

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2015</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2015 or fiscal plan year beginning <u>07/01/2015</u> and ending <u>06/30/2016</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) _____ B This return/report is: ☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months). C If the plan is a collectively-bargained plan, check here. ☐ D Check box if filing under: ☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information										
1a Name of plan <u>DYNETICS, INC 401 (K) PLAN AND TRUST</u> 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>DYNETICS, INC.</u> <u>1002 EXPLORER BLVD</u> <u>HUNTSVILLE, AL 35806</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>06/21/1981</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>63-1276964</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>256-964-4000</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>541330</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>06/21/1981</u>		2b Employer Identification Number (EIN) <u>63-1276964</u>		2c Plan Sponsor's telephone number <u>256-964-4000</u>		2d Business code (see instructions) <u>541330</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>										
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2b Employer Identification Number (EIN) <u>63-1276964</u>											
2c Plan Sponsor's telephone number <u>256-964-4000</u>											
2d Business code (see instructions) <u>541330</u>											

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	04/11/2017	RANDY C. 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
Preparer's name (including firm name, if applicable) and address (include room or suite number) <u>NOEL D TALLON</u> <u>NOEL D. TALLON, CPA, PC</u> <u>PO BOX 18037</u> <u>HUNTSVILLE, AL 35804</u>			Preparer's telephone number <u>256-533-1024</u>

3a Plan administrator's name and address ☐ Same as Plan Sponsor DYNETICS, INC. PO DRAWER 5500 HUNTSVILLE, AL 35816	3b Administrator's EIN 63-0670881
	3c Administrator's telephone number 256-922-9230
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 1912
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year.....	6a(1) 1799
a(2) Total number of active participants at the end of the plan year	6a(2) 1548
b Retired or separated participants receiving benefits.....	6b 447
c Other retired or separated participants entitled to future benefits.....	6c 9
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 2004
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 12
f Total. Add lines 6d and 6e	6f 2016
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g 1879
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 84
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 3
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2G 2J	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☐ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)
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11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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

For calendar plan year 2015 or fiscal plan year beginning 07/01/2015 and ending 06/30/2016		
A Name of plan DYNETICS, INC 401 (K) PLAN AND TRUST	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 DYNETICS, INC.	D Employer Identification Number (EIN) 63-1276964	

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
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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 ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(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.	

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:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

<p style="text-align: center;">SCHEDULE D (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p>	<p style="text-align: center;">DFE/Participating Plan Information</p> <p style="text-align: center; font-size: small;">This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p style="text-align: center;">▶ File as an attachment to Form 5500.</p>	<p style="text-align: center; font-size: small;">OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: large;">2015</p> <hr/> <p style="text-align: center; font-size: small;">This Form is Open to Public Inspection.</p>
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For calendar plan year 2015 or fiscal plan year beginning 07/01/2015 and ending 06/30/2016

A Name of plan DYNETICS, INC 401 (K) PLAN AND TRUST	B Three-digit plan number (PN) ▶	002
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 DYNETICS, INC.	D Employer Identification Number (EIN) 63-1276964	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: DYNETICS, INC. 401 K PLAN SVO

b Name of sponsor of entity listed in (a): NYL INSURANCE ANCHOR ACCOUNT I

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) 29390898
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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)
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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)
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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)
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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)
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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)
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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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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
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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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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
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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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2015 This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning <u>07/01/2015</u> and ending <u>06/30/2016</u>		
A Name of plan <u>DYNETICS, INC 401 (K) PLAN AND TRUST</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>DYNETICS, INC.</u>	D Employer Identification Number (EIN) <u>63-1276964</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1	Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
	Assets			
a	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)		
	(2) Participant contributions	1b(2)		
	(3) Other.....	1b(3)		
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
	(2) U.S. Government securities.....	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)	2673931	2823236
	(9) Value of interest in common/collective trusts.....	1c(9)		
	(10) Value of interest in pooled separate accounts.....	1c(10)	27201501	29390898
	(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)	165847542	173044955
	(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)		
(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	195722974	205259089

