

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2010 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2010 or fiscal plan year beginning 07/01/2010 and ending 06/30/2011			
A This return/report is for:	☐ a multiemployer plan;	☐ a multiple-employer plan; 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 DYNETICS, INC. EMPLOYEE STOCK OWNERSHIP PLAN	1b Three-digit plan number (PN) ►	003	
	1c Effective date of plan	07/01/1998	
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) DYNETICS, INC. 1000 EXPLORER BLVD HUNTSVILLE, AL 35806	2b Employer Identification Number (EIN) 63-1276962	2c Sponsor's telephone number 256-922-9230	2d Business code (see instructions) 541330

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	04/01/2012	RANDY REYNOLDS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") DYNETICS, INC. PO BOX 5500 HUNTSVILLE, AL 35816	3b Administrator's EIN 63-0670881
	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	4b EIN	
	4c PN	
5 Total number of participants at the beginning of the plan year	5	1110
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	940
b Retired or separated participants receiving benefits.....	6b	2
c Other retired or separated participants entitled to future benefits.....	6c	200
d Subtotal. Add lines 6a , 6b , and 6c	6d	1142
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	6
f Total. Add lines 6d and 6e	6f	1148
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	1111
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	54
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2E 2P

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) ☒ Insurance	(1) ☒ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ Trust
(4) ☐ General assets of the sponsor	(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)

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 07/01/2010 and ending 06/30/2011	
A Name of plan DYNETICS, INC. EMPLOYEE STOCK OWNERSHIP PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500. DYNETICS, INC.	D Employer Identification Number (EIN) 63-1276962

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier NEW YORK LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5882869	66915	30500	1111	06/01/2011	06/01/2012

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	
6 Contracts With Allocated Funds:		
a State the basis of premium rates ▶		
b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐		
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶		
b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add b and c(6)).	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	7e(4)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract e(5) from d)	7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) 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
		2010
		This Form is Open to Public Inspection.
For calendar plan year 2010 or fiscal plan year beginning 07/01/2010 and ending 06/30/2011		
A Name of plan DYNETICS, INC. EMPLOYEE STOCK OWNERSHIP PLAN		B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 DYNETICS, INC.		D Employer Identification Number (EIN) 63-1276962

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
NEW YORK LIFE BENEFIT SERVICES, LLC
13-3908042

(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

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(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)

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection.
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For calendar plan year 2010 or fiscal plan year beginning 07/01/2010 and ending 06/30/2011		
A Name of plan DYNETICS, INC. EMPLOYEE STOCK OWNERSHIP PLAN	B Three-digit plan number (PN) ►	003
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 DYNETICS, INC.	D Employer Identification Number (EIN) 63-1276962	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: DYNETICS, INC ESOP SVO			
b Name of sponsor of entity listed in (a): NYL INSURANCE ANCHOR ACCOUNT			
c EIN-PN 13-5582869-125	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1725815	
a Name of MTIA, CCT, PSA, or 103-12 IE: DYNETICS INC ESOP SVO			
b Name of sponsor of entity listed in (a): NYL INSURANCE ANCHOR ACCOUNT			
c EIN-PN 13-5582869-125	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6683805	
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
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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
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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
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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
		2010
		This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 07/01/2010 and ending 06/30/2011

A Name of plan <u>DYNETICS, INC. EMPLOYEE STOCK OWNERSHIP PLAN</u>	B Three-digit plan number (PN) ►	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>DYNETICS, INC.</u>	D Employer Identification Number (EIN) <u>63-1276962</u>	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(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)	<u>59</u>	<u>23</u>
(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)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	<u>7234859</u>	<u>8409620</u>
(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)	<u>4757853</u>	<u>6152686</u>
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	74145612	122583897
(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	86138383	137146226

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		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	86138383	137146226
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	8985073	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)	1578618	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		10563691
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)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(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)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	22064997	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		22064997
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		164001
(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)		221471
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		33014160

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7637486	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		7637486
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		7637486

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		25376674
l Transfers of assets:			
(1) To this plan.....	2l(1)		25631169
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☒ Unqualified (2) ☐ Qualified (3) ☐ 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: NOEL D. TALLON, CPA, PC

(2) EIN: 02-0608558

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		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		15500000
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.			

