## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## **Short Form Annual Return/Report of Small Employee Benefit Plan**

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

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection ▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

	art I			<u>fication Informatior</u>	<u> </u>					
For	calend	lar plan year 2011 or fis	scal plar	year beginning 01/0	1/2011	1	and ending	2/31/2	2011	
Α	This ret	turn/report is for:	X as	ingle-employer plan		a multiple	-employer plan (not multiemployer)		a one-participa	nt plan
В	This ret	turn/report is:	the	first return/report	П	the final re	eturn/report		_	
		·	an	amended return/report		a short pla	n year return/report (less than 12 m	onths)		
C	Check I	box if filing under:	X Fo	rm 5558	Ħ	automatic	extension	,	DFVC program	1
Ū	Officer	box ii iiiiig under.	片	ecial extension (enter des	ш					
Part II Basic Plan Information—enter all requested information										
	Name		imatic	TI—enter all requested in	ПОППа	ation		1h	Three-digit	
		NAMICS, LLC PROFIT	SHAR	ING 401K PLAN					plan number	
									(PN) ▶	001
								1c	Effective date of p	
20	Diamag		dan en de				(an analysis and an analysis and and	Ol-	01/01/1	
		sponsor's name and add /NAMICS, LLC	dress; ir	nclude room or suite numb	ber (er	nployer, if	for a single-employer plan)	20	Employer Identific (EIN) 72-1008	
								20	Sponsor's telepho	
MOA	AD DI F	DG. 9166						20	228-689-	
STE	NNIS SI	PACE CENTER, MS 39	9529					2d	Business code (se	ee instructions)
									811310	
			nd addre	ess (if same as plan spons	,		")	3b	Administrator's EI	
POW	ER DY	NAMICS, LLC		MSAAP STENNI			ΓER, MS 39529	30	72-1008 Administrator's tel	
								30	228-689-9	9879
4					the la	ast return/i	report filed for this plan, enter the	4b	EIN	
			nber fro	m the last return/report.				4 -		
		sor's name	-1.11 1-	and and an art discount and a second				4c	PN	
								5a		27
b								5b		27
С							defined benefit plans do not	5c		27
6a		,					(See instructions.)			X Yes No
			_		-		dent qualified public accountant (IQ			
			•	-			ons.)			X Yes   No
Dr	If you art III	answered "No" to ei			use Fo	orm 5500-	SF and must instead use Form 55	00.		
7		Assets and Liabilities	iialioi	<u> </u>			(-) P		(b) F	( )/
-						7-	(a) Beginning of Year 995939		(b) End o	1047325
		•				7a	665			
b		•		m line 7a)		7b	995274			1047325
8		ne, Expenses, and Tran		•		7c			(b) To	
a		ie, Expenses, and Tran					(a) Amount		(b) To	ıaı
_						8a(1)	18381			
	<b>(2)</b> P	articipants			[	8a(2)	77935			
	<b>(3)</b> O	thers (including rollove	rs)			8a(3)				
b	Other	income (loss)				8b	-19599			
С	Total i	income (add lines 8a(1)	), 8a(2)	8a(3), and 8b)		8c				76717
d				ers and insurance premiu			23718			
	to pro	vide benefits)				8d	231 10			
_							0.40			
e	Certai		ective di	stributions (see instruction	ns)	8e	948			
f	Certai Admir	nistrative service provid	ective di Iers (sal	stributions (see instruction aries, fees, commissions)	ns) )	8e 8f	948			
f g	Certai Admir Other	nistrative service provid	ective di lers (sal	stributions (see instruction aries, fees, commissions)	ns) )	8e 8f 8g	948			0.4000
f	Certai Admir Other Total	nistrative service provid expensesexpenses (add lines 8d	ective di lers (sal	stributions (see instruction aries, fees, commissions) 	ns)	8e 8f 8g 8h	948			24666
f g	Certai Admir Other Total o	nistrative service provid expensesexpenses (add lines 8d acome (loss) (subtract li	ective di lers (sal d, 8e, 8f ine 8h fi	stributions (see instruction aries, fees, commissions)	ns)	8e 8f 8g	948			24666 52051

Form	5500-	SF	201

Page 2 -	1	
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<b>-</b>	-	<b>~</b> !	
Part IV	Plan	Charac	eteristics

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2H 2J 2K 3D
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