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	195722974	205259089
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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)	3531222	
(B) Participants	2a(1)(B)	10787519	
(C) Others (including rollovers)	2a(1)(C)	1227160	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		15545901
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	9454	
(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)	121206	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		130660
(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)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-15009433	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-15009433

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		694569
(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)		11113196
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		12474893

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7388372	
(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)		7388372
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)	74530	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		74530
j Total expenses. Add all expense amounts in column (b) and enter total	2j		7462902

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		5011991
l Transfers of assets:			
(1) To this plan	2l(1)		4524124
(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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

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

	Yes	No	N/A	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X		
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X		
e Was this plan covered by a fidelity bond?	X			10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X		
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X		
l Has the plan failed to provide any benefit when due under the plan?		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.				
o Did the plan trust incur unrelated business taxable income?		X		
p Were in-service distributions made during the plan year?	X			436540

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)

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

Part V Trust Information

6a Name of trust

6b Trust's EIN

6c Name of trustee or custodian

6d Trustee's or custodian's telephone number

DYNETICS, INC.

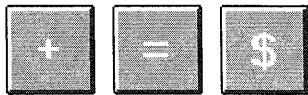
401(k) PLAN

HUNTSVILLE, ALABAMA

FINANCIAL STATEMENTS

AS OF

JULY 3, 2016, AND JUNE 30, 2015



Noel D. Tallon, CPA, PC

Noel D. Tallon, CPA, PC

Suite A, 922 Merchants Walk / Huntsville, Alabama 35801
Post Office Box 18037 / Huntsville, Alabama 35804
256 / 533-1024 or 256 / 534-4528 Fax
Web Page: talloncpa.com

INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of
The Dynetics, Inc., 401k Plan

We have audited the accompanying Financial Statements of Dynetics, Inc., 401k Plan, which comprise the Statements of Net Assets Available for Benefits as of July 3, 2016, and June 30, 2015, and the related Statements of Changes in Net Assets Available for Benefits for the years then ended, and the related Notes to the Financial Statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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 audits to obtain reasonable assurance about whether the Financial Statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the Financial Statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the Financial Statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the Financial Statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the Financial Statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

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., 401k Plan as of July 3, 2016, and June 30, 2015, and the Changes in Net Assets Available for Benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Report On Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the Financial Statements as a whole. The supplemental schedules of Assets Held for Investment and Reportable Transactions, together referred to as "supplemental information," are presented for the purpose of additional analysis and are not a required part of the Financial Statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the Financial Statements. The information has been subjected to the auditing procedures applied in the audits of the Financial Statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the Financial Statements or to the Financial Statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the Financial Statements as a whole.

Noel D. Tallon, CPA, PC

Noel D. Tallon, CPA, PC
Huntsville, Alabama

April 11, 2017

Noel D. Tallon, CPA, PC
Member American Institute CPA's / Member ACPA

DYNETICS, INC., 401(k) PLAN
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DYNETICS, INC., 401(k) PLAN
Statements of Net Assets Available for Benefits

	July 3, 2016	June 30, 2015
Assets		
Investments at Estimated Fair Value (See Note C)	202,435,853	193,049,043
Participant Loans	<u>2,823,236</u>	<u>2,673,931</u>
Net Assets Available for Benefits	<u>205,259,089</u>	<u>195,722,974</u>

See accompanying notes to the financial statements.

