Form 5	500-SF	Short Form Annu		port of Small Empl	oyee	ON	IB Nos. 1210-0110 1210-0089
Department of t Internal Rever		This form is required to be fill	Benefit Pl	an and 4065 of the Employee R	etirement	2	015
Department Employee Benefits Sec	curity Administration			ns 6057(b) and 6058(a) of the		This For	n is Open to Inspection
Pension Benefit Gua				e instructions to the Form 5	500-SF.	T ubilo	
		dentification Information al plan year beginning 01/01/		and ending 10	0/23/2015		
	Г	x a single-employer plan		oyer plan (not multiemployer)		king this box i	nust attach a
A This return/rep		a one-participant plan	list of participat	ng employer information in ac	ccordance wit	th the form in	structions)
B This return/repo	ort is	the first return/report	$\times$ the final return/r	eport			
		an amended return/report	X a short plan yea	return/report (less than 12 m	ionths)		
C Check box if fil	ing under:	Form 5558	automatic exter	sion	Пр	FVC program	1
		special extension (enter desc				-1-5-	
Part II Bas	ic Plan Infor	mation—enter all requested ir					
1a Name of plan					1b Three	-	
POWER DYNAMIC	S, LLC PROFIT	SHARING 401(K) PLAN			plan r (PN)	iumber	001
					. ,	ive date of pla	
-						01/01/1	
Mailing addres	ss (include room,	er, if for a single-employer plan) apt., suite no. and street, or P. country, and ZIP or foreign pos		e instructions)	(EIN)	oyer Identifica 72-1008	3692
POWER DYNAMICS	S, LLC				ZC Spons	sor's telephor 228-689-	
					2d Busine	ess code (see	e instructions)
BUILDING 9166 STENNIS SPACE C	ENTER, MS 395	29				811310	
3a Plan administ	rator's name and	address XSame as Plan Spor	sor.		3b Admin	istrator's EIN	
					3c Admin	istrator's tele	phone number
4 If the name a	nd/or EIN of the p	blan sponsor has changed since	the last return/report	filed for this plan, enter the	4b EIN		
	•	per from the last return/report.					
a Sponsor's nar		the basis is the state			4c PN 5a		36
		t the beginning of the plan year.			5a 5b		0
		t the end of the plan year count balances as of the end of			}ł		
•	•			•	5c		0
<b>d(1)</b> Total numb	per of active partie	cipants at the beginning of the p	lan year		5d(1)		36
		cipants at the end of the plan ye			5d(2)		0
		rminated employment during th			5e		0
		incomplete filing of this return					
	B completed and	er penalties set forth in the instru I signed by an enrolled actuary,					
		alid electronic signature.	01/01/2016	ROBERT B. HANCOO	СК		
HERE	ature of plan ad		Date	Enter name of individ		s plan admini	strator
SIGN							
HERE	ature of employe	er/plan sponsor	Date	Enter name of individ	lual signing a	s employer o	r plan sponsor
		me, if applicable) and address (i				telephone nu	
For Paperwork Red	uction Act Notice	and OMB Control Numbers, see th	ne instructions for Forn	5500-SF.		For	m 5500-SF (2015)

