rules and Regulations April 5, 2015

The form and content of the information included in the 2015 financial statements, other than that derived from the information certified by the Trustee, have been audited by us in accordance with GAAS and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Tronconi Segarra & Associates LLP

January 3, 2018

Aeroflex Colorado Springs, Inc. Profit Sharing Plan

Statements of Net Assets Available for Benefits

April 5, 2015 and December 31, 2014

	April 5, 2015	December 31, 2014
<i>Assets:</i>		
<i>Investments, at fair value</i>	\$ 0	\$ 22,546,942
<i>Employer Contributions Receivable</i>	<u>0</u>	<u>1,622,781</u>
Net assets available for benefits, at fair value	\$ 0	\$ 24,169,723
<i>Adjustment from Fair Value to Contract Value for Fully Benefit-Responsive Investment Contract</i>	<u>0</u>	<u>(32,955)</u>
Net assets available for benefits	<u><u>\$ 0</u></u>	<u><u>\$ 24,136,768</u></u>

See report of independent auditors and notes to financial statements.

Aeroflex Colorado Springs, Inc. Profit Sharing Plan

Statements of Changes in Net Assets Available for Benefits

For the period from January 1, 2015 through April 5, 2015

and for the year ended December 31, 2014

	Period from January 1, 2015 through April 5, 2015	Year Ended December 31, 2014
<i>Additions to Net Assets Attributed to:</i>		
Interest and dividend income	\$ 98,669	\$ 1,413,374
Net appreciation in fair value of investments	382,443	363,589
Net investment income	481,112	1,776,963
Contributions:		
Employer	13,000	1,622,781
Total contributions	13,000	1,622,781
Total additions	494,112	3,399,744
<i>Deductions from Net Assets Attributed to:</i>		
Benefits paid to participants	982,560	1,873,604
Administrative expenses	1,320	2,122
Total deductions	983,880	1,875,726
Net (decrease) increase	(489,768)	1,524,018
<i>Net assets transferred out of the Plan</i>	(23,647,000)	0
<i>Net Assets Available for Benefits</i>		
Beginning of year	24,136,768	22,612,750
End of year	\$ 0	\$ 24,136,768

See report of independent auditors and notes to financial statements.

Aeroflex Colorado Springs, Inc. Profit Sharing Plan

Notes to Financial Statements

1. Description of Plan

The following description of the Aeroflex Colorado Springs, Inc. Profit Sharing Plan (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

General – The Plan was a defined contribution plan sponsored by Aeroflex Colorado Springs, Inc., formerly known as Aeroflex UTMC Microelectronic Systems, Inc. (the “Plan Sponsor”), a division of Aeroflex Incorporated. The Plan covered employees of the Plan Sponsor who had completed six months of service, were at least 21 years of age, and whose employment was not governed by a collective bargaining or lease agreement. Eligible employees were able to enter the Plan on January 1st or July 1st. The Plan was subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). The Plan was terminated effective April 5, 2015 and the Plan’s net assets were transferred to the Plan Sponsor’s parent company’s Cobham United States 401(k) Plan.

Contributions – Under the provisions of the Plan agreement, the Plan Sponsor may choose, at its discretion, to contribute to the Plan. For the year ended December 31, 2014, the Plan Sponsor approved a contribution of \$1,641,070, which was reduced by forfeitures of \$18,288 for a cash contribution of \$1,622,781 funded in 2015. There was no contribution by the Plan Sponsor for the period from January 1, 2015 through April 5, 2015.

In order to be eligible to receive a profit sharing contribution, a participant must have been employed on the last day of the Plan year, unless the requirement was not met due to death, disablement, or separation from service after attaining normal retirement age.

Participant Accounts – Individual accounts were maintained for each Plan participant. The Plan allowed participants to direct investment of the assets in their individual accounts. Each participant’s account was credited with an allocation of the Plan Sponsor’s discretionary profit sharing contribution, if any, and Plan earnings (losses). Allocations were based on participant earnings (losses) or account balances, as defined. The benefit to which a participant was entitled was the benefit that could be provided from the participant’s vested account.

Vesting – Participants became vested in their allocation of the Plan Sponsor’s discretionary profit sharing contribution at a rate of 20% annually, commencing with the completion of one year of service with the Plan Sponsor. A participant was 100% vested after five years of credited service.

Payment of Benefits – Participants were entitled to receive a distribution of their vested interest in the Plan upon termination, retirement, or disablement or in the event of financial hardship as defined by the Plan. The beneficiary or beneficiaries of a participant’s interest were entitled to receive a distribution of such interest in the Plan upon the death of the respective participant.

Aeroflex Colorado Springs, Inc. Profit Sharing Plan

Notes to Financial Statements (continued)

1. Description of Plan (continued)

Forfeitures – Participants who terminated employment before becoming 100% vested forfeited the unvested portion their account. Forfeitures totaled approximately \$0 and \$4,000 for the period ended April 5, 2015 and the year ended December 31, 2014, respectively.

Tax Status – The Plan adopted a volume submitter plan, which received a determination letter from the Internal Revenue Service dated May 11, 2009, which indicated that the Plan document was in accordance with applicable sections of the Internal Revenue Code (the “Code”). Accordingly, no provision for income taxes was included in the accompanying financial statements.

Accounting principles generally accepted in the United States of America (“GAAP”) require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Management is not aware of any uncertain tax positions that would cause the Plan to lose its tax status or to otherwise be subject to other taxes or penalties.

Plan Termination – As discussed above, the Plan was effectively terminated April 5, 2015 and the Plan’s net assets of \$23,647,000 were transferred to the Cobham United States 401(k) Plan.

2. Summary of Significant Accounting Policies

Basis of Accounting – The accompanying financial statements are prepared on the accrual basis of accounting.