		Yes	No		Amo	ount	
During the plan year:  Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Χ				
Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
Was the plan covered by a fidelity bond?	10c	Χ					5000
Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Χ				
Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		Χ				
Has the plan failed to provide any benefit when due under the plan?	10f		X				
J Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Χ				
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Χ				
If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
t VI Pension Funding Compliance							
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500))						Yes	
							No
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	e or sec ctions, nth	ction 3 and e	02 of I	ERISA?		Yes tter ruli	X N
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru	e or sec ctions, nth	ction 3 and e	02 of I	ERISA?		Yes tter ruli	X N
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Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.  Mor you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	e or sec	and e	02 of I	ERISA?		Yes tter ruli	X N
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.  More you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Enter the minimum required contribution for this plan year.	ctions,  hth  of a	and e	nter th Day	ERISA?		Yes tter ruli	X N
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.  Mor you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	ctions,  th  of a	and e	12b 12c 12d	ERISA?	of the le	Yes tter ruli	X No
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.  More you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?	ctions,  th  of a	and e	12b 12c 12d	ERISA?	of the le	Yes tter ruli r	X No
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.  More you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?	e or sec	and e	nter th Day 12b 12c 12d	e date c	of the le	Yes tter ruli r	X N
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.  More you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?	ctions,	and e	nter th Day 12b 12c 12d	e date c	of the le	Yes tter ruli r	X N
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.  More you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?  Will the minimum funding amount reported on line 12d be met by the funding deadline?  If "Yes," enter the amount of any plan assets that reverted to the employer this year.	of a	and e	12b 12c 12d 	e date c	of the le Yea	Yes tter ruli r	N/A
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.  More you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?  Will Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted in any plan year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year.  Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	of a	and e	12b 12c 12d 	e date c	of the le Yea	Yes  tter ruli r	N/A
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.  Mor you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?  Will Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted in any plan year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year.  Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?.  If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify to	of a	and e	12b 12c 12d 	e date c	of the le_Yea	Yes  tter ruli r	N/A
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.  Mor you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?  Will Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted in any plan year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year.  Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?  If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	of a	and e	12b 12c 12d	e date c	of the le_Yea	Yes  tter ruli r  No  Yes	N/A

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	10/04/2012	ROBERT HANCOCK
HERE	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

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## **Short Form Annual Return/Report of Small Employee Benefit Plan**

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

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	► Complete all entries in accord	dance with	the instruct	ons to the Form 550	0-5F.	
	art I Annual Report Identification Information	01 (01 (	2011			10.401.4001.4
For		01/01/:	2011	and ending		12/31/2011
Α	This return/report is for:	a multiple	-employer pla	n (not multiemployer)		a one-participant plan
В	This return/report is: the first return/report	the final r	eturn/report			
	an amended return/report	a short pla	n year return/	eport (less than 12 m	onths)	
С	Check box if filing under:	automatic	extension			DFVC program
	special extension (enter descriptio	n)			•	_
Pa	art II Basic Plan Information—enter all requested information	ation				
1a	Name of plan				1b	Three-digit
PO	WER DYNAMICS, LLC PROFIT SHARING 401K PL	AN				plan number 001
						(PN) V
						Effective date of plan 01/01/1987
2a	Plan sponsor's name and address; include room or suite number (et	mnlover if	for a single-e	nnlover nlan)	_	Employer Identification Number
	WER DYNAMICS, LLC	inployer, ii	ioi a sirigic ci	ilpioyer plani		(EIN) 72-1008692
					-	Sponsor's telephone number
MS	AAP BLDG. 9166					228-689-9879
					2d	Business code (see instructions)
	ENNIS SPACE CENTER MS 39529					811310
<b>3a</b> ₽0	Plan administrator's name and address (if same as plan sponsor, er WER DYNAMICS, LLC	nter "Same	")		3b	Administrator's EIN 72-1008692
					30	Administrator's telephone number
	AAP BLDG. 9166 ENNIS SPACE CENTER MS 39529				30	228-689-9879
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/	eport filed for	this plan, enter the	4b	EIN
	name, EIN, and the plan number from the last return/report.				4-	
	Sponsor's name				4c	
	Total number of participants at the beginning of the plan year				5a	27
	Total number of participants at the end of the plan year				5b	27
С	Number of participants with account balances as of the end of the p complete this item)				5c	27
62	Were all of the plan's assets during the plan year invested in eligible					X Yes No
	Are you claiming a waiver of the annual examination and report of a		•	•		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a					X Yes No
_	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must	instead use Form 55	00.	
	rt III   Financial Information					
7	Plan Assets and Liabilities		(a) B	eginning of Year		(b) End of Year
	Total plan assets	7a		99593		1047325
b	Total plan liabilities	. 7b		66		1045205
<u> </u>	Net plan assets (subtract line 7b from line 7a)	. 7c		99527	/ 4	1047325
8	Income, Expenses, and Transfers for this Plan Year		(	a) Amount		(b) Total
a	Contributions received or receivable from:  (1) Employers	8a(1)		1838	31	
	(2) Participants	8a(2)		7793	35	
	(3) Others (including rollovers)	8a(3)				
b	Other income (loss)	8b		-1959	9	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				76717
d	Benefits paid (including direct rollovers and insurance premiums					. •
	to provide benefits)	. 8d		2371	<del></del>	
е	Certain deemed and/or corrective distributions (see instructions) $\ldots$	8e		94	18	
f	Administrative service providers (salaries, fees, commissions)	. 8f				
g	Other expenses	. 8g				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				24666
i	Net income (loss) (subtract line 8h from line 8c)	8i				52051
i	Transfers to (from) the plan (see instructions)	Ωi				

