For	rm 5500-SF	Short Form Annual Re		of Small Employ	yee	C	0MB Nos. 1210-0110 1210-0089			
	rtment of the Treasury rnal Revenue Service	This form is required to be filed	enefit Plan under sections 104 a	and 4065 of the Employe	e	2	013			
Employee B	epartment of Labor enefits Security Administration enefit Guaranty Corporation	Retirement Income Security Act of the Internal Complete all entries in accord		Open to Public						
Part I	Annual Report Id	lentification Information								
For calend	ar plan year 2013 or fisca	al plan year beginning 01/01/2013		and ending 1	2/31/2	2013				
	turn/report is for:	the first return/report	a multiple-employer p the final return/report	olan (not multiemployer)		a one-particip	ant plan			
C Check	box if filing under:		automatic extension	n/report (less than 12 m	n 12 months)					
Part II	Basic Plan Inform	nation—enter all requested informa	tion							
1a Name POWER DY						Three-digit plan number (PN) ▶	001			
					1c	Effective date of	•			
	ponsor's name and addro	ess; include room or suite number (en	nployer, if for a single	-employer plan)	2b	01/01/ Employer Identifi (EIN) 72-100	cation Number			
BUILDING 9	9166				2c	Sponsor's teleph 228-689				
STENNIS SI	PACE CETNER, MS 395	.29			2d	Business code (see instructions) 811310				
3a Plan a	dministrator's name and	address 🛛 Same as Plan Sponsor Na	ame Same as Pla	n Sponsor Address	3b	Administrator's E	IN			
					30	Administrator's te	elephone number			
		lan sponsor has changed since the la per from the last return/report.	st return/report filed f	or this plan, enter the	4b	EIN				
	or's name				4c	PN				
5a Total I	number of participants at	the beginning of the plan year			5a		23			
b Total i	number of participants at	the end of the plan year			5b		12			
	· ·	count balances as of the end of the pl		•	5c		12			
6a Were b Are yo under	all of the plan's assets d ou claiming a waiver of th 29 CFR 2520.104-46? (luring the plan year invested in eligible ne annual examination and report of a See instructions on waiver eligibility a er line 6a or line 6b, the plan canno	e assets? (See instruc n independent qualifiend nd conditions.)	ctions.) ed public accountant (IQ	PA)		X Yes No			
-		plan, is it covered under the PBGC ins					Not determined			
Caution: A	A penalty for the late or	incomplete filing of this return/repo	ort will be assessed	unless reasonable cau	use is	established.				
SB or Sche		r penalties set forth in the instructions signed by an enrolled actuary, as wel tte.								
SIGN	Filed with authorized/va	lid electronic signature.	02/28/2014	ROBERT B. HANCOC	IANCOCK					
HERE	Signature of plan adm	ninistrator	Date	Enter name of individ	ual sig	ning as plan adm	inistrator			
SIGN										
HERE	Signature of employe		Date	Enter name of individ						
Preparer's	name (including firm nam	ne, if applicable) and address; include	e room or suite numbe	er (optional)	Prep	arer's telephone	number (optional)			

Pa	t III Financial Information		-								
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End	of Ye	ear		
а	Total plan assets	. 7a	126721	0				14	16622		
b	Total plan liabilities	. 7b									
С	Net plan assets (subtract line 7b from line 7a)	- 7c	126721	0				14	16622		
8	8 Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total						
а	Contributions received or receivable from: (1) Employers			2							
	(2) Participants	8a(2)	5530	4							
	(3) Others (including rollovers)	8a(3)									-
b	ther income (loss) 8b 194										-
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						2	52773		_
d	Benefits paid (including direct rollovers and insurance premiums			_							
	to provide benefits)	. 8d	10318	6							
	Certain deemed and/or corrective distributions (see instructions)	. 8e									
f	Administrative service providers (salaries, fees, commissions)	. 8f	17	5							
	Other expenses	. 8g									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h							03361		
	Net income (loss) (subtract line 8h from line 8c)	. 8i						1	49412		_
J	Transfers to (from) the plan (see instructions)	- 8j									
Par	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension $2E$ $2H$ $2J$ $2K$ $3D$	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instrue	ctions	:		
b	If the plan provides welfare benefits, enter the applicable welfare for	ooturo ood	as from the List of Dian Chara	atoriat	ia Cad	loo in t	ha instruct	iono:			
D	In the plan provides wehate benefits, enter the applicable wehate h	eature cou		clensi		ies in t		10115.			