Investment Valuation and Income Recognition – The Plan’s investments consisted of mutual funds and a stable value fund. Investments were reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

As described in Financial Accounting Standards Board (“FASB”) Accounting Standards Codification (“ASC”) Topic 962-325-50-3, investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value was the relevant measurement attribute for that portion of the net assets of a collective investment fund attributable to fully benefit-responsive investment contracts, because contract value was the amount participants would receive if they were to initiate permitted transactions

Aeroflex Colorado Springs, Inc. Profit Sharing Plan

Notes to Financial Statements (continued)

2. **Summary of Significant Accounting Policies (continued)**

under the terms of the Plan. The statement of net assets available for benefits as of December 31, 2014 presented the fair value of the investment contract held in the common collective trust fund, as well as an adjustment of the fully benefit-responsive contract from fair value to contract value. The statement of changes in net assets available for benefits was presented on a contract value basis.

The Plan presented in the accompanying statements of changes in net assets available for benefits the net appreciation or depreciation in the fair value of its investments which consists of the realized gains or losses and the unrealized appreciation or depreciation of those investments.

Purchases and sales of securities were recorded on a settlement date basis. Interest income was recorded on the accrual basis. Dividends were recorded on the ex-dividend date.

Payment of Benefits – Benefits were recorded when paid.

Administrative Expenses – Certain accounting and administrative expenses necessary to administer the Plan were paid for by the Plan Sponsor. Recordkeeping fees were paid by participants from their respective individual accounts.

Party-in-Interest Transactions – Certain Plan investments are in a cash account maintained by MG Trust Company, LLC (“MG Trust”) at various times during the year. MG Trust has been defined as a trustee by the Plan and, as such, transactions involving these funds qualify as party-in-interest transactions.

Risks and Uncertainties – Investments are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect participants’ account balances and the amounts reported in the accompanying financial statements.

Use of Estimates – The preparation of financial statements in accordance with GAAP requires management to make estimates and assumptions that affect certain reported amounts of net assets available for benefits and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Subsequent Events – The Plan Administrator has evaluated the effects of all subsequent events, for recognition or disclosure, through January 3, 2018, the date the accompanying financial statements were available to be issued.

Aeroflex Colorado Springs, Inc. Profit Sharing Plan

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Adoption of Accounting Standards Update – The Plan adopted the provisions of Accounting Standards Update No. 2015-12, Plan Accounting: Defined Contribution Plans (Topic 962, the “ASU”): Part II – Plan Investment Disclosures for the period ended April 5, 2015, which eliminated the requirement to disclose individual investments that represent 5% or more of net assets available for benefits and net appreciation/depreciation in fair value of investments by general type. The ASU also eliminates previously required footnote disclosures for fully benefit-responsive investment contracts such as average yield and methodology for credited interest rate.

3. Information Certified by the Trustee (Unaudited)

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor (“DOL”) Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Mass Mutual Life Insurance Company, the trustee of the Plan (the “Trustee”), has certified that the investments included in the accompanying financial statements are complete and accurate as of April 5, 2015 and December 31, 2014:

The Trustee also certified interest and dividend income totaling \$98,669 and \$1,413,374 and net appreciation in fair value of investments of \$382,443 and \$363,589 for the period from January 1, 2015 through April 5, 2015 and the year ended December 31, 2014, respectively.

4. Fair Value Measurements

ASC 820, *Fair Value Measurements*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

- Level 1– Unadjusted quoted prices in active markets for identical, unrestricted assets or liabilities that are accessible at the measurement date.
- Level 2– Quoted prices for similar assets or liabilities in active markets or quoted prices for identical or similar assets or liabilities in markets that are not active. This level also includes inputs other than quoted prices that are observable, either directly or indirectly, for substantially the full term through corroboration with observable, independent market data. This includes investments valued at quoted prices adjusted for legal or contractual restrictions specific to the security.

Aeroflex Colorado Springs, Inc. Profit Sharing Plan

Notes to Financial Statements (continued)

4. Fair Value Measurements (continued)

- Level 3— Pricing inputs are unobservable for the asset or liability. That is, inputs that reflect the reporting entity's own assumptions about the assumptions that market participants would use in pricing the asset or liability. There were no assets of the Plan that utilized Level 3 inputs as its primary measure to calculate fair value as of April 5, 2015 and December 31, 2014.

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

The following is a description of the valuation methodologies used for assets measured at fair value:

Mutual funds: Shares of mutual funds are valued at quoted market prices which represent the net asset value ("NAV") of shares held by the Plan at year end.

Stable asset fund: Valued at fair value by discounting the related cash flows using the current discount rate. The fair value of a security-backed contract includes the value of the underlying securities and the value of the wrapper contract. The fair value of a wrapper contract provided by security-backed contract issues is the present value of the difference between the current wrapper fee and the contracted wrapper fee. A wrapper contract is an agreement by another party to make payments to the fixed income fund in certain circumstances. The fair value of the wrapper contract was not considered to be material as of December 31, 2014.

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

Aeroflex Colorado Springs, Inc. Profit Sharing Plan

Notes to Financial Statements (continued)

4. Fair Value Measurements (continued)

The following table sets forth, by level within the fair value hierarchy, the Plan's assets as of April 5, 2015 and December 31, 2014:

	April 5, 2015	December 31, 2014
Level 1		
Mutual funds	\$ 0	\$ 20,196,478
Level 2		
Stable asset fund	0	2,350,464
Total Investments at Fair Value	\$ <u>0</u>	\$ <u>22,546,942</u>

5. Investment Contract with Insurance Company

The Plan invested in a synthetic guaranteed investment contract ("GIC"), or a stable asset fund, that credited a stated interest rate for a specified period of time. The stable value fund provided principle preservation plus accrued interest through fully benefit-responsive wrap contracts issued by a third-party which backs the underlying assets owned by the Plan. The account was credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The investment contract issuer is contractually obligated to repay the principal at a specified interest rate that is guaranteed to the Plan.