- 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)

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



Noel D. Tallon, CPA, PC

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INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of
Dynamics, Inc., Employee Stock Ownership Plan

We have audited the accompanying Statements of Net Assets Available for Benefits of Dynetics, Inc., Employee Stock Ownership Plan as of June 30, 2011 and 2010, and the related Statement of Changes in Net Assets Available for Benefits for the year then ended. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Dynetics, Inc., Employee Stock Ownership Plan as of June 30, 2011 and 2010, and the changes in its net assets available for benefits for the year then ended in conformity with accounting principles generally accepted in the United States of America.

Our audits were conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedules of Assets Held for Investment as of June 30, 2011, and Reportable Transactions for the fiscal year ended June 30, 2011, together referred to as "supplemental information," are presented for the purpose of additional analysis and are not a required part of the basic financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. This supplemental information is the responsibility of the Plan's management. The supplemental information has been subjected to the auditing procedures applied in the audits of the basic financial statements and, in our opinion, are fairly stated in all material respects in relation to the basic financial statements taken as a whole.


Noel D. Tallon, CPA, PC
Huntsville, Alabama

April 10, 2012

Noel D. Tallon, CPA, PC
Member American Institute CPAs / Member Alabama Society CPAs

DYNETICS, INC.

EMPLOYEE STOCK OWNERSHIP PLAN

HUNTSVILLE, ALABAMA

FINANCIAL STATEMENTS

AS OF

JUNE 30, 2011 AND 2010

DYNETICS, INC., EMPLOYEE STOCK OWNERSHIP PLAN
Statements of Net Assets Available for Benefits

	Page(s)	June 30,	
		2011	2010
		All	All
		Allocated	Allocated
Statements of Net Assets Available for Benefits	1		
Statement of Changes in Net Assets Available for Benefits	2		
Notes to Financial Statements	3 - 9		
Supplemental Information			
Schedule of Assets Held for Investment			
Schedule of Reportable Transactions			
Assets:			
Investment in Dynetics, Inc., Common Stock		122,583,897	74,145,612
at Estimated Fair Value			
Other Investments at Estimated Fair Value (See Note 5)		14,562,329	11,992,771
Net Assets Available for Benefits		137,146,226	86,138,383

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

DYNETICS, INC., EMPLOYEE STOCK OWNERSHIP PLAN
Notes to Financial Statements
June 30, 2011 and 2010

DYNETICS, INC., EMPLOYEE STOCK OWNERSHIP PLAN
Statement of Changes in Net Assets Available for Benefits

	<u>June 30, 2011</u> <u>All Allocated</u>
Investment Income	
Net Unrealized Appreciation in Estimated Fair Value of Investments	22,064,997
Interest	164,007
Dividends	108,477
Realized Gains (Losses) on Investments	112,988
Employer Contributions	8,985,073
Transfers from Dynetics, Inc., 401(k) Plan - Note 8	25,631,169
Rollovers	1,578,618
	<u>58,645,329</u>
Distributions to Participants	<u>7,637,486</u>
	<u>51,007,843</u>
Net Increase	
Net Assets Available for Benefits:	
Beginning of Year	<u>86,138,383</u>
End of Year	<u>137,146,226</u>

1. Plan Description and Basis of Presentation

The following brief description of the Dynetics, Inc., Employee Stock Ownership Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan Agreement for complete information.

Dynetics, Inc., (Corporation) established the Dynetics, Inc., Employee Stock Ownership Plan (Plan) effective as of July 1988. It operated, in relevant part, as a leveraged employee stock ownership plan (ESOP) and was designed to comply with Section 4975(e)(7) and the regulations thereunder of the IRC, as amended and is subject to the applicable provisions of ERISA, as amended. The Plan is administered by Trustees appointed by Dynetics, Inc., Board of Directors.

The Plan purchased Corporation common shares using the proceeds of a bank borrowing guaranteed by the Corporation and holds the stock in a trust established under the Plan. The borrowing was to be repaid by fully deductible Corporation contributions to the trust fund. As the Plan made each payment of principal, an appropriate percentage of stock was allocated to eligible employees' accounts in accordance with applicable regulations under the Code.

As of June 30, 2011, all shares had been allocated.

Eligibility

Employees of the Corporation and its participating subsidiaries are generally eligible to participate in the Plan after six months of service.