Part	V Compliance Questions										
10	During the plan year:				Yes	No		Amo	unt		
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide			10a		х					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	t? (Do not	include transactions reported	10b		х					—
С	Was the plan covered by a fidelity bond?			10c	Х				1	000000)
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х					
e	Were any fees or commissions paid to any brokers, agents, or oth										—
	insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		х					
f	·					Х					—
				10f		Х					_
<u> </u>				10g		~					_
n	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х					
i	If 10h was answered "Yes," check the box if you either provided the					X					-
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i		X					
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	X No	<u>с</u>
11a	Enter the unpaid minimum required contribution for current year fi					11a					_
12	Is this a defined contribution plan subject to the minimum funding		, ,			302 of	ERISA?		Yes	X No	b
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below				-						
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	ng amortiz	ed in this plan year, see instrue		, and e	enter th Day	ne date of	he le Yea		ing	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedul					209					
-	Enter the minimum required contribution for this plan year					12b					

C	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount).	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?	Ye	es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes 🗙 No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s): 1	3c(2) EIN	l(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b Tru	ust's EIN	

Form 5500-SF	• • • •						
Department of the Treasury Internal Revenue Service	This form is required to be file	Benefit Plan ad under sections 104 a	and 4065 of the Employe	e	2	013	
Department of Labor Employee Benefits Security Administration	Retirement Income Security Act o	8(a) of		s Open to Public			
Pension Benefit Guaranty Corporation	Complete all entries in accor	rdance with the instru	ctions to the Form 550)0-SF.	Ins	pection	
	entification Information						
For calendar plan year 2013 or fisc		01/01/2013	and ending		12/31/201	.3	
A This return/report is for:	x a single-employer plan	a multiple-employer p	olan (not multiemployer)		oant plan		
B This return/report is:	the first return/report	the final return/report					
[an amended return/report] a short plan year retu	m/report (less than 12 m	nonths))		
C Check box if filing under:] Form 5558	automatic extension			DFVC progra	m	
[special extension (enter description	on)					
Part II Basic Plan Inform	mation enter all requested inform	nation					
1a Name of plan				1b	Three-digit		
Power Dynamcis, LLC	C Profit Sharing 401()	k) Plan			plan number (PN) ►	001	
				1c	Effective date of		
					01/01/198	7	
2a Plan sponsor's name and addr Power Dynamics, LLC	ess; include room or suite number (e	employer, if for a single	-employer plan)	2b	Employer Identit (EIN) 72-100		
				2c	Sponsor's telep		
					(228) 689-		
Building 9166				20	Business code (see instructions)		
Stennis Space Cetne			<u>39529</u>	3h	811310 Administrator's I	=IN	
3a Plan administrator's name and	address Same as Plan Sponsor I		n Sponsor Address				
				3c	Administrator's t	elephone number	
4 If the name and/or EIN of the p	blan sponsor has changed since the	last return/report filed f	or this plan, enter the	4b	EIN		
name, EIN, and the plan number	per from the last return/report.	lubt fordininoport new i					
a Sponsor's name				-		<u></u>	
	t the beginning of the plan year			5 a		0.0	
	t the end of the plan year			5b		23	
C Number of participants with ac				50		12	
complete this item)	count balances as of the end of the	plan year (defined ben	efit plans do not				
		plan year (defined ben	efit plans do not	5c		12	
6a Were all of the plan's assets of the Are you claiming a waiver of the	during the plan year invested in eligit	plan year (defined ben ble assets? (See instru f an independent qualifi	efit plans do not ctions.) ed public accountant (IC	5c		12 12 X Yes No	
 6a Were all of the plan's assets of b Are you claiming a waiver of the under 29 CER 2520, 104-462 (during the plan year invested in eligit he annual examination and report of See instructions on waiver eligibility	plan year (defined ben ble assets? (See instru- f an independent qualifi and conditions.)	efit plans do not ctions.) ed public accountant (IC	5c		12	
 6a Were all of the plan's assets of b Are you daiming a waiver of the under 29 CFR 2520-104-46? If you answered "No" to eith 	during the plan year invested in eligit he annual examination and report of (See instructions on waiver eligibility her line 6a or line 6b, the plan cam	plan year (defined ben ble assets? (See instru i an independent qualifi and conditions.) not use Form 5500-SF	efit plans do not ctions.) ed public accountant (IC	2PA) Form	5500.	12 12 X Yes No	