Investment contracts held by a defined contribution plan were required to be reported at fair value. However, as described in Note 2, because the guaranteed investment contracts were fully benefit-responsive, contract value was the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contracts. Contract value represented contributions made under the contracts, plus earnings, less participant withdrawals and administrative expenses. Participants were able to ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The Plan's wrapper contract permitted all allowable participant-initiated transactions to occur at contract value. There were no events known to the Plan that were probable of occurring and which would limit its ability to transact at contract value with the issuer of the wrapper contract, which would also limit the ability of the Plan to transact at contract value with participants.

Aeroflex Colorado Springs, Inc. Profit Sharing Plan

Notes to Financial Statements (continued)

5. Investment Contract with Insurance Company (continued)

The wrapper contracts were not able to be terminated by the issuer at a value other than contract value or prior to the scheduled maturity date, except under a limited number of very specific circumstances including termination of the Plan or failure to qualify, material misrepresentations by the Plan Sponsor or investment manager, failure by these same parties to meet material obligations under the contract, or other similar types of events.

There were no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rates for the wrap contracts are calculated on a quarterly basis (or more frequently if necessary) using contract value, market value of the underlying fixed income portfolio, the yield of the portfolio, and the duration of the index, but cannot be zero.

6. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits as reported on the accompanying financial statements to the Form 5500 at April 5, 2015 and December 31, 2014:

	April 5, 2015	December 31, 2014
Net assets available for benefits as reported on the financial statements	\$ 0	\$ 22,612,750
Adjustment from fair value to contract value for fully benefit-responsive investment contract	0	21,166
Net assets available for benefits as reported on the Form 5500	\$ 0	\$ 22,633,916

Aeroflex Colorado Springs, Inc. Profit Sharing Plan
Notes to Financial Statements (continued)

6. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of the net change in net assets available for benefits as reported on the accompanying financial statements to the Form 5500 for the period from January 1, 2015 through April 5, 2015 and for the year ended December 31, 2014:

	April 5, 2015	December 31, 2014
	<u> </u>	<u> </u>
Net (decrease) increase in net assets available for benefits as reported on the the financial statements	\$ (489,768)	\$ 1,524,018
Adjustment from fair value to contract value for fully benefit-responsive investment contract, current year	0	32,955
Adjustment from fair value to contract value for fully benefit-responsive investment contract, prior year	(32,955)	(21,166)
Employer contributions receivable, prior year	<u>1,622,782</u>	<u>0</u>
Net increase in net assets available for benefits as reported on the Form 5500	<u>\$ 1,100,059</u>	<u>\$ 1,535,807</u>

A Name of Plan Aeroflex Colorado Springs, Inc. Profit Sharing Plan	B Three-digit plan Number 001
C Plan sponsor's name as shown on line 2a of Form 5500 Aeroflex Colorado Springs, Inc.	D Employer Identification Number 840822182

Schedule of Delinquent Participant Contributions

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
--	--	--------------------------------------	--	--

**Aeroflex Colorado Springs, Inc.
Profit Sharing Plan**

Financial Statements

**For the period from January 1, 2015
through April 5, 2015
and for the year ended December 31, 2014**

Aeroflex Colorado Springs, Inc. Profit Sharing Plan
Financial Statements

Table of Contents

	<u>Page</u>
Report of Independent Auditors	
Financial Statements	
Statements of Net Assets Available for Benefits	1
Statements of Changes in Net Assets Available for Benefits	2
Notes to Financial Statements	3-10

Report of Independent Auditors

To the Plan Administrator and Participants of the
Aeroflex Colorado Springs, Inc.
Profit Sharing Plan
Orchard Park, New York

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Aeroflex Colorado Springs, Inc. Profit Sharing Plan (the "Plan"), which comprise the statements of net assets available for benefits as of April 5, 2015, and the related statements of changes in net assets available for benefits for the period then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). 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 ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), 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 Massachusetts Mutual Life Insurance Company, the trustee of the Plan (the "Trustee"), except for comparing such 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 certifications from the Trustee as of April 5, 2015, 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 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 the 2015 financial statements referred to in the first paragraph.

Prior Period Financial Statements

The financial statements of the Plan as of December 31, 2014 were audited by predecessor auditors. As permitted by CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the predecessor auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by the Trustee of the Plan. Their report, dated October 12, 2015, indicated that (a) because of the significance of the information that they did not audit, they were unable to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements, and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the Trustee, were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Report on Form and Content in Compliance with DOL Rules and Regulations April 5, 2015

The form and content of the information included in the 2015 financial statements, other than that derived from the information certified by the Trustee, have been audited by us in accordance with GAAS and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Tronconi Segarra & Associates LLP

January 3, 2018

Aeroflex Colorado Springs, Inc. Profit Sharing Plan

Statements of Net Assets Available for Benefits

April 5, 2015 and December 31, 2014

	April 5, 2015	December 31, 2014
<i>Assets:</i>		
<i>Investments, at fair value</i>	\$ 0	\$ 22,546,942
<i>Employer Contributions Receivable</i>	<u>0</u>	<u>1,622,781</u>
Net assets available for benefits, at fair value	\$ 0	\$ 24,169,723
<i>Adjustment from Fair Value to Contract Value for Fully Benefit-Responsive Investment Contract</i>	<u>0</u>	<u>(32,955)</u>
Net assets available for benefits	<u><u>\$ 0</u></u>	<u><u>\$ 24,136,768</u></u>

See report of independent auditors and notes to financial statements.