DYNETICS, INC., 401(k) PLAN
Statements of Changes in Net Assets Available for Benefits

	<u>Year Ended July 3, 2016</u>	<u>Year Ended June 30, 2015</u>
Additions:		
Additions to Net Assets Attributed to:		
Investment Income:		
Net Appreciation (Depreciation) in Fair Value of Investments (See Note C)	(15,009,433)	(5,418,710)
Interest	825,229	826,537
Dividends	2,205,213	2,116,494
Realized Gains (Losses) on Investments	8,995,289	10,224,782
Brokerage Earnings	(87,306)	(88,064)
	<u>(3,071,008)</u>	<u>7,661,039</u>
 Contributions:		
Participant		
Deferrals	9,616,765	8,299,836
Roth	1,170,754	964,720
Employer	3,531,222	3,194,147
Rollovers	1,227,160	841,346
	<u>15,545,901</u>	<u>13,300,049</u>
 Transfer of Mutual Funds from Dynetics, Inc. Employee Stock Ownership Plan (See Note H)	<u>4,524,124</u>	<u>3,095,241</u>
 Total Additions	 <u>16,999,017</u>	 <u>24,056,329</u>
 Deductions:		
Deductions from Net Assets Attributed to:		
Benefits Paid to Participants	7,388,372	12,047,315
Administrative Expenses (See Note F)	74,530	100,088
Total Deductions	<u>7,462,902</u>	<u>12,147,403</u>
Net Increase (Decrease)	<u>9,536,115</u>	<u>11,908,926</u>
 Net Assets Available for Benefits:		
Beginning of Year	<u>195,722,974</u>	<u>183,814,048</u>
End of Year	<u>205,259,089</u>	<u>195,722,974</u>

See accompanying notes to the financial statements.

DYNETICS, INC., 401(k) PLAN
Notes to Financial Statements
July 3, 2016, and June 30, 2015

A. Description of Plan

The following description of the Dynetics, Inc. (Corporation), 401(k) Plan (Plan), provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

1. *General.* The Plan is a defined contribution plan covering employees of Dynetics, Inc., or a participating subsidiary. Employees may become participants on their first full payroll. The Plan is subject to the provisions of ERISA.
2. *Plan Administration.* The Plan is administered by an investment committee which is appointed by the Board of Directors of Dynetics, Inc. The Plan's trustee, John Hancock Life Insurance Company, is responsible for the custody and management of the Plan's assets.
3. *Contributions.* Each year, participants may contribute up to 50% of pretax annual compensation, as defined in the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers several mutual funds as investment options for participants. The Corporation made discretionary contributions in the amount of 3% of compensation for the fiscal year ended July 3, 2016.
4. *Participant Accounts.* Each participant's account is credited with the participant's contribution and allocations of (a) the Corporation's contribution and (b) Plan earnings. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.
5. *Vesting.* Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the Corporation's contribution portion of their accounts is based on years of continuous service. A participant is 100% vested after five years of credited service.
6. *Participant Loans.* Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance, whichever is less. The loans are secured by the balance in the participant's account and bear interest at

DYNETICS, INC., 401(k) PLAN
Notes to Financial Statements
July 3, 2016, and June 30, 2015

rates that range from 4.25% to 9.25%, which are commensurate with local prevailing rates as determined quarterly by the Plan administrator. Principal and interest are paid ratably through biweekly payroll deductions.

7. *Payment of Benefits.* On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account or an annuity. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.
8. *Forfeited Accounts.* Forfeited accounts are redistributed to other participants based on covered compensation for the period of reallocation.

B. Summary of 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 changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. If available, 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. Participant loans are valued at their outstanding balances, which approximate fair value.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date.

Payment of Benefits

Benefits are recorded when paid.

DYNETICS, INC., 401(k) PLAN
Notes to Financial Statements
July 3, 2016, and June 30, 2015

Operating Expenses

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

C. Investments

The following presents investments that represent 5 percent or more of the Plan's net assets.

	<u>July 3,</u> <u>2016</u>	<u>June 30,</u> <u>2015</u>
American Growth Fund of Am R6	11,931,359	11,444,665
MainStay MAP Fund I	0	11,439,040
MainStay S&P 500 Index Fund I	15,413,863	14,171,078
Stable Value Option	29,390,898	27,201,501
Total Return	13,420,126	11,314,669
Vanguard Small Cap Index (Sig)	10,748,285	11,502,926

During fiscal 2016, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) depreciated in value by (\$15,009,433). This was all in mutual funds.