<b>6a</b> Were all of the plan's assets during the plan year invested in eligit	ble assets? (S	See instructions.)					X Yes No
<b>b</b> Are you claiming a waiver of the annual examination and report of	an independ	ent qualified public a	ccount	ant (IQ	PA)		
under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan canr							
<b>C</b> If the plan is a defined benefit plan, is it covered under the PBGC in						-	No Not determined
Part III Financial Information	•			,		L	
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End of Year
a Total plan assets	. 7a	(4) = • 3	1543				0
<b>b</b> Total plan liabilities	. 7b						
C Net plan assets (subtract line 7b from line 7a)	. 7c		1543	875			0
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	Int				(b) Total
a Contributions received or receivable from:			-				
(1) Employers	. 8a(1)			000			
(2) Participants	. 8a(2)		30	455			
(3) Others (including rollovers)	. 8a(3)		12	959			
<b>b</b> Other income (loss)	. 8b		13	909	_		54444
<ul> <li>C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)</li> <li>d Benefits paid (including direct rollovers and insurance premiums</li> </ul>	. 8c						54414
to provide benefits)	. 8d		1597	329	_		
e Certain deemed and/or corrective distributions (see instructions)	. 8e						
f Administrative service providers (salaries, fees, commissions)	. 8f			960			
g Other expenses	. 8g						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						1598289
Net income (loss) (subtract line 8h from line 8c)	. 8i						-1543875
j Transfers to (from) the plan (see instructions)	. 8j						
Part IV Plan Characteristics							
<b>9a</b> If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2F 2G 3D	feature code	es from the List of Pla	an Cha	racteris	stic Co	des in t	the instructions:
B If the plan provides welfare benefits, enter the applicable welfare t	feature codes	s from the List of Plar	n Chara	acterist	ic Cod	les in th	e instructions:
Part V Compliance Questions							
10 During the plan year:				Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Program).	Voluntary Fid	uciary Correction	10a		х		
<b>b</b> Were there any nonexempt transactions with any party-in-interes reported on line 10a.)			10b		х		
<b>C</b> Was the plan covered by a fidelity bond?			10c		х		
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	s fidelity bond	l, that was caused	10d		x		
e Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all of th	e benefits under	10e		x		
f Has the plan failed to provide any benefit when due under the pla	an?		10f		Х		
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount a	as of year end	d.)	10g		Х		
<b>h</b> If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		х		
<ul> <li>If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10</li> </ul>	he required r	notice or one of the	10i				
j Did the plan trust incur unrelated business taxable income?			10j				
Part VI Pension Funding Compliance			-				

11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sched )) and line 11a below)	ule SB	(Form	Yes	No
11a	Ente	er the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40	11a			
12	ls th	nis a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 3	302 of E	RISA?	Yes	X No

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Page **3** - 1

-					Т		
		Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ting the waiver.		enter th Day	e date of	the letter r Year	uling
lf	you c	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.				
b	Enter	the minimum required contribution for this plan year		12b			
С	Enter	the amount contributed by the employer to the plan for this plan year		12c			
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative 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?			X Y	es No	
		es," enter the amount of any plan assets that reverted to the employer this year		13a			0
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou					0
D		e PBGC?				X Yes	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th assets or liabilities were transferred. (See instructions.)	ify the plan(s) to	I			
-	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)
Dert	1/111	Truck Information					
Part		Trust Information		116	T	15.1	
14a	Name	e of trust		140	Trust's E	IN	
14c	Nam	ne of trustee or custodian		14d		's or custoo ne number	lian's
Par	t IX	IRS Compliance Questions		1			
15a	Is th	e plan a 401(k) plan?		Y	es	No	
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?			Design- ased safe arbor nethod	e AD	PP/ACP st
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.42)(ii))?		Υ	es	No	
16a	Cheo	sk the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):	Цp	Ratio ercentag est		verage enefit test
16b		s the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con plan with any other plans under the permissive aggregation rules?	0	ΓY	es	No	
17a	Hast	the plan been timely amended for all required tax law changes?		Y	es	No	N/A
	for ta	the last plan amendment/restatement for the required tax law changes was adopted////	•				structions
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play sory letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable	IRS opinio	n or
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e rmination letter/	nter the date of	the pla	an's last f	avorable	
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		∏ Y€	es	No	
19	Were	in-service distributions made during the plan year?		Y	es	No	
	lf "Ye	es," enter amount		19			
20		e required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wed), as required under section 401(a)(9)?		[] Y	es	No	N/A