Payment of Benefits

No distributions from the Plan will be made until a participant retires, dies (in which case, payment shall be made to his or her beneficiary or, if none, his or her legal representatives), or otherwise terminates employment with the Corporation and its participating subsidiaries.

Under the provisions of the Plan, the Corporation is obligated to repurchase participant shares which have been distributed under the terms of the Plan. During 2011 and 2010, the Corporation did not repurchase any shares from participants.

Voting Rights

The Trustees vote all shares contained in the Plan.

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

Plan Termination

The Corporation reserves the right to terminate the Plan at any time, subject to Plan provisions. Upon such termination of the Plan, the interest of each participant in the trust fund will be distributed to such participant or his or her beneficiary at the time prescribed by the Plan terms and the Code.

Participant Accounts

The Plan is a defined contribution plan under which a separate individual account is established for each participant. Each participant's account is credited as of the last day of each plan year with an allocation of shares of Dynetics, Inc.'s, common stock released by the Trustee from the unallocated account and forfeitures of terminated participants' non-vested accounts. Only those participants who are eligible employees of Dynetics, Inc., as of the last day of the plan year will receive an allocation. Allocations are based on a participant's eligible compensation, relative to total eligible compensation.

Vesting

If a participant's employment with the Corporation ends for any reason other than retirement, permanent disability or death, he or she will vest in the balances in his or her account based on total years of service with the Corporation. Participants vest as follows:

0-2 years	0%
2 years	20%
3 years	40%
4 years	60%
5 or more years	100%

Put Option

Under Federal income tax regulations, the employer stock that is held by the Plan and its participants and is not readily tradable on an established market, or is subject to trading limitations includes a put option. The put option is a right to demand that the Corporation buy any shares of its stock distributed to participants for which there is no market. The put price is representative of the fair market value of the stock. The Corporation can pay for the purchase with interest over a period of five years. The purpose of the put option is to ensure that the participant has the ability to ultimately obtain cash.

Diversification

Diversification is offered to participants close to retirement so that they may have the opportunity to move part of the value of their investment in Dynetics, Inc., stock investments which are more diversified.

Participant Accounts and Forfeitures

The Plan is a defined contribution plan under which a separate individual account is established for each participant.

Employer contributions and Plan forfeitures are allocated to each participant's account based upon the relation of the participant's compensation to total compensation for the Plan year. Forfeitures of terminated non-vested account balances allocated to remaining participants at June 30, 2011 and 2010, totaled \$125,792 and \$89,822, respectively. Plan earnings are allocated to each participant's account based on the ratio of the participant's beginning of the year account balance to all participants' beginning of the year account balances.

Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting.

Use of Estimates

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

Investment Valuation and Income Recognition

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

The common shares of the Corporation are valued at estimated fair value on June 30, 2011 and 2010. Fair value is determined by annual independent appraisals.

DYNETICS, INC., EMPLOYEE STOCK OWNERSHIP PLAN
Notes to Financial Statements
June 30, 2011 and 2010

Dividend income would be accrued on the ex-dividend date. To date, no dividends have been declared on corporate stock.

Purchases and sales of securities are recorded on a trade-date basis. Realized gains and losses from security transactions are reported on the average cost method.

Operating Expenses

All expenses of maintaining the Plan are paid by the Corporation.

3. Tax Status

The Internal Revenue Service has determined and informed the Corporation by a letter dated August 20, 2010, that the Plan is qualified and the trust established under the Plan is tax-exempt, under the appropriate sections of the Code.

4. Administration of Plan Assets

The Plan's assets, which consist principally of Dynetics, Inc., common shares, are held by the Custodian of the Plan.

Corporate contributions are held and managed by the Trustee, which invests cash received, interest, and dividend income, and makes distributions to participants.

Certain administrative functions are performed by officers or employees of the Corporation or its subsidiaries. No such officer or employee receives compensation from the Plan.