Participant loans are valued at amortized cost, which approximates fair value. Interest is recognized as earned on the loans at the stated interest rates.

D. Plan Termination

Although it has not expressed any intent to do so, the Corporation has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their employer contributions.

E. Tax Status / Roth Amendment

The Internal Revenue Service has determined and informed the Corporation by a letter dated November 22, 2013, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

The Plan was amended effective June 29, 2015, to permit "in plan Roth conversions".

DYNETICS, INC., 401(k) PLAN
Notes to Financial Statements
July 3, 2016, and June 30, 2015

F. Administration of Plan Assets

The Plan's assets, which consist of participant directed investments, are held by the Trustee of the Plan.

Corporation 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 officer or employee receives compensation from the Plan.

G. 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 available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs were used only when Level 1 inputs were not available.

Level 1 - The fair values of common stock, certain corporate bonds, and U.S. government securities are based on quoted market prices from active markets.

DYNETICS, INC., 401(k) PLAN
Notes to Financial Statements
July 3, 2016, and June 30, 2015

Level 2 - The fair values of certain corporate bonds for which quoted market prices are not available are based on yields currently available on comparable securities of issuers with similar credit ratings.

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of July 3, 2016, and June 30, 2015:

		Fair Value Measurements at Reporting Date Using:	
<u>Description</u>	<u>Fair Value</u>	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)
<u>July 3, 2016</u>			
Publicly Traded Mutual Funds	\$202,435,853	\$202,435,853	\$ -
Participant Loans	<u>2,823,236</u>	<u>-</u>	<u>2,823,236</u>
Total	<u>\$205,259,089</u>	<u>\$202,435,853</u>	<u>\$ 2,823,236</u>
<u>June 30, 2015</u>			
Publicly Traded Mutual Funds	\$193,049,043	\$193,049,043	\$ -
Participant Loans	<u>2,673,931</u>	<u>-</u>	<u>2,673,931</u>
Total	<u>\$195,722,974</u>	<u>\$193,049,043</u>	<u>\$ 2,673,931</u>

Participant loans are valued at the remaining loan balance. Participant loans were made during the fiscal year ended July 3, 2016, totaling \$1,474,056 with repayments totaling \$1,360,965. These amounts constitute transfers between Levels 1 and 2.

H. 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.

DYNETICS, INC., 401(k) PLAN
Notes to Financial Statements
July 3, 2016, and June 30, 2015

During the fiscal years ended July 3, 2016, and June 30, 2015, \$4,524,124 and \$3,095,241 were also transferred.

I. 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.

J. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

K. Delayed Participant Contribution

The Trustee failed to contribute contributions on a participant during the year ended July 3, 2013. As soon as the oversight was recognized, the Trustee made the contribution, restored estimated earnings thereon, and paid the appropriate penalty within guidelines specified by the Department of Labor. The total of these amounts are not material to the financial statements of the Plan.

L. Open Tax Years

Fiscal years ended June 30, 2014, and following remain subject to examination by the Internal Revenue Service.

M. Subsequent Events

The Plan has evaluated subsequent events through April 11, 2017, the date the financial statements were available to be issued.