Aeroflex Colorado Springs, Inc. Profit Sharing Plan

Statements of Changes in Net Assets Available for Benefits

For the period from January 1, 2015 through April 5, 2015

and for the year ended December 31, 2014

	Period from January 1, 2015 through April 5, 2015	Year Ended December 31, 2014
<i>Additions to Net Assets Attributed to:</i>		
Interest and dividend income	\$ 98,669	\$ 1,413,374
Net appreciation in fair value of investments	382,443	363,589
Net investment income	481,112	1,776,963
Contributions:		
Employer	13,000	1,622,781
Total contributions	13,000	1,622,781
Total additions	494,112	3,399,744
<i>Deductions from Net Assets Attributed to:</i>		
Benefits paid to participants	982,560	1,873,604
Administrative expenses	1,320	2,122
Total deductions	983,880	1,875,726
Net (decrease) increase	(489,768)	1,524,018
<i>Net assets transferred out of the Plan</i>	(23,647,000)	0
<i>Net Assets Available for Benefits</i>		
Beginning of year	24,136,768	22,612,750
End of year	\$ 0	\$ 24,136,768

See report of independent auditors and notes to financial statements.

Aeroflex Colorado Springs, Inc. Profit Sharing Plan

Notes to Financial Statements

1. Description of Plan

The following description of the Aeroflex Colorado Springs, Inc. Profit Sharing Plan (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

General – The Plan was a defined contribution plan sponsored by Aeroflex Colorado Springs, Inc., formerly known as Aeroflex UTMC Microelectronic Systems, Inc. (the “Plan Sponsor”), a division of Aeroflex Incorporated. The Plan covered employees of the Plan Sponsor who had completed six months of service, were at least 21 years of age, and whose employment was not governed by a collective bargaining or lease agreement. Eligible employees were able to enter the Plan on January 1st or July 1st. The Plan was subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). The Plan was terminated effective April 5, 2015 and the Plan’s net assets were transferred to the Plan Sponsor’s parent company’s Cobham United States 401(k) Plan.

Contributions – Under the provisions of the Plan agreement, the Plan Sponsor may choose, at its discretion, to contribute to the Plan. For the year ended December 31, 2014, the Plan Sponsor approved a contribution of \$1,641,070, which was reduced by forfeitures of \$18,288 for a cash contribution of \$1,622,781 funded in 2015. There was no contribution by the Plan Sponsor for the period from January 1, 2015 through April 5, 2015.

In order to be eligible to receive a profit sharing contribution, a participant must have been employed on the last day of the Plan year, unless the requirement was not met due to death, disablement, or separation from service after attaining normal retirement age.

Participant Accounts – Individual accounts were maintained for each Plan participant. The Plan allowed participants to direct investment of the assets in their individual accounts. Each participant’s account was credited with an allocation of the Plan Sponsor’s discretionary profit sharing contribution, if any, and Plan earnings (losses). Allocations were based on participant earnings (losses) or account balances, as defined. The benefit to which a participant was entitled was the benefit that could be provided from the participant’s vested account.

Vesting – Participants became vested in their allocation of the Plan Sponsor’s discretionary profit sharing contribution at a rate of 20% annually, commencing with the completion of one year of service with the Plan Sponsor. A participant was 100% vested after five years of credited service.

Payment of Benefits – Participants were entitled to receive a distribution of their vested interest in the Plan upon termination, retirement, or disablement or in the event of financial hardship as defined by the Plan. The beneficiary or beneficiaries of a participant’s interest were entitled to receive a distribution of such interest in the Plan upon the death of the respective participant.

Aeroflex Colorado Springs, Inc. Profit Sharing Plan

Notes to Financial Statements (continued)

1. Description of Plan (continued)

Forfeitures – Participants who terminated employment before becoming 100% vested forfeited the unvested portion their account. Forfeitures totaled approximately \$0 and \$4,000 for the period ended April 5, 2015 and the year ended December 31, 2014, respectively.

Tax Status – The Plan adopted a volume submitter plan, which received a determination letter from the Internal Revenue Service dated May 11, 2009, which indicated that the Plan document was in accordance with applicable sections of the Internal Revenue Code (the “Code”). Accordingly, no provision for income taxes was included in the accompanying financial statements.

Accounting principles generally accepted in the United States of America (“GAAP”) require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Management is not aware of any uncertain tax positions that would cause the Plan to lose its tax status or to otherwise be subject to other taxes or penalties.

Plan Termination – As discussed above, the Plan was effectively terminated April 5, 2015 and the Plan’s net assets of \$23,647,000 were transferred to the Cobham United States 401(k) Plan.

2. Summary of Significant Accounting Policies

Basis of Accounting – The accompanying financial statements are prepared on the accrual basis of accounting.

Investment Valuation and Income Recognition – The Plan’s investments consisted of mutual funds and a stable value fund. Investments were reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

As described in Financial Accounting Standards Board (“FASB”) Accounting Standards Codification (“ASC”) Topic 962-325-50-3, investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value was the relevant measurement attribute for that portion of the net assets of a collective investment fund attributable to fully benefit-responsive investment contracts, because contract value was the amount participants would receive if they were to initiate permitted transactions

Aeroflex Colorado Springs, Inc. Profit Sharing Plan

Notes to Financial Statements (continued)

2. **Summary of Significant Accounting Policies (continued)**

under the terms of the Plan. The statement of net assets available for benefits as of December 31, 2014 presented the fair value of the investment contract held in the common collective trust fund, as well as an adjustment of the fully benefit-responsive contract from fair value to contract value. The statement of changes in net assets available for benefits was presented on a contract value basis.

The Plan presented in the accompanying statements of changes in net assets available for benefits the net appreciation or depreciation in the fair value of its investments which consists of the realized gains or losses and the unrealized appreciation or depreciation of those investments.

Purchases and sales of securities were recorded on a settlement date basis. Interest income was recorded on the accrual basis. Dividends were recorded on the ex-dividend date.