DYNETICS, INC., EMPLOYEE STOCK OWNERSHIP PLAN
Notes to Financial Statements
June 30, 2011 and 2010

5. Investments

The Plan's investments, at June 30, are presented in the following table:

	2011 All Allocated	2010 All Allocated
Dynetics, Inc., Common Shares:		
Number of Shares	7,908,633	6,153,163
Cost	18,689,112	18,689,112
Market Fair Value	122,583,897	74,145,612

Other investments that represent 5 percent or more of the Plan's net assets:

Stable Value Option	6,683,801	5,483,574
---------------------	-----------	-----------

During 2011, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value by \$22,064,997 as follows:

Dynetics, Inc., Common Shares	0	6,276,226
Mutual Funds	22,064,997	124,609
Total	22,064,997	6,400,835

6. Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying Statements of Net Assets Available for Benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The fair value measurements accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the

DYNETICS, INC., EMPLOYEE STOCK OWNERSHIP PLAN
Notes to Financial Statements
June 30, 2011 and 2010

7. Employer Contributions

The Corporation may make discretionary contributions to the Plan. The Corporation elected to contribute 5% of covered compensation for the fiscal year ended June 30, 2011. An additional 0.75% was contributed at year end.

8. Transfers from Dynetics, Inc., Employee Stock Ownership Plan to Dynetics, Inc., 401(k) Plan

Dynetics, Inc., initiated the reacquisition of all its outstanding stock other than that held by its Employee Stock Ownership Plan (ESOP) by July 3, 2011.

Participants in the 401(k) Plan were permitted to liquidate up to \$300,000 of their account balance and have it transferred to the ESOP to be invested in Dynetics, Inc., common stock.

In anticipation of these transactions, \$25,631,169 was transferred from the 401(k) Plan to the ESOP.

On June 30, 2011, the ESOP took these funds and other available in the Plan and purchased \$27,209,193 in Dynetics, Inc., common stock at a share price of \$15.50.

9. Reconciliation of Financial Statements to Form 5500

There were no amounts allocated to withdrawing participants. Therefore, there were no differences between the financial statements and the Form 5500.

10. Subsequent Events

The Plan has evaluated subsequent events through April 10, 2012, the date the financial statements were available to be issued.

ASSETS HELD FOR INVESTMENT
For Period July 1, 2010 to June 30, 2011

Schedule H line 4!
63-1276962
PN: 003
Dynetics, Inc. Employee Stock
Ownership Plan

Assets	Cost Basis	Shares	Market Price	Principal Value	Investment Income	Market Value
Dynetics, Inc ESOP SVO	1,725,814.84			1,687,579.87	38,234.97	1,725,814.84
NVL Insurance Anchor Account	1,725,814.84			1,687,579.87	38,234.97	1,725,814.84
Total Dynetics, Inc ESOP SVO	1,725,814.84			1,687,579.87	38,234.97	1,725,814.84
Bond Fund Class I						
Loomis Sayles Bond Fund (Inst)	50,627.81	4,305,952	14.8000	63,728.09		63,728.09
Oppen US Government Trust Fund	27,595.84	2,882,112	9.4100	27,120.67		27,120.67
PIMCO Total Return Fund Class I	457,121.79	42,314,504	10.9900	465,036.40		465,036.40
BlackRock LifePath Retire Inst	734,851.88	66,901,771	11.8900	795,462.06		795,462.06
BlackRock LifePath 2020 Inst	1,604,150.28	105,769,136	16.5000	1,745,190.74		1,745,190.74
BlackRock LifePath 2030 Inst	656,636.72	48,526,319	15.2600	740,511.63		740,511.63
BlackRock LifePath 2040 Inst	324,088.05	20,047,315	18.6300	373,481.48		373,481.48
BlackRock LifePath 2050 Inst	17,186.62	994,649	19.4900	19,385.71		19,385.71
American Century Equity Inc I	68,636.04	9,483,204	7.4600	70,744.70		70,744.70
MainStay S&P 500 Index Fund I	259,659.91	9,178,311	30.6700	281,498.80		281,498.80
The Growth Fund of America RS	154,095.44	4,566,213	31.8300	145,406.22		145,406.22