 6a Were all of the plan's assets of b Are you claiming a waiver of th under 29 CFR 2520-104-46? (If you answered "No" to eith c If the plan is a defined benefit 	during the plan year invested in eligit he annual examination and report of See instructions on waiver eligibility her line 6a or line 6b, the plan cam plan, is it covered under the PBGC i	plan year (defined ben ble assets? (See instru- f an independent qualifi and conditions.) not use Form 5500-SF insurance program (see	efit plans do not ctions.) ed public accountant (IC and must instead use e ERISA section 4021)?	5 c 2PA) Form	5500. Yes No	12 12 X Yes No X Yes No	
 6a Were all of the plan's assets of b Are you claiming a waiver of th under 29 CFR 2520.104-46? (If you answered "No" to eith c If the plan is a defined benefit Caution: A penalty for the late or 	during the plan year invested in eligit he annual examination and report of (See instructions on waiver eligibility her line 6a or line 6b, the plan cam plan, is it covered under the PBGC i incomplete filing of this return/re	plan year (defined ben ble assets? (See instru- f an independent qualifi and conditions.) not use Form 5500-SF insurance program (see	efit plans do not ctions.) ed public accountant (IC and must instead use e ERISA section 4021)? unless reasonable ca	2PA) Form use is	5500. Yes No c	12 12 X Yes No X Yes No Not determined	
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6a Were all of the plan's assets of b Are you claiming a waiver of the under 29 CFR 2520-104-46? (If you answered "No" to eith c If the plan is a defined benefit Caution: A penalty for the late or Under penalties of perjury and other SB or Schedule MB completed and belief, it is true, correct, and complet SIGN HERE Signature of plan add SIGN HERE	during the plan year invested in eligit he annual examination and report of (See instructions on waiver eligibility her line 6a or line 6b, the plan cam plan, is it covered under the PBGC i incomplete filing of this return/re repenalties set forth in the instruction signed by an enrolled actuary, as we ete. Bubbbbbbbbbbbbbbbbbbbbbbbbbbbbbbbbbbbb	plan year (defined ben ble assets? (See instru- f an independent qualifi y and conditions.) not use Form 5500-SF insurance program (see port will be assessed ns, I declare that I have well as the electronic ve 2.18.14 Date Date	efit plans do not ctions.)	2PA) Form use is port, in t, and cock	5500. Yes No established. ncluding, if applic to the best of my gning as plan adr gning as employee	12 12 12 X Yes No X Yes No Not determined able, a Schedule knowledge and ninistrator r or plan sponsor	
6a Were all of the plan's assets of b Are you claiming a waiver of th under 29 CFR 2520-104-46? (If you answered "No" to eith c If the plan is a defined benefit Caution: A penalty for the late or Under penalties of perjury and other SB or Schedule MB completed and belief, it is true, correct, and complet SIGN HERE Signature of plan add SIGN HERE	during the plan year invested in eligit the annual examination and report of (See instructions on waiver eligibility ther line 6a or line 6b, the plan can plan, is it covered under the PBGC i incomplete filing of this return/re or penalties set forth in the instruction is signed by an enrolled actuary, as we etc.	plan year (defined ben ble assets? (See instru- f an independent qualifi y and conditions.) not use Form 5500-SF insurance program (see port will be assessed ns, I declare that I have well as the electronic ve 2.18.14 Date Date	efit plans do not ctions.)	2PA) Form use is port, in t, and cock	5500. Yes No established. ncluding, if applic to the best of my gning as plan adr gning as employee	12 12 X Yes No X Yes No Not determined able, a Schedule knowledge and	
6a Were all of the plan's assets of b Are you claiming a waiver of th under 29 CFR 2520-104-46? (If you answered "No" to eith c If the plan is a defined benefit Caution: A penalty for the late or Under penalties of perjury and other SB or Schedule MB completed and belief, it is true, correct, and complet SIGN HERE Signature of plan add SIGN HERE	during the plan year invested in eligit he annual examination and report of (See instructions on waiver eligibility her line 6a or line 6b, the plan cam plan, is it covered under the PBGC i i incomplete filing of this return/re or penalties set forth in the instruction i signed by an enrolled actuary, as we etc.	plan year (defined ben ble assets? (See instru- f an independent qualifi y and conditions.) not use Form 5500-SF insurance program (see port will be assessed ns, I declare that I have well as the electronic ve 2.18.14 Date Date	efit plans do not ctions.)	2PA) Form use is port, in t, and cock	5500. Yes No established. ncluding, if applic to the best of my gning as plan adr gning as employee	12 12 X Yes No X Yes No Not determined able, a Schedule knowledge and ninistrator	