Payment of Benefits – Benefits were recorded when paid.

Administrative Expenses – Certain accounting and administrative expenses necessary to administer the Plan were paid for by the Plan Sponsor. Recordkeeping fees were paid by participants from their respective individual accounts.

Party-in-Interest Transactions – Certain Plan investments are in a cash account maintained by MG Trust Company, LLC (“MG Trust”) at various times during the year. MG Trust has been defined as a trustee by the Plan and, as such, transactions involving these funds qualify as party-in-interest transactions.

Risks and Uncertainties – Investments are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect participants’ account balances and the amounts reported in the accompanying financial statements.

Use of Estimates – The preparation of financial statements in accordance with GAAP requires management to make estimates and assumptions that affect certain reported amounts of net assets available for benefits and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Subsequent Events – The Plan Administrator has evaluated the effects of all subsequent events, for recognition or disclosure, through January 3, 2018, the date the accompanying financial statements were available to be issued.

Aeroflex Colorado Springs, Inc. Profit Sharing Plan

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Adoption of Accounting Standards Update – The Plan adopted the provisions of Accounting Standards Update No. 2015-12, Plan Accounting: Defined Contribution Plans (Topic 962, the “ASU”): Part II – Plan Investment Disclosures for the period ended April 5, 2015, which eliminated the requirement to disclose individual investments that represent 5% or more of net assets available for benefits and net appreciation/depreciation in fair value of investments by general type. The ASU also eliminates previously required footnote disclosures for fully benefit-responsive investment contracts such as average yield and methodology for credited interest rate.

3. Information Certified by the Trustee (Unaudited)

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor (“DOL”) Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Mass Mutual Life Insurance Company, the trustee of the Plan (the “Trustee”), has certified that the investments included in the accompanying financial statements are complete and accurate as of April 5, 2015 and December 31, 2014:

The Trustee also certified interest and dividend income totaling \$98,669 and \$1,413,374 and net appreciation in fair value of investments of \$382,443 and \$363,589 for the period from January 1, 2015 through April 5, 2015 and the year ended December 31, 2014, respectively.

4. Fair Value Measurements

ASC 820, *Fair Value Measurements*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

- Level 1– Unadjusted quoted prices in active markets for identical, unrestricted assets or liabilities that are accessible at the measurement date.
- Level 2– Quoted prices for similar assets or liabilities in active markets or quoted prices for identical or similar assets or liabilities in markets that are not active. This level also includes inputs other than quoted prices that are observable, either directly or indirectly, for substantially the full term through corroboration with observable, independent market data. This includes investments valued at quoted prices adjusted for legal or contractual restrictions specific to the security.

Aeroflex Colorado Springs, Inc. Profit Sharing Plan

Notes to Financial Statements (continued)

4. Fair Value Measurements (continued)

- Level 3— Pricing inputs are unobservable for the asset or liability. That is, inputs that reflect the reporting entity's own assumptions about the assumptions that market participants would use in pricing the asset or liability. There were no assets of the Plan that utilized Level 3 inputs as its primary measure to calculate fair value as of April 5, 2015 and December 31, 2014.

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

The following is a description of the valuation methodologies used for assets measured at fair value:

Mutual funds: Shares of mutual funds are valued at quoted market prices which represent the net asset value ("NAV") of shares held by the Plan at year end.

Stable asset fund: Valued at fair value by discounting the related cash flows using the current discount rate. The fair value of a security-backed contract includes the value of the underlying securities and the value of the wrapper contract. The fair value of a wrapper contract provided by security-backed contract issues is the present value of the difference between the current wrapper fee and the contracted wrapper fee. A wrapper contract is an agreement by another party to make payments to the fixed income fund in certain circumstances. The fair value of the wrapper contract was not considered to be material as of December 31, 2014.

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

Aeroflex Colorado Springs, Inc. Profit Sharing Plan

Notes to Financial Statements (continued)

4. Fair Value Measurements (continued)

The following table sets forth, by level within the fair value hierarchy, the Plan's assets as of April 5, 2015 and December 31, 2014:

	April 5, 2015	December 31, 2014
Level 1		
Mutual funds	\$ 0	\$ 20,196,478
Level 2		
Stable asset fund	0	2,350,464
Total Investments at Fair Value	\$ <u>0</u>	\$ <u>22,546,942</u>

5. Investment Contract with Insurance Company

The Plan invested in a synthetic guaranteed investment contract ("GIC"), or a stable asset fund, that credited a stated interest rate for a specified period of time. The stable value fund provided principle preservation plus accrued interest through fully benefit-responsive wrap contracts issued by a third-party which backs the underlying assets owned by the Plan. The account was credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The investment contract issuer is contractually obligated to repay the principal at a specified interest rate that is guaranteed to the Plan.

Investment contracts held by a defined contribution plan were required to be reported at fair value. However, as described in Note 2, because the guaranteed investment contracts were fully benefit-responsive, contract value was the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contracts. Contract value represented contributions made under the contracts, plus earnings, less participant withdrawals and administrative expenses. Participants were able to ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The Plan's wrapper contract permitted all allowable participant-initiated transactions to occur at contract value. There were no events known to the Plan that were probable of occurring and which would limit its ability to transact at contract value with the issuer of the wrapper contract, which would also limit the ability of the Plan to transact at contract value with participants.

Aeroflex Colorado Springs, Inc. Profit Sharing Plan

Notes to Financial Statements (continued)

5. Investment Contract with Insurance Company (continued)

The wrapper contracts were not able to be terminated by the issuer at a value other than contract value or prior to the scheduled maturity date, except under a limited number of very specific circumstances including termination of the Plan or failure to qualify, material misrepresentations by the Plan Sponsor or investment manager, failure by these same parties to meet material obligations under the contract, or other similar types of events.