Schedule H line 4!
63-1276962
PN:003

Dynetics, Inc. Employee Stock
Ownership Plan

ASSETS HELD FOR INVESTMENT
For Period July 1, 2010 to June 30, 2011

Assets	Cost Basis	Shares	Market Price Per Share	Principal Value	Investment Income	Market Value
Artisan Mid Cap Fund	89,081.68	3,108.019	37.0200	115,058.86		115,058.86
New York Venture Fund Y Davis New York Venture Fund(Y)	130,583.14	3,428.753	35.5900	122,029.32		122,029.32
MainStay MAP Fund I	127,815.87	3,637.032	33.6600	122,422.50		122,422.50
Oakmark Select Fund (I)	117,280.39	3,767.490	29.8600	112,497.25		112,497.25
Perkins Mid Cap Value (T)	30,652.03	1,294.914	23.7000	30,689.46		30,689.46
Royce Value Plus Fund (Serv)	53,741.27	4,261.428	13.9700	59,532.15		59,532.15
RS Small Cap Growth Fund A	28,120.77	886.799	47.2400	41,892.38		41,892.38
Wells Fargo Sm Cap Value (Inv)	201,448.31	6,480.156	32.4100	210,021.86		210,021.86
Artisan International Fund	266,413.85	10,703.860	23.0800	247,045.09		247,045.09
DWS Global Small Cap Growth S	194,910.96	5,100.988	41.9200	213,833.42		213,833.42
Oppenheimer Global Fund (Y)	125,454.00	1,811.901	65.0200	117,809.80		117,809.80
Dynetics, Inc. Co. Stock Fund	45,898,904.56	7,908,633.314	15.5000	122,583,816.37	0.00	122,583,816.37

New York Life Trust Company

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Schedule H line 4!
63-1276962
PN:003

Dynetics, Inc. Employee Stock
Ownership Plan

ASSETS HELD FOR INVESTMENT
For Period July 1, 2010 to June 30, 2011

Assets	Cost Basis	Shares	Market Price Per Share	Principal Value	Investment Income	Market Value
MainStay Cash Reserves Fund I	59.14	59.14	1.0000	59.14		59.14
Cash Acct/Stable Value Option Dynetics, Inc ESOP SVO NYL Insurance Anchor Account I Total Dynetics, Inc ESOP SVO	45,898,963.70			122,583,875.51		122,583,875.51
Brokersage Account	32,291.37	32,291.370	1.0000	32,291.37		32,291.37
MainStay Cash Reserves Fund I	23.73	23.730	1.0000	23.73		23.73
Total Assets Held for Investment	60,061,052.02	8,300,460.380		136,982,147.66	164,062.11	137,146,209.77

Schedule H line 4j
 63-1276962
 PN: 003

5% TRANSACTIONS Dynetics, Inc ESOP SVO

For Period July 1, 2010 to June 30, 2011

Dynetics, Inc. Employee Stock
 Ownership Plan

HOLDING - NYL Insurance Anchor Account I

Transaction	Dollar Amt	Shares Transacted	Cost	Realized Gain/Loss
27 SERIES - Share Purchase	7,135,626.80	7,135,626.800	7,135,626.80	
20 SERIES - Share Redemption	-6,124,926.86	-6,124,926.860	-6,124,926.86	

* Transaction is greater than 5% of the market value.

New York Life Trust Company

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Schedule H line 4j
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 PN: 003

Dynetics, Inc. Employee Stock
 Ownership Plan

5% TRANSACTIONS Dynetics, Inc. Co. Stock Fund

For Period July 1, 2010 to June 30, 2011

Transaction	Dollar Amt	Shares Transacted	Cost	Realized Gain/Loss
Share Purchase	27,209,792.52	543,283.133	27,209,792.52	
6 SERIES - Share Purchase	27,209,792.53	543,283.135	27,209,792.53	

* Transaction is greater than 5% of the market value.

Schedule H line 4j
63-1276962
PN:003
Dynetics, Inc. Employee Stock
Ownership Plan

5% TRANSACTIONS Dynetics, Inc. ESOP SVO

For Period July 1, 2010 to June 30, 2011

HOLDING - Dynetics, Inc. Company Stock

Transaction	Dollar Amt	Shares Transacted	Cost	Realized Gain/Loss
Share Purchase	27,209,792.52	1,755,470.485	27,209,792.52	

* Transaction is greater than 5% of the market value.

Schedule H line 4j
63-1276962
PN:003
Dynetics, Inc. Employee Stock
Ownership Plan

5% TRANSACTIONS Dynetics, Inc. Co. Stock Fund

For Period July 1, 2010 to June 30, 2011

HOLDING - Dynetics, Inc. Company Stock

Transaction	Dollar Amt	Shares Transacted	Cost	Realized Gain/Loss
27 SERIES - Share Purchase	7,135,626.80	7,135,626.800	7,135,626.80	
20 SERIES - Share Redemption	-6,124,926.86	-6,124,926.860	-6,124,926.86	

* Transaction is greater than 5% of the market value.