6a Were all of the plan's assets of b Are you claiming a waiver of the under 29 CFR 2520-104-46? (If you answered "No" to eith c If the plan is a defined benefit Caution: A penalty for the late or Under penalties of perjury and other SB or Schedule MB completed and belief, it is true, correct, and complet SIGN HERE Signature of plan add SIGN HERE	during the plan year invested in eligit he annual examination and report of (See instructions on waiver eligibility her line 6a or line 6b, the plan cam plan, is it covered under the PBGC i i incomplete filing of this return/re or penalties set forth in the instruction i signed by an enrolled actuary, as we etc.	plan year (defined ben ble assets? (See instru- f an independent qualifi y and conditions.) not use Form 5500-SF insurance program (see port will be assessed ns, I declare that I have well as the electronic ve 2.18.14 Date Date	efit plans do not ctions.)	2PA) Form use is port, in t, and cock	5500. Yes No established. ncluding, if applic to the best of my gning as plan adr gning as employee	12 12 12 X Yes No X Yes No Not determined able, a Schedule knowledge and ninistrator r or plan sponsor	
6a Were all of the plan's assets of b Are you claiming a waiver of th under 29 CFR 2520-104-46? (If you answered "No" to eith c If the plan is a defined benefit Caution: A penalty for the late or Under penalties of perjury and other SB or Schedule MB completed and belief, it is true, correct, and complet SIGN HERE Signature of plan add SIGN HERE	during the plan year invested in eligit he annual examination and report of (See instructions on waiver eligibility her line 6a or line 6b, the plan cam plan, is it covered under the PBGC i i incomplete filing of this return/re or penalties set forth in the instruction i signed by an enrolled actuary, as we etc.	plan year (defined ben ble assets? (See instru- f an independent qualifi y and conditions.) not use Form 5500-SF insurance program (see port will be assessed ns, I declare that I have well as the electronic ve 2.18.14 Date Date	efit plans do not ctions.)	2PA) Form use is port, in t, and cock	5500. Yes No established. ncluding, if applic to the best of my gning as plan adr gning as employee	12 12 X Yes No X Yes No Not determined able, a Schedule knowledge and ninistrator	
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Page **2**

Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End			
a Total plan assets	7a	1,26		.0				16,6	522
b Total plan liabilities	7b								
C Net plan assets (subtract line 7b from line 7a)	7c	1,26	7,21	. 0			1,4	16,6	522
8 Income, Expenses, and Transfers for this Plan Year	10	(a) Amount				(b) T	otal		
a Contributions received or receivable from:						<u></u>			
(1) Employers	8a(1)		3,00						
(2) Participants	8a(2)	5	5,30)4					
(3) Others (including rollovers)	8a(3)								<u></u>
b Other income (loss)	8b	19	4,40)7					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						2	52,7	73
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	10	3,18	86					
e Certain deemed and/or corrective distributions (see instructions)	8e								
f Administrative service providers (salaries, fees, commissions)	8f		17	'5					
g Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							03,3	
i Net income (loss) (subtract line 8h from line 8c)	8i						1	49,4	112
j Transfers to (from) the plan (see instructions)	8i								
Part IV Plan Characteristics									
 9a If the plan provides pension benefits, enter the applicable pension to 2E 2H 2J 2K 3D b If the plan provides welfare benefits, enter the applicable welfare fer 									
		es from the List of Plan Chara	cterisi						
Part V Compliance Questions		es from the List of Plan Chara	cterist						
Part V Compliance Questions 10 During the plan year:				Yes	No		Amount		
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	tions withi iciary Con	n the time period described in rection Program)	10a						
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut	tions withi iciary Con ? (Do not	n the time period described in rection Program) include transactions reported			No		Amount		
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest?	tions withi Iciary Con ? (Do not	n the time period described in rection Program) include transactions reported	10a		No X		Amount)00,(200
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С	Enter the amount contributed by the employer to the plan for this plan year	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?				Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to			
1	3c(1) Name of plan(s):	3c(2) E	EIN(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				
14a (Name of trust	14b ⁻	Frust's EIN		