## 01/18/2016 1:14 PM FAX 9858091591

South Paws

	Form 5500-SF 2014			Page 2							
<b>b</b> A v	Vare all of the plan's assets during the plan year invested re you claiming a waiver of the annual examination and re inder 29 CFR 2520.104-46? (See instructions on waiver e lyou answered "No" to either line 6a or line 6b, the plan the plan is a defined benefit plan, is it covered under the	port of a ligibility a an cann	an indeper and conditi ot use Fo	ndont qualified public accountar ions ) rm 5500-SF and must instead	st (IQF Luse	PA) Form	5500.		X Ye X X Not dea	es []	No
Part	III Financial Information										
4	lan Assets and Liabilities		1	(a) Beginning of Yea	r			(b) End	of Year		
	otal plan assets		7a		387	5					0
	otal plan labilities		75			1					
	let plan assets (subtract line 7b from line 7a)		70	154	387	5					0
	come, Expenses, and Transfers for this Plan Year		1	(a) Amount				(b) ]	fotal		
	Contributions received or receivable from:		1					<u> </u>			
	1) Employers		84(1)		500	0				· .	
(	2) Participants		8a(2)	3	3545	5				1	
	3) Others (including rollovers)		80(3)								
bo	Other income (loss)		80		.395	9		1			
C 7	otal income (add lines \$a(1), 8a(2), 8a(3), and 8b)		8c		14.14					54	414
	lenefits paid (including direct rollovers and insurance pren		0.4	150	732	9					
	o provide benefits)		84					· · · · ·	· · · ·		
	Certain deemed and/or corrective distributions (see instruction voluministrative service providers (salaries, fees, commission voluministrative service voluministrative service voluministrative service voluministrative volumini vol		8e Sf		96	0					
		(15)	80			-	<u>i</u> un				
- Street	Differ expenses		8h							1598	9289
	otal exponses (add lines 8d, 8e, 8t, and 8g)		1								3675
ALL	let income (loss) (subtract line 8h from line 8c)		81								
			8								
Part 9a l	IV Plan Characteristics If the plan provides pension benefits, enter the applicable	0.000 000	forture co	vior from the List of Plan Chars	Moris	the Co	des in	the instru	thoos:		
Ja	2E 2J 2K 2F 2G 3D	Des cardes							1		
b	If the plan provides wolfare benefits, enter the applicable t	vellare f	eature coo	les from the List of Plan Charac	tensti	c Cod	es in ti	he instruct	ions:		
Part	V Compliance Questions										
10	During the plan year:			· · · · · ·		Yes	No		Amour	nt	
3	Was there a failure to transmit to the plan any participant 29 CFR 2510.3-1027 (See instructions and DOL's Volur	contribu itary Fidi	mons with uclary Cor	in the time period described in rection Program)	10a		х				
ь	Wore there any nonexempt transactions with any party-in on line 10a.)	-intoros	t? (Do not	include transactions reported	106		х				
C	Was the plan covered by a fidelity bond?				10c		х				
	Did the plan have a loss, whether or not reimbursed by the or dishonesty?	ho plan's	fidelity bo	and, that was caused by fraud	10d		х		,		
e	Were any fees or commissions paid to any brokers, ager							· ·			*****
•	insurance service, or other organization that provides so	me or all	of the ber	refits under the plan? (See			x				
	instructions.)	10			100	$\vdash$	x				
1	Has the plan failed to provide any benefit when due unde				101		····	[			
	Did the plan have any participant loans? (If "Yes," enter a		-	1 1 10.0100.0000 ·····	100		х				
h	If this is an individual account plan, was there a blackout 2520.101-3.)				10h		×		1.2		
i	If 10h was answered "Yes," check the box if you either p exceptions to providing the notice applied under 29 CFR	rovided (	the require	id notice or one of the	101			1. B.			
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding 5500) and line 11a below)	requiren	neots? (If	"Yes," see instructions and con	xplete	Schoo	tulo SE	3 (Form		∕es [	No
11a	Enter the unpaid minimum required contribution for curre					1	11a	}			
12	Is this a defined contribution plan subject to the minimum						302 of	ERISA?	101	∕os X	No
	(if "Yes," complete line 12e or lines 12b, 12c, 12d, and 1										
а	If a waiver of the minimum funding standard for a prior ye	er is bei	ing amorte	zod in this plan year, see instru		, and c				r ruling	2
	granting the walver.			Mor	i(h		Døy		Year		_