Schedule H line 4,
63-1276962
PN: 003
Dynetics, Inc. Employee Stock
Ownership Plan

5% TRANSACTIONS MainStay Cash Reserves Fund I For Period July 1, 2010 to June 30, 2011

Transaction	Transaction Dollar Amt	Shares Transacted	Cost	Realized Gain/Loss
Share Purchase	25,631,168.95	25,631,168.950	25,631,168.95	
Share Redemption	-26,887,329.01	-26,887,329.010	-26,887,329.01	
8 SERIES - Share Purchase	27,048,558.10	27,048,558.100	27,048,558.10	
2 SERIES - Share Redemption	-27,048,558.10	-27,048,558.100	-27,048,558.10	

* Transaction is greater than 5% of the market value.

Dynetics, Inc. Employee Stock
Ownership Plan

Schedule H line 4j
63-1276962
PN: 003

5% TRANSACTIONS Dynetics, Inc ESOP SVO

For Period July 1, 2010 to June 30, 2011

HOLDING - NYL Insurance Anchor Account I

Transaction	Transaction Dollar Amt	Shares Transacted	Cost	Realized Gain/Loss
27 SERIES - Share Purchase	7,135,626.80	7,135,626.800	7,135,626.80	*
20 SERIES - Share Redemption	-6,124,926.86	-6,124,926.860	-6,124,926.86	*

* Transaction is greater than 5% of the market value.

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New York Life Trust Company

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Dynetics, Inc. Employee Stock
Ownership Plan

Schedule H line 4j
63-1276962
PN: 003

5% TRANSACTIONS Dynetics, Inc. Co. Stock Fund

For Period July 1, 2010 to June 30, 2011

Transaction	Transaction Dollar Amt	Shares Transacted	Cost	Realized Gain/Loss
Share Purchase	27,209,792.52	543,283.133	27,209,792.52	*
6 SERIES - Share Purchase	27,209,792.53	543,283.135	27,209,792.53	*

* Transaction is greater than 5% of the market value.

Dynetics, Inc. Employee Stock
Ownership Plan

Schedule H line 4j
63-1276962
PN:003

5% TRANSACTIONS Dynetics, Inc. Co. Stock Fund

For Period July 1, 2010 to June 30, 2011

HOLDING - Dynetics, Inc. Company Stock

Transaction	Transaction Dollar Amt	Shares Transacted	Cost	Realized Gain/Loss	
Share Purchase	27,209,792.52	1,755,470.485	27,209,792.52		*

* Transaction is greater than 5% of the market value.

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New York Life Trust Company

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Dynetics, Inc. Employee Stock
Ownership Plan

Schedule H line 4j
63-1276962
PN:003

5% TRANSACTIONS Dynetics, Inc ESOP SVO

For Period July 1, 2010 to June 30, 2011

HOLDING - NYL Insurance Anchor Account I

Transaction	Transaction Dollar Amt	Shares Transacted	Cost	Realized Gain/Loss	
27 SERIES - Share Purchase	7,135,626.80	7,135,626.800	7,135,626.80		*
20 SERIES - Share Redemption	-6,124,926.86	-6,124,926.860	-6,124,926.86		*

* Transaction is greater than 5% of the market value.

Dynetics, Inc. Employee Stock
Ownership Plan

Schedule H line 4;
63-1276962
PN: 003

5% TRANSACTIONS MainStay Cash Reserves Fund I

For Period July 1, 2010 to June 30, 2011

Transaction	Transaction Dollar Amt	Shares Transacted	Cost	Realized Gain/Loss	
Share Purchase	25,631,168.95	25,631,168.950	25,631,168.95		*
Share Redemption	-26,887,329.01	-26,887,329.010	-26,887,329.01		*
8 SERIES - Share Purchase	27,048,558.10	27,048,558.100	27,048,558.10		*
2 SERIES - Share Redemption	-27,048,558.10	-27,048,558.100	-27,048,558.10		*

* Transaction is greater than 5% of the market value.