Dynetics, Inc. 401(k) Plan

ID#: 63-0670881 Plan: 002

For Period July 1, 2015 to July 3, 2016

ASSETS HELD FOR INVESTMENT

Assets	Cost Basis	Shares	Market Price Per Share	Principal Value	Investment Income	Market Value
Dynetics, Inc. 401(k) Plan SVO						
NYL Guaranteed Int. Acct. - / /	29,390,898.08			28,696,329.25	694,568.83	29,390,898.08
Total Dynetics, Inc. 401(k) Plan SVO	29,390,898.08			28,696,329.25	694,568.83	29,390,898.08
Loomis Sayles Bond Fund N	5,209,231.71	357,968.854	13.6200	4,875,535.79		4,875,535.79
Oppenheimer Limited Term Bnd Y	3,780,725.09	810,672.082	4.5900	3,720,984.86		3,720,984.86
PIMCO Total Return Instl	13,897,879.56	1,295,378.934	10.3600	13,420,125.76		13,420,125.76
T. Rowe Price Retire Bal	4,089,135.22	274,837.337	14.7800	4,062,095.84		4,062,095.84
T Rowe Price Retirement 2005	7,070.28	539.185	13.0500	7,036.36		7,036.36
T Rowe Price Retirement 2010	1,004,541.35	60,015.360	17.7100	1,062,872.03		1,062,872.03
T Rowe Price Retirement 2015	780,452.21	53,584.006	14.2700	764,643.77		764,643.77
T Rowe Price Retirement 2020	9,206,922.45	444,608.202	20.4200	9,078,899.48		9,078,899.48
T Rowe Price Retirement 2025	3,930,870.45	256,741.834	15.4300	3,961,526.50		3,961,526.50
T Rowe Price Retirement 2030	7,914,192.32	348,933.972	22.3900	7,812,631.63		7,812,631.63
T Rowe Price Retirement 2035	901,513.03	54,735.826	16.1300	882,888.87		882,888.87

John Hancock Trust Company LLC

Dynetics, Inc. 401(k) Plan

ID#: 63-0670881 Plan: 002

For Period July 1, 2015 to July 3, 2016

ASSETS HELD FOR INVESTMENT

Assets	Cost Basis	Shares	Market Price Per Share	Principal Value	Investment Income	Market Value
T Rowe Price Retirement 2040	6,256,411.32	265,643.094	22.9600	6,099,165.44		6,099,165.44
T Rowe Price Retirement 2045	1,668,146.18	103,397.027	15.4100	1,593,348.19		1,593,348.19
T Rowe Price Retirement 2050	2,216,992.00	166,626.901	12.9400	2,156,152.10		2,156,152.10
T Rowe Price Retirement 2055	1,347,716.64	103,567.946	12.9200	1,338,097.86		1,338,097.86
American Century Equity Inc I	4,086,088.40	490,318.765	8.9000	4,363,837.01		4,363,837.01
MainStay S&P 500 Index Fund I	12,328,074.27	325,599.137	47.3400	15,413,863.15		15,413,863.15
The Growth Fund of America R6	12,423,662.17	286,329.699	41.6700	11,931,358.56		11,931,358.56
Artisan Mid Cap Fund (Instl)	6,338,150.77	134,273.802	41.8200	5,615,330.40		5,615,330.40
Davis New York Venture Fund(Y)	8,146,266.18	227,841.798	29.1900	6,650,702.08		6,650,702.08
Invesco Small Cap Value Y	2,215,971.21	108,233.259	15.7900	1,709,003.16		1,709,003.16
MainStay MAP Fund I	9,553,959.21	265,528.695	36.0000	9,559,033.02		9,559,033.02
Oakmark Select Fund (I)	5,671,397.22	156,495.709	38.3400	6,000,045.48		6,000,045.48
John Hancock Disc Val Mid Cap	6,783,352.19	356,931.487	19.7900	7,063,674.13		7,063,674.13