Form 5500-SF 2014	Page 3 -		
If you completed line 12a, complete lines 3, 9, and 10 of S	chedule MB (Form 5500), and skip to line 13.		
b Enter the minimum required contribution for this plan year		125	
c Enter the amount contributed by the employer to the plan			
d Subtract the amount in line 12c from the amount in line 12 negative amount)	b. Enter the result (enter a minus sign to the left of a		
e Will the minimum funding amount reported on line 12d be	met by the funding deadline?	<u></u> Y	es No NA
Part VII Plan Terminations and Transfers of As	sets		
13a Has a resolution to terminate the plan been adopted in any plan	in yeer?	X Yes	No
If "Yes," enter the amount of any plan assets that reverted	to the employer this year	13a	Q
b Were all the plan assets distributed to participants or bene of the PBGC?	fictaries, transferred to another plan, or brought und	er the control	🕅 Yes 🗍 No
C tf during this plan year, any assets or liabilities were trans which assets or liabilities were transferred. (See instruction	ferred from this plan to another plan(s), identify the p		
13c(1) Name of plan(s):		13c(2) EIN(5)	13c(3) PN(s)
		· · · · · · · · · · · · · · · · · · ·	
Part VIII Trust Information (optional)		14b Trust's	
14a Name of trust		THE TUSTS	EDN