There were no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rates for the wrap contracts are calculated on a quarterly basis (or more frequently if necessary) using contract value, market value of the underlying fixed income portfolio, the yield of the portfolio, and the duration of the index, but cannot be zero.

6. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits as reported on the accompanying financial statements to the Form 5500 at April 5, 2015 and December 31, 2014:

	April 5, 2015	December 31, 2014
Net assets available for benefits as reported on the financial statements	\$ 0	\$ 22,612,750
Adjustment from fair value to contract value for fully benefit-responsive investment contract	0	21,166
Net assets available for benefits as reported on the Form 5500	\$ 0	\$ 22,633,916

Aeroflex Colorado Springs, Inc. Profit Sharing Plan

Notes to Financial Statements (continued)

6. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of the net change in net assets available for benefits as reported on the accompanying financial statements to the Form 5500 for the period from January 1, 2015 through April 5, 2015 and for the year ended December 31, 2014:

	April 5, 2015	December 31, 2014
	<u> </u>	<u> </u>
Net (decrease) increase in net assets available for benefits as reported on the the financial statements	\$ (489,768)	\$ 1,524,018
Adjustment from fair value to contract value for fully benefit-responsive investment contract, current year	0	32,955
Adjustment from fair value to contract value for fully benefit-responsive investment contract, prior year	(32,955)	(21,166)
Employer contributions receivable, prior year	<u>1,622,782</u>	<u>0</u>
Net increase in net assets available for benefits as reported on the Form 5500	<u>\$ 1,100,059</u>	<u>\$ 1,535,807</u>

**Aeroflex Colorado Springs, Inc.
Profit Sharing Plan**

Financial Statements

**For the period from January 1, 2015
through April 5, 2015
and for the year ended December 31, 2014**

Aeroflex Colorado Springs, Inc. Profit Sharing Plan
Financial Statements

Table of Contents

	<u>Page</u>
Report of Independent Auditors	
Financial Statements	
Statements of Net Assets Available for Benefits	1
Statements of Changes in Net Assets Available for Benefits	2
Notes to Financial Statements	3-10

Report of Independent Auditors

To the Plan Administrator and Participants of the
Aeroflex Colorado Springs, Inc.
Profit Sharing Plan
Orchard Park, New York

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Aeroflex Colorado Springs, Inc. Profit Sharing Plan (the "Plan"), which comprise the statements of net assets available for benefits as of April 5, 2015, and the related statements of changes in net assets available for benefits for the period then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). 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 ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), 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 Massachusetts Mutual Life Insurance Company, the trustee of the Plan (the "Trustee"), except for comparing such 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 certifications from the Trustee as of April 5, 2015, 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 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 the 2015 financial statements referred to in the first paragraph.

Prior Period Financial Statements

The financial statements of the Plan as of December 31, 2014 were audited by predecessor auditors. As permitted by CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the predecessor auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by the Trustee of the Plan. Their report, dated October 12, 2015, indicated that (a) because of the significance of the information that they did not audit, they were unable to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements, and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the Trustee, were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Report on Form and Content in Compliance with DOL Rules and Regulations April 5, 2015

The form and content of the information included in the 2015 financial statements, other than that derived from the information certified by the Trustee, have been audited by us in accordance with GAAS and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Trounconi Segarra & Associates LLP

January 3, 2018

Aeroflex Colorado Springs, Inc. Profit Sharing Plan

Statements of Net Assets Available for Benefits

April 5, 2015 and December 31, 2014

	April 5, 2015	December 31, 2014
<i>Assets:</i>		
<i>Investments, at fair value</i>	\$ 0	\$ 22,546,942
<i>Employer Contributions Receivable</i>	0	1,622,781
Net assets available for benefits, at fair value	\$ 0	\$ 24,169,723
<i>Adjustment from Fair Value to Contract Value for Fully Benefit-Responsive Investment Contract</i>	0	(32,955)
Net assets available for benefits	\$ 0	\$ 24,136,768

See report of independent auditors and notes to financial statements.

Aeroflex Colorado Springs, Inc. Profit Sharing Plan

Statements of Changes in Net Assets Available for Benefits

For the period from January 1, 2015 through April 5, 2015

and for the year ended December 31, 2014

	Period from January 1, 2015 through April 5, 2015	Year Ended December 31, 2014
<i>Additions to Net Assets Attributed to:</i>		
Interest and dividend income	\$ 98,669	\$ 1,413,374
Net appreciation in fair value of investments	382,443	363,589
Net investment income	481,112	1,776,963
Contributions:		
Employer	13,000	1,622,781
Total contributions	13,000	1,622,781
Total additions	494,112	3,399,744
<i>Deductions from Net Assets Attributed to:</i>		
Benefits paid to participants	982,560	1,873,604
Administrative expenses	1,320	2,122
Total deductions	983,880	1,875,726
Net (decrease) increase	(489,768)	1,524,018
<i>Net assets transferred out of the Plan</i>	(23,647,000)	0
<i>Net Assets Available for Benefits</i>		
Beginning of year	24,136,768	22,612,750
End of year	\$ 0	\$ 24,136,768

See report of independent auditors and notes to financial statements.

Aeroflex Colorado Springs, Inc. Profit Sharing Plan

Notes to Financial Statements

1. Description of Plan

The following description of the Aeroflex Colorado Springs, Inc. Profit Sharing Plan (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

General – The Plan was a defined contribution plan sponsored by Aeroflex Colorado Springs, Inc., formerly known as Aeroflex UTMC Microelectronic Systems, Inc. (the “Plan Sponsor”), a division of Aeroflex Incorporated. The Plan covered employees of the Plan Sponsor who had completed six months of service, were at least 21 years of age, and whose employment was not governed by a collective bargaining or lease agreement. Eligible employees were able to enter the Plan on January 1st or July 1st. The Plan was subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). The Plan was terminated effective April 5, 2015 and the Plan’s net assets were transferred to the Plan Sponsor’s parent company’s Cobham United States 401(k) Plan.