John Hancock Trust Company LLC

Dynetics, Inc. 401(k) Plan

ID#: 63-0670881 Plan: 002

For Period July 1, 2015 to July 3, 2016

ASSETS HELD FOR INVESTMENT

Assets	Cost Basis	Shares	Market Price Per Share	Principal Value	Investment Income	Market Value
Royce Smaller Co Growth Inst	2,933,770.01	189,302.206	11.1100	2,103,147.51		2,103,147.51
RS Small Cap Growth Fund Y	5,928,115.75	88,832.599	59.3800	5,274,879.73		5,274,879.73
Vanguard Sm Cap Index Fd Adm	10,776,785.20	193,279.713	55.6100	10,748,284.84		10,748,284.84
Artisan International Fd Inst	6,713,907.38	225,336.522	27.6500	6,230,554.83		6,230,554.83
Deutsche Global Small Cap I	3,537,032.39	77,976.355	36.3900	2,837,559.56		2,837,559.56
Oppenheimer Global Fund (Y) Oppenheimer Global Fund (Y)	7,859,233.75	110,671.096	69.3400	7,673,933.80		7,673,933.80
Brokerage Account	9,033,742.04	9,033,742.040	1.0000	9,033,742.04		9,033,742.04
Loan Fund (4.25% - 9.25%)	0					2,823,235.55
Total Assets Held for Investment	205,932,206.03	16,867,943.442		201,741,283.03	694,568.83	205,259,087.41

Loan Fund = Participant Loans

John Hancock Trust Company LLC

Dynetics, Inc. 401(k) Plan

ID#: 63-0670881 Plan: 002

For Period July 1, 2015 to July 3, 2016

5% TRANSACTIONS

Transaction	Transaction Dollar Amt	Shares Transacted	Cost	Realized Gain/Loss
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No reportable 5% transactions for this statement period.

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefits 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(a), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em;">2015</div> This Form Is Open to Public Inspection
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Annual Report Identification Information			
For calendar plan year 2015 or fiscal plan year beginning		7/1/2015	and ending
		6/30/2016	
A This return/report is for:	☐ a multiemployer plan;	☐ a multiple-employer plan (filers checking this box must attach a list of participating employer information in accordance with the form instructions); or	
	☒ a single-employer plan;	☐ a DFE (specify) _____	
B This return/report is:	☐ the first return/report;	☐ the final return/report;	
	☐ an amended return/report;	☐ a short plan year return/report (less than 12 months).	
C If the plan is a collectively-bargained plan, check here	☐		
D Check box if filing under:	☒ Form 5558;	☐ automatic extension;	☐ the DFVC program;
	☐ special extension (enter description)		

Basic Plan Information—enter all requested information											
1a Name of plan DYNETICS, INC 401 (K) PLAN AND TRUST	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">1b Three-digit plan number (PN)</td> <td style="width:50%;">002</td> </tr> <tr> <td>1c Effective date of plan</td> <td>6/21/1981</td> </tr> <tr> <td>2b Employer Identification Number (EIN)</td> <td>63-1276964</td> </tr> <tr> <td>2c Plan Sponsor's telephone number</td> <td>(258) 964-4000</td> </tr> <tr> <td>2d Business code (see instructions)</td> <td>541330</td> </tr> </table>	1b Three-digit plan number (PN)	002	1c Effective date of plan	6/21/1981	2b Employer Identification Number (EIN)	63-1276964	2c Plan Sponsor's telephone number	(258) 964-4000	2d Business code (see instructions)	541330
1b Three-digit plan number (PN)	002										
1c Effective date of plan	6/21/1981										
2b Employer Identification Number (EIN)	63-1276964										
2c Plan Sponsor's telephone number	(258) 964-4000										
2d Business code (see instructions)	541330										
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see Instructions) DYNETICS, INC. 1002 EXPLORER BLVD HUNTSVILLE AL 35806											

Electronic Filing Only

SIGN HERE

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.

<div style="text-align: center;"> Signature of plan administrator </div>	<div style="text-align: center;"> 04/11/2017 Date </div>	<div style="text-align: center;"> Randy C. Reynolds Enter name of individual signing as plan administrator </div>
<div style="text-align: center;"> Signature of employer/plan sponsor </div>	<div style="text-align: center;"> 4/11/17 Date </div>	<div style="text-align: center;"> Randy C. Reynolds Enter name of individual signing as employer or plan sponsor </div>
<div style="text-align: center;"> Signature of DFE </div>	<div style="text-align: center;"> Date </div>	<div style="text-align: center;"> Enter name of individual signing as DFE </div>
Preparer's name (including firm name, if applicable) and address (include room or suite number) Noel D. Tallon, CPA, PC Noel D Tallon PO Box 18037 Huntsville AL 35804		Preparer's telephone number (256) 533-1024