Form	550	ነ∩-:	٩F	20	1.

P:	ane	2

Par	t IV Plan Characteristics					_				
9a	If the plan provides pension benefits, enter the applicable pension feature 2E 2H 2J 2K 3D	e codes from the	list of Plan Chara	cteris	tic Co	des in	the instruction	ons:		
b										
Pari	V Compliance Questions									
10	During the plan year:				Yes	No	A	mount		
	Was there a failure to transmit to the plan any participant contributions was 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Control of the plan and Pl	Correction Progra	m)	10a		х				
b	Were there any nonexempt transactions with any party-in-interest? (Do on line 10a.)	not include transa	ctions reported	10b		х				
C	Was the plan covered by a fidelity bond?		***************************************	10c	х				0000	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity or dishonesty?	y bond, that was o	aused by fraud	10d		х				
e	Were any fees or commissions paid to any brokers, agents, or other per insurance service or other organization that provides some or all of the binstructions.)	rsons by an insura benefits under the	nce carrier, plan? (See	10e		х				
f	Has the plan failed to provide any benefit when due under the plan?			10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as of ye		ነ	10a					<del></del>	
h	If this is an individual account plan, was there a blackout period? (See in 2520.101-3.)	nstructions and 29	CFR	10h		х				
i	If 10h was answered "Yes," check the box if you either provided the requexceptions to providing the notice applied under 29 CFR 2520.101-3			101			Late 1			
Part	VI Pension Funding Compliance							·		
11	is this a defined benefit plan subject to minimum funding requirements?	• • • • • • • • • • • • • • • • • • • •					•	Yes	No	
12	Is this a defined contribution plan subject to the minimum funding requir							Yes	X No	
а	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amogranting the waiver.	ortized in this plan						e letter rulir 'ear	-	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (	,	•		_					
b	Enter the minimum required contribution for this plan year					12b	<del></del>			
C	Enter the amount contributed by the employer to the plan for this plan ye					12c				
đ	Subtract the amount in line 12c from the amount in line 12b. Enter the re negative amount)	***************************************				12d	<u> </u>	1 🗆		
	Will the minimum funding amount reported on line 12d be met by the fun	nding deadline?					Yes	No	N/A	
Part			- <del></del>			<del></del> ,	<u> </u>			
138	Has a resolution to terminate the plan been adopted in any plan year?						es X No	_		
	If "Yes," enter the amount of any plan assets that reverted to the employ	<del></del>			_					
a -	Were all the plan assets distributed to participants or beneficiaries, trans of the PBGC?							Yes	X No	
	which assets or liabilities were transferred. (See instructions.)	s plan to another	pian(s), identity tr	ie pia			N//a)	472(7)	DN//eV	
	13c(1) Name of plan(s):			$\vdash$	13	c(2) E	in(s)	13c(3)	PN(S)	
						_				
Cau	tion: A penalty for the late or incomplete filing of this return/report w	ill be assessed u	ınless reasonab	le ca	ıse is	estab	lished.			
SB	er penalties of perjury and other penalties set forth in the instructions, I de or Schedule MB completed and signed by an enrolled actuary, as well as t if, it is true, correct, and complete,									
	The manual harmonia		ROBERT HANG	COCT	ζ				$\neg \neg$	
SIG	- W/	ate 8.7.12	Enter name of in			nina a	e plan admir	intrator		
SIG	16 Web 13 Hours		ROBERT HAN			nung a	э риал асти	ii au ai UI		
HE		ate 8.7.12	Enter name of in	ndivid	ual sig	ning a	s employer o	ır <u>plan</u> spo	nsor	