Contributions – Under the provisions of the Plan agreement, the Plan Sponsor may choose, at its discretion, to contribute to the Plan. For the year ended December 31, 2014, the Plan Sponsor approved a contribution of \$1,641,070, which was reduced by forfeitures of \$18,288 for a cash contribution of \$1,622,781 funded in 2015. There was no contribution by the Plan Sponsor for the period from January 1, 2015 through April 5, 2015.

In order to be eligible to receive a profit sharing contribution, a participant must have been employed on the last day of the Plan year, unless the requirement was not met due to death, disablement, or separation from service after attaining normal retirement age.

Participant Accounts – Individual accounts were maintained for each Plan participant. The Plan allowed participants to direct investment of the assets in their individual accounts. Each participant’s account was credited with an allocation of the Plan Sponsor’s discretionary profit sharing contribution, if any, and Plan earnings (losses). Allocations were based on participant earnings (losses) or account balances, as defined. The benefit to which a participant was entitled was the benefit that could be provided from the participant’s vested account.

Vesting – Participants became vested in their allocation of the Plan Sponsor’s discretionary profit sharing contribution at a rate of 20% annually, commencing with the completion of one year of service with the Plan Sponsor. A participant was 100% vested after five years of credited service.

Payment of Benefits – Participants were entitled to receive a distribution of their vested interest in the Plan upon termination, retirement, or disablement or in the event of financial hardship as defined by the Plan. The beneficiary or beneficiaries of a participant’s interest were entitled to receive a distribution of such interest in the Plan upon the death of the respective participant.

Aeroflex Colorado Springs, Inc. Profit Sharing Plan

Notes to Financial Statements (continued)

1. Description of Plan (continued)

Forfeitures – Participants who terminated employment before becoming 100% vested forfeited the unvested portion their account. Forfeitures totaled approximately \$0 and \$4,000 for the period ended April 5, 2015 and the year ended December 31, 2014, respectively.

Tax Status – The Plan adopted a volume submitter plan, which received a determination letter from the Internal Revenue Service dated May 11, 2009, which indicated that the Plan document was in accordance with applicable sections of the Internal Revenue Code (the “Code”). Accordingly, no provision for income taxes was included in the accompanying financial statements.

Accounting principles generally accepted in the United States of America (“GAAP”) require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Management is not aware of any uncertain tax positions that would cause the Plan to lose its tax status or to otherwise be subject to other taxes or penalties.

Plan Termination – As discussed above, the Plan was effectively terminated April 5, 2015 and the Plan’s net assets of \$23,647,000 were transferred to the Cobham United States 401(k) Plan.

2. Summary of Significant Accounting Policies

Basis of Accounting – The accompanying financial statements are prepared on the accrual basis of accounting.

Investment Valuation and Income Recognition – The Plan’s investments consisted of mutual funds and a stable value fund. Investments were reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

As described in Financial Accounting Standards Board (“FASB”) Accounting Standards Codification (“ASC”) Topic 962-325-50-3, investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value was the relevant measurement attribute for that portion of the net assets of a collective investment fund attributable to fully benefit-responsive investment contracts, because contract value was the amount participants would receive if they were to initiate permitted transactions

Aeroflex Colorado Springs, Inc. Profit Sharing Plan

Notes to Financial Statements (continued)

2. **Summary of Significant Accounting Policies (continued)**

under the terms of the Plan. The statement of net assets available for benefits as of December 31, 2014 presented the fair value of the investment contract held in the common collective trust fund, as well as an adjustment of the fully benefit-responsive contract from fair value to contract value. The statement of changes in net assets available for benefits was presented on a contract value basis.

The Plan presented in the accompanying statements of changes in net assets available for benefits the net appreciation or depreciation in the fair value of its investments which consists of the realized gains or losses and the unrealized appreciation or depreciation of those investments.

Purchases and sales of securities were recorded on a settlement date basis. Interest income was recorded on the accrual basis. Dividends were recorded on the ex-dividend date.

Payment of Benefits – Benefits were recorded when paid.

Administrative Expenses – Certain accounting and administrative expenses necessary to administer the Plan were paid for by the Plan Sponsor. Recordkeeping fees were paid by participants from their respective individual accounts.

Party-in-Interest Transactions – Certain Plan investments are in a cash account maintained by MG Trust Company, LLC (“MG Trust”) at various times during the year. MG Trust has been defined as a trustee by the Plan and, as such, transactions involving these funds qualify as party-in-interest transactions.

Risks and Uncertainties – Investments are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect participants’ account balances and the amounts reported in the accompanying financial statements.

Use of Estimates – The preparation of financial statements in accordance with GAAP requires management to make estimates and assumptions that affect certain reported amounts of net assets available for benefits and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Subsequent Events – The Plan Administrator has evaluated the effects of all subsequent events, for recognition or disclosure, through January 3, 2018, the date the accompanying financial statements were available to be issued.

Aeroflex Colorado Springs, Inc. Profit Sharing Plan

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Adoption of Accounting Standards Update – The Plan adopted the provisions of Accounting Standards Update No. 2015-12, Plan Accounting: Defined Contribution Plans (Topic 962, the “ASU”): Part II – Plan Investment Disclosures for the period ended April 5, 2015, which eliminated the requirement to disclose individual investments that represent 5% or more of net assets available for benefits and net appreciation/depreciation in fair value of investments by general type. The ASU also eliminates previously required footnote disclosures for fully benefit-responsive investment contracts such as average yield and methodology for credited interest rate.