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

Form 5500 (2015)
v. 150123

3a Plan administrator's name and address ☐ Same as Plan Sponsor Dynetics, Inc. PO Drawer 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 1,799
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 988
a(2) Total number of active participants at the end of the plan year	6a(2) 1,060
b Retired or separated participants receiving benefits	6b
c Other retired or separated participants entitled to future benefits	6c 82
d Subtotal. Add lines 6a(2), 6b, and 6c.	6d 1,142
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e 11
f Total. Add lines 6d and 6e	6f 1,153
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 992
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 28
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E, 2P	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

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

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☐ **R** (Retirement Plan Information)
 (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
 (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1) ☒ **H** (Financial Information)
 (2) ☐ **I** (Financial Information - Small Plan)
 (3) ☐ **A** (Insurance Information)
 (4) ☒ **C** (Service Provider Information)
 (5) ☒ **D** (DFE/Participating Plan Information)
 (6) ☐ **G** (Financial Transaction Schedules)

Dynetics, Inc. 401(k) Plan

ID#: 63-0670881 Plan: 002

5% TRANSACTIONS

For Period July 1, 2015 to July 3, 2016

Transaction	Transaction Dollar Amt	Shares Transacted	Cost	Realized Gain/Loss
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No reportable 5% transactions for this statement period.

Dynetics, Inc. 401(k) Plan
ID#: 63-0670881 Plan: 002

For Period July 1, 2015 to July 3, 2016

ASSETS HELD FOR INVESTMENT

Assets	Cost Basis	Shares	Market Price Per Share	Principal Value	Investment Income	Market Value
Dynetics, Inc. 401(k) Plan SVO						
NYL Guaranteed Int. Acct. - / /	29,390,898.08			28,696,329.25	694,568.83	29,390,898.08
Total Dynetics, Inc. 401(k) Plan SVO	29,390,898.08			28,696,329.25	694,568.83	29,390,898.08
Loomis Sayles Bond Fund N	5,209,231.71	357,968.854	13.6200	4,875,535.79		4,875,535.79
Oppenheimer Limited Term Bnd Y	3,780,725.09	810,672.082	4.5900	3,720,984.86		3,720,984.86
PIMCO Total Return Instl	13,897,879.56	1,295,378.934	10.3600	13,420,125.76		13,420,125.76
T. Rowe Price Retire Bal	4,089,135.22	274,837.337	14.7800	4,062,095.84		4,062,095.84
T Rowe Price Retirement 2005	7,070.28	539.185	13.0500	7,036.36		7,036.36
T Rowe Price Retirement 2010	1,004,541.35	60,015.360	17.7100	1,062,872.03		1,062,872.03
T Rowe Price Retirement 2015	780,452.21	53,584.006	14.2700	764,643.77		764,643.77
T Rowe Price Retirement 2020	9,206,922.45	444,608.202	20.4200	9,078,899.48		9,078,899.48
T Rowe Price Retirement 2025	3,930,870.45	256,741.834	15.4300	3,961,526.50		3,961,526.50
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John Hancock Trust Company LLC

Dynetics, Inc. 401(k) Plan

ID#: 63-0670881 Plan: 002

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John Hancock Trust Company LLC

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Deutsche Global Small Cap I	3,537,032.39	77,976.355	36.3900	2,837,559.56		2,837,559.56
Oppenheimer Global Fund (Y) Oppenheimer Global Fund (Y)	7,859,233.75	110,671.096	69.3400	7,673,933.80		7,673,933.80
Brokerage Account	9,033,742.04	9,033,742.040	1.0000	9,033,742.04		9,033,742.04
Loan Fund (4.25% - 9.25%)	0					2,823,235.55
Total Assets Held for Investment	205,932,206.03	16,867,943.442		201,741,283.03	694,568.83	205,259,087.41

Loan Fund = Participant Loans

John Hancock Trust Company LLC