Dynetics, Inc. Employee Stock
Ownership Plan

Schedule H line 4:
63-1276962
PN: 003

ASSETS HELD FOR INVESTMENT

For Period July 1, 2010 to June 30, 2011

Assets	Cost Basis	Shares	Market Price Per Share	Principal Value	Investment Income	Market Value
<i>Stable Value Option</i> Dynetics, Inc ESOP SVO						
NYL Insurance Anchor Account I	1,725,814.84			1,687,579.87	38,234.97	1,725,814.84
<i>Total Dynetics, Inc ESOP SVO</i>	1,725,814.84			1,687,579.87	38,234.97	1,725,814.84
<i>Bond Fund Class I</i> Loomis Sayles Bond Fund (Inst)	50,627.81	4,305.952	14.8000	63,728.09		63,728.09
Oppen US Government Trust Fund	27,595.84	2,882.112	9.4100	27,120.67		27,120.67
<i>Total Return Fund Class I</i> PIMCO Total Return Instl	457,121.79	42,314.504	10.9900	465,036.40		465,036.40
BlackRock LifePath Retire Inst	734,851.88	66,901.771	11.8900	795,462.06		795,462.06
BlackRock LifePath 2020 Inst	1,604,150.28	105,769.136	16.5000	1,745,190.74		1,745,190.74
BlackRock LifePath 2030 Inst	656,636.72	48,526.319	15.2600	740,511.63		740,511.63
BlackRock LifePath 2040 Inst	324,088.05	20,047.315	18.6300	373,481.48		373,481.48
BlackRock LifePath 2050 Inst	17,186.62	994.649	19.4900	19,385.71		19,385.71
American Century Equity Inc I	68,636.04	9,483.204	7.4600	70,744.70		70,744.70
MainStay S&P 500 Index Fund I	259,659.91	9,178.311	30.6700	281,498.80		281,498.80
<i>The Growth Fund of America R5</i> The Growth Fund of America R5	154,095.44	4,568.213	31.8300	145,406.22		145,406.22

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New York Life Trust Company

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Dynetics, Inc. Employee Stock
Ownership Plan

Schedule H line 4:
63-1276962
PN: 003

ASSETS HELD FOR INVESTMENT

For Period July 1, 2010 to June 30, 2011

Assets	Cost Basis	Shares	Market Price Per Share	Principal Value	Investment Income	Market Value
Artisan Mid Cap Fund	89,081.68	3,108.019	37.0200	115,058.86		115,058.86
<i>New York Venture Fund Y</i> Davis New York Venture Fund(Y)	130,583.14	3,428.753	35.5900	122,029.32		122,029.32
MainStay MAP Fund I	127,815.87	3,637.032	33.6600	122,422.50		122,422.50
Oakmark Select Fund (I)	117,280.39	3,767.490	29.8600	112,497.25		112,497.25
Perkins Mid Cap Value (T)	30,652.03	1,294.914	23.7000	30,689.46		30,689.46
Royce Value Plus Fund (Serv)	53,741.27	4,261.428	13.9700	59,532.15		59,532.15
RS Small Cap Growth Fund A	28,120.77	886.799	47.2400	41,892.38		41,892.38
Wells Fargo Sm Cap Value (Inv)	201,448.31	6,480.156	32.4100	210,021.86		210,021.86
Artisan International Fund	266,413.85	10,703.860	23.0800	247,045.09		247,045.09
DWS Global Small Cap Growth S	194,910.96	5,100.988	41.9200	213,833.42		213,833.42
<i>Oppenheimer Global Fund (Y)</i> Oppenheimer Global Fund (Y)	125,454.00	1,811.901	65.0200	117,809.80		117,809.80
Dynetics, Inc. Co. Stock Fund Dynetics, Inc. Company Stock	45,898,904.56	7,908,633.314	15.5000	122,583,816.37	0.00	122,583,816.37