3. Information Certified by the Trustee (Unaudited)

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor (“DOL”) Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Mass Mutual Life Insurance Company, the trustee of the Plan (the “Trustee”), has certified that the investments included in the accompanying financial statements are complete and accurate as of April 5, 2015 and December 31, 2014:

The Trustee also certified interest and dividend income totaling \$98,669 and \$1,413,374 and net appreciation in fair value of investments of \$382,443 and \$363,589 for the period from January 1, 2015 through April 5, 2015 and the year ended December 31, 2014, respectively.

4. Fair Value Measurements

ASC 820, *Fair Value Measurements*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

- Level 1– Unadjusted quoted prices in active markets for identical, unrestricted assets or liabilities that are accessible at the measurement date.
- Level 2– Quoted prices for similar assets or liabilities in active markets or quoted prices for identical or similar assets or liabilities in markets that are not active. This level also includes inputs other than quoted prices that are observable, either directly or indirectly, for substantially the full term through corroboration with observable, independent market data. This includes investments valued at quoted prices adjusted for legal or contractual restrictions specific to the security.

Aeroflex Colorado Springs, Inc. Profit Sharing Plan

Notes to Financial Statements (continued)

4. Fair Value Measurements (continued)

- Level 3— Pricing inputs are unobservable for the asset or liability. That is, inputs that reflect the reporting entity's own assumptions about the assumptions that market participants would use in pricing the asset or liability. There were no assets of the Plan that utilized Level 3 inputs as its primary measure to calculate fair value as of April 5, 2015 and December 31, 2014.

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

The following is a description of the valuation methodologies used for assets measured at fair value:

Mutual funds: Shares of mutual funds are valued at quoted market prices which represent the net asset value ("NAV") of shares held by the Plan at year end.

Stable asset fund: Valued at fair value by discounting the related cash flows using the current discount rate. The fair value of a security-backed contract includes the value of the underlying securities and the value of the wrapper contract. The fair value of a wrapper contract provided by security-backed contract issues is the present value of the difference between the current wrapper fee and the contracted wrapper fee. A wrapper contract is an agreement by another party to make payments to the fixed income fund in certain circumstances. The fair value of the wrapper contract was not considered to be material as of December 31, 2014.

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

Aeroflex Colorado Springs, Inc. Profit Sharing Plan

Notes to Financial Statements (continued)

4. Fair Value Measurements (continued)

The following table sets forth, by level within the fair value hierarchy, the Plan's assets as of April 5, 2015 and December 31, 2014:

	April 5, 2015	December 31, 2014
Level 1		
Mutual funds	\$ 0	\$ 20,196,478
Level 2		
Stable asset fund	0	2,350,464
Total Investments at Fair Value	\$ <u>0</u>	\$ <u>22,546,942</u>

5. Investment Contract with Insurance Company

The Plan invested in a synthetic guaranteed investment contract ("GIC"), or a stable asset fund, that credited a stated interest rate for a specified period of time. The stable value fund provided principle preservation plus accrued interest through fully benefit-responsive wrap contracts issued by a third-party which backs the underlying assets owned by the Plan. The account was credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The investment contract issuer is contractually obligated to repay the principal at a specified interest rate that is guaranteed to the Plan.

Investment contracts held by a defined contribution plan were required to be reported at fair value. However, as described in Note 2, because the guaranteed investment contracts were fully benefit-responsive, contract value was the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contracts. Contract value represented contributions made under the contracts, plus earnings, less participant withdrawals and administrative expenses. Participants were able to ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The Plan's wrapper contract permitted all allowable participant-initiated transactions to occur at contract value. There were no events known to the Plan that were probable of occurring and which would limit its ability to transact at contract value with the issuer of the wrapper contract, which would also limit the ability of the Plan to transact at contract value with participants.

Aeroflex Colorado Springs, Inc. Profit Sharing Plan

Notes to Financial Statements (continued)

5. Investment Contract with Insurance Company (continued)

The wrapper contracts were not able to be terminated by the issuer at a value other than contract value or prior to the scheduled maturity date, except under a limited number of very specific circumstances including termination of the Plan or failure to qualify, material misrepresentations by the Plan Sponsor or investment manager, failure by these same parties to meet material obligations under the contract, or other similar types of events.

There were no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rates for the wrap contracts are calculated on a quarterly basis (or more frequently if necessary) using contract value, market value of the underlying fixed income portfolio, the yield of the portfolio, and the duration of the index, but cannot be zero.

6. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits as reported on the accompanying financial statements to the Form 5500 at April 5, 2015 and December 31, 2014:

	April 5, 2015	December 31, 2014
Net assets available for benefits as reported on the financial statements	\$ 0	\$ 22,612,750
Adjustment from fair value to contract value for fully benefit-responsive investment contract	0	21,166
Net assets available for benefits as reported on the Form 5500	\$ 0	\$ 22,633,916

Aeroflex Colorado Springs, Inc. Profit Sharing Plan

Notes to Financial Statements (continued)

6. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of the net change in net assets available for benefits as reported on the accompanying financial statements to the Form 5500 for the period from January 1, 2015 through April 5, 2015 and for the year ended December 31, 2014:

	April 5, 2015	December 31, 2014
	<u> </u>	<u> </u>
Net (decrease) increase in net assets available for benefits as reported on the the financial statements	\$ (489,768)	\$ 1,524,018
Adjustment from fair value to contract value for fully benefit-responsive investment contract, current year	0	32,955
Adjustment from fair value to contract value for fully benefit-responsive investment contract, prior year	(32,955)	(21,166)
Employer contributions receivable, prior year	<u>1,622,782</u>	<u>0</u>
Net increase in net assets available for benefits as reported on the Form 5500	<u>\$ 1,100,059</u>	<u>\$ 1,535,807</u>