			wat Peturn/Peno	rt of Small Emni	lovee	0	MB Nos 1210-0110
Form	n 5500-SF	Short Form Ann			oyee		1210-0089
	nent of the Treasury # Revenue Service	This form is required to be	Benefit Plar	d 4065 of the Employee F	Retirement	2	2014
Employee Ben	artment of Lebor helits Security Administration	Income Security Act of 19	74 (ERISA), and sections 6 Revenue Code (the Co	3057(b) and 8058(a) of the ode)	e Internal		rm is Open to
Pension Ben	wit Guaranty Corporation		in accordance with the in	structions to the Form 5	5500-SF.		
Part I		dentification Information		and and una	<u> </u>	23/2015	
or calendar		cat plan year beginning	01/01/2015	and ending		AVIAL TO T	
This retu This retur	im/report is for:	a single-employer plan     a one-participant plan     the first return/report     an amended return/report	of participating em a foreign plan & the final return/repo	ir plan (not multiemployer) ployer information in acco rt iturn/report (less than 12 r	rdance with th	ang this box ne torm instr	must attach a lis luctions)
Check by	ox if filing under:	🗍 Form 5558	automatic extensio	מא	니며	VC program	n
	we in mining consider.	special extension (enter de	iscontion)				
		1.1 aboridi ovronancia forma da					
Part II	Basic Plan Info	mation-enter all requested	nformation				
a Name c	xt plan				1b Three	-	
		Profit Sharing 401	(k) Plan				001
	1,				(PN)	<u>} }</u>	
						tive date of	
					1 01/	01/1987	
a Plan so	onsor's name and add	fress, include room or suite nu	mber (employer, if for a sin	gle-employer plan)	2b Empl	oyer Identifi	cation Number
	ynamics, LLC				(EIN)	72~100	8692
	-				2c Spor	sor's teleph	ione number
uildin	g 9166					-689-85	
					in the second se		ee instructions)
					/		
	Care Conton	2062	0		1 811	370	
	Space Center Iministrator's name an	MS 3952: d address (gSame as Plan Sp	CONTRACTOR OF A		·	inistrator's E	······································
a Plan ad	Iministrator's name an	id address ( <u>)d</u> Same as Plan Sp	Donsor.		3b Admi 3c Admi	inistrator's E	······································
3a Plan ad	Iministrator's name an ame and/or EIN of the	d address (xdSame as Plan Sp plan sponsor has changed sir	bonsor. nce the last return/report file	ed for this plan, enter the	3b Admi 3c Admi 4b EiN	inistrator's E	······································
ka Plan ad	ame and/or EIN of the EIN, and the plan nur	id address ( <u>)d</u> Same as Plan Sp	bonsor. Ince the last return/report file		3b Admi 3c Admi	inistrator's E	
la Plan ad I If the n name, a Sponso	ame and/or EIN of the EIN, and the plan nur or's name	d address (XSame as Plan Sp a plan sponsor has changed sin mber from the last return/report	ponsor. Ince the last return/report file		3b Admi 3c Admi 4b EiN 4c PN	inistrator's E	IN stephone number
la Plan ad I If the n name, a Sponse Da Total n	ame and/or EIN of the EIN, and the plan nur or's name	a address (XSame as Plan Sp a plan sponsor has changed sin mber from the last return/report at the beginning of the plan yo	ponsor. nce the last return/report file	1164.1979.1981.1981.1991.1991.1991.1991.1991	3b Admi 3c Admi 4b Ein 4c Pn 5a	inistrator's E	elephone number
la Plan ad If the n name, a Sponse Ja Total n b Total n	ame and/or EIN of the EIN, and the plan nur or's name number of participants	ad address index as Plan Sp plan sponsor has changed sin mber from the last relum/report at the beginning of the plan yo at the end of the plan year	bonsor. nce the last return/report file	NAA 7/2/10/00/00/00/00/00/00/00/00/00/00/00/00/	3b         Admi           3c         Admi           4b         Ein           4c         PN           5a         5b	inistrator's E	alephone numbe
ka Plan ad If the n name, a Sponso Ja Total n b Total n c Numbe	Aministrator's name an ame and/or EIN of the EIN, and the plan nur or's name sumber of participants sumber of participants aumber of participants with a	a address in Same as Plan Sp plan sponsor has changed sin mber from the last relum/report at the beginning of the plan yo at the end of the plan year account balances as of the end	bonsor. nce the last return/report file lar	penolit plans do not	3b Admi 3c Admi 4b EiN 4c PN 5a 5b 5c	inistrator's E	alephone numbe
<ul> <li>Flan ad</li> <li>If the n name, a Sponse</li> <li>Total n</li> <li>Total n</li> <li>C Number completion</li> </ul>	Aministrator's name an ame and/or EIN of the EIN, and the plan nur or's name sumber of participants number of participants aumber of participants with sto this item)	ad address index as Plan Sp plan sponsor has changed sim mber from the last relum/report at the beginning of the plan yo at the end of the plan year account balances as of the end	bonsor. nce the last return/report file tar	penotit plans do not	3b         Admi           3c         Admi           3c         Admi           4b         EIN           4c         PN           5a         5b           5c	inistrator's E	elephone number
<ul> <li>If the n name,</li> <li>Sponse</li> <li>Total n</li> <li>Total n</li> <li>Total n</li> <li>Total n</li> <li>C Number completed (1) Total</li> </ul>	ame and/or EIN of the EIN, and the plan nur or's name sumber of participants sumber of participants ar of participants with a sto this item) at number of active part	ad address index as Plan Sp a plan sponsor has changed sim mber from the last return/report at the beginning of the plan yo at the end of the plan year account balances as of the end rbcipants at the beginning of th	bonsor. nce the last return/report file t ar t of the plan year (defined t to plan year.	penetit plans do not	3b Admi 3c Admi 4b EIN 4c PN 5a 5b 5c 5d(1)	inistrator's E	alephone numbe
<ul> <li>If the n name, a Sponse</li> <li>Total n</li> <li>Total n</li> <li>Total n</li> <li>C Number completed (1) Total</li> <li>d(2) Total</li> </ul>	ame and/or EIN of the EIN, and the plan nur or's name sumber of participants sumber of participants ar of participants with sto this item)	e plan sponsor has changed sin nber from the last return/report at the beginning of the plan yo at the end of the plan year account balances as of the end rtucipants at the beginning of the rtucipants at the end of the plan	bonsor. nce the last return/report file t ar t of the plan year (defined t to plan year	penetit plans do not	3b         Admi           3c         Admi           3c         Admi           4b         EIN           4c         PN           5a         5b           5c	inistrator's E	alephone numbe
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