Dynetics, Inc. Employee Stock
Ownership Plan

Schedule H line 4i
63-1276962
PN: 003

ASSETS HELD FOR INVESTMENT				For Period July 1, 2010 to June 30, 2011		
Assets	Cost Basis	Shares	Market Price Per Share	Principal Value	Investment Income	Market Value
MainStay Cash Reserves Fund I	59.14	59.14	1.0000	59.14		59.14
Total Dynetics, Inc. Co. Stock Fund	45,898,963.70			122,583,875.51		122,583,875.51
Cash Acct/Stable Value Option Dynetics, Inc ESOP SVO						
NYL Insurance Anchor Account I	6,683,805.73			6,557,978.59	125,827.14	6,683,805.73
Total Dynetics, Inc ESOP SVO	6,683,805.73			6,557,978.59	125,827.14	6,683,805.73
Brokerage Account	32,291.37	32,291.370	1.0000	32,291.37		32,291.37
MainStay Cash Reserves Fund I	23.73	23.730	1.0000	23.73		23.73
Total Assets Held for Investment	60,061,052.02	8,300,460.380		136,982,147.66	164,062.11	137,146,209.77

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089**2010****This Form is Open to Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2010 or fiscal plan year beginning 7/1/2010 and ending 6/30/2011

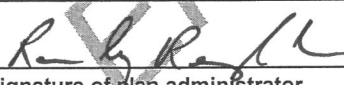
- A** This return/report is for: ☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
- 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 DYNETICS, INC. EMPLOYEE STOCK OWNERSHIP PLAN	1b Three-digit plan number (PN) ▶ 003
	1c Effective date of plan 7/1/1998
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) DYNETICS, INC. 1000 EXPLORER BLVD HUNTSVILLE AL 35806	2b Employer Identification Number (EIN) 63-1276962
	2c Sponsor's telephone number (256) 922-9230
	2d Business code (see instructions) 541330

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

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

SIGN HERE		<u>4/1/2012</u>	<u>Randy Reynolds</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") Same		3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 20px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 1,110	
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).		
a Active participants	6a 940	
b Retired or separated participants receiving benefits	6b 2	
c Other retired or separated participants entitled to future benefits	6c 200	
d Subtotal. Add lines 6a, 6b, and 6c	6d 1,142	
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e 6	
f Total. Add lines 6d and 6e	6f 1,148	
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 1,111	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 54	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) ...		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E, 2P		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:		
9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)	
(1) ☒ Insurance	(1) ☒ Insurance	
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts	
(3) ☒ Trust	(3) ☒ Trust	
(4) ☐ General assets of the sponsor	(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	b General Schedules	
(1) ☐ R (Retirement Plan Information)	(1) ☒ H (Financial Information)	
(2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) ☐ I (Financial Information - Small Plan)	
(3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) ☒ <u>1</u> A (Insurance Information)	
	(4) ☒ C (Service Provider Information)	
	(5) ☒ D (DFE/Participating Plan Information)	
	(6) ☐ G (Financial Transaction Schedules)	

5500 EF Info - Practitioner Signature Agreement

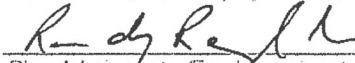
Plan Administrator/Employer:

In accordance with expanded EFAST2 signature options, I, the Plan Administrator/Employer for the following plan,
DYNETICS, INC. EMPLOYEE STOCK OWNERSHIP PLAN

give this written authorization to: Noel D Tallon, CPA
to submit this return/report electronically and to sign this return/report with their EFAST2 UserID and PIN. I further acknowledge
that an image of my manual signature will be included with the rest of the annual return/report posted by the DOL on the Internet
for public disclosure.

Randy Reynolds

Plan Administrator/Employer Name



Plan Administrator/Employer signature

4-10-12

Date

Practitioner:

I certify that I have been specifically authorized in writing by the plan administrator/employer, as applicable, to enter my EFAST2 PIN on this return/report in order to electronically submit this return/report. I further certify that: (1) I will retain a copy of the administrator's/employer's specific written authorization in my records; (2) I have attached to this electronic filing, in addition to any other required schedules or attachments, true and correct pdf copies of the first page of the completed Form 5500 or Form 5500-SF return/report bearing the manual signature of the plan administrator/employer under penalty of perjury and the second page of the completed Form 5500 or Form 5500-SF; (3) I advised the plan administrator/employer that by selecting this electronic signature option the pdf image of that manual signature will be included with the rest of the return/report posted by the Department of Labor (DOL) on the Internet for public disclosure; and (4) I will communicate to the plan administrator/employer any inquiries and information that I receive from EFAST2, DOL, IRS or PBGC regarding this annual return/report.

I declare that I am authorized to make and sign this statement. ☒ (Check "X" here)
