Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500-SF

2011

Inspection

This Form is Open to Public

OMB Nos. 1210-0110

1210-0089

Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of

Annual Report Identification Information For calendar plan year 2011 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the first return/report **B** This return/report is: the final return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number DMC INDUSTRIES, INC. PROFIT SHARING PLAN (PN) ▶ 001 1c Effective date of plan 01/01/2001 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number DMC INDUSTRIES, INC. 11-3377252 (EIN) 2c Sponsor's telephone number 631-588-9393 165 ORVILLE DRIVE, UNIT B BOHEMIA, NY 11716 2d Business code (see instructions) 423400 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 165 ORVILLE DRIVE, UNIT B 11-3377252 DMC INDUSTRIES, INC. BOHEMIA, NY 11716 **3c** Administrator's telephone number 631-588-9393 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN Sponsor's name 5a Total number of participants at the beginning of the plan year..... 5a **b** Total number of participants at the end of the plan year..... Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)..... **6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 184027 173526 Total plan assets..... 7a 0 7b Total plan liabilities..... 184027 173526 Net plan assets (subtract line 7b from line 7a)..... 7с Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 0 8a(1) (1) Employers 0 (2) Participants 8a(2) 0 (3) Others (including rollovers)..... 8a(3) -10501 **b** Other income (loss)..... 8b -10501 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с Benefits paid (including direct rollovers and insurance premiums 0 to provide benefits)..... 8d 0 Certain deemed and/or corrective distributions (see instructions) ... 8e 0 Administrative service providers (salaries, fees, commissions)....... 8f 0 Other expenses..... 8g 0 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h -10501 Net income (loss) (subtract line 8h from line 8c)..... 8i 0 Transfers to (from) the plan (see instructions)

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Page 2 -	1	
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Part IV	Plan	Characteri	stics
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- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

During the plan year:		Yes	No		Am	ount	
Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х				
Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
Was the plan covered by a fidelity bond?	10c		X				
Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X				
Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X				
Has the plan failed to provide any benefit when due under the plan?	10f		X				
Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х				
If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
VI Pension Funding Compliance	1						
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))						Yes	X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code							_
is also a dominou commodator. Plan cappost to also imministrating requirements of coolers. The course	0. 00.						יו 🔨
(If "Yes " complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)			02 01 2	_		J - ⁻ L	X
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver		and e	nter the	e date o	of the le	etter rulir	ng
		and e	nter the	e date o	of the le	etter rulir	ng
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	th	and e	nter the	e date o	of the le	etter rulir	ng
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructure granting the waiver	th	and e	nter the Day _	e date o	of the le	etter rulir	ng
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	th of a	and e	nter the Day _	e date o	of the le	etter rulir	ng
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	th of a	and e	nter the Day _	e date o	of the le	etter rulir	ng ——
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	th of a	and e	nter the Day _	e date d	of the le	etter rulir	ng
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing granting the waiver	of a	and e	nter the Day _	Yes	of the le	etter rulir	ng ——
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	of a	and e	nter the Day _	Yes	of the le	etter rulir	ng ——
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver. Monoyou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline?. VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year?	of a	and e	nter the Day _	Yes	of the le	etter rulir	ng N/A
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	of a	and e 3a	nter the Day _ 12b 12c 12d Ye	Yes	of the le	etter rulir	N/A
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver	of a	and e 3a	nter the Day _ 12b 12c 12d Ye	Yes	of the le	etter rulir	N/
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver	of a	and e	nter the Day _ 12b 12c 12d	Yes X	of the le	No	N/
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver	of a	and e	nter the Day _ 12b 12c 12d Ye	Yes X	of the le	etter rulir	N/
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver	of a	and e	nter the Day _ 12b 12c 12d	Yes X	of the le	No	N/

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	04/03/2012	JOHN CAPPELLINO
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	04/03/2012	JOHN CAPPELLINO
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short F 'm Annual Return/Report of Sma' 'mployee Benefit Plan

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

► Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

P	arti Annual Repor	t Identification Information								
or	the calendar plan year 2011 o	or fiscal plan year beginning	01/01	/2011	and ending	12/	/31/2011			
A	This return/report is for:	x a single-employer plan	a multiple-e	employer plan	(not multiemployer)	Г	a one-participant plan			
	This return/report is:	the first return/report	the final ret	turn/report						
	This retainineport is.	H	\sqsubseteq		anart (loss than 12 ma	nthe)				
		an amended return/report	=		eport (less than 12 mo	·······s)	DE 10			
С	Check box if filing under:	Form 5558	automatic e	extension		L	DFVC program			
		special extension (enter descrip	tion)							
P	art II Basic Plan Inf	formation enter all requested in	nformation.							
1a	Name of plan						hree-digit lan number			
	DMC Industries, Inc	c. Profit Sharing Plan					PN) ▶ 001			
		_				1c E	ffective date of plan			
						01/01/2001				
2a		ddress; include room or suite number	(employer, if for	r single-emplo	yer plan)		mployer Identification Numb	er		
	DMC Industries, Inc	z.					EIN) 11-3377252			
							lan sponsor's telephone num	nber		
	165 Orville Drive,	Unit B					631) 588-9393			
							usiness code (see instructio 23400	ns)		
US 20	Bohemia	NY 11716	enter "Como"\				dministrator's EIN			
sa	Same	and address (If same as plan sponsor,	enter Same)			35 /	diffillistrator's LIN			
						2- 1	1-			
						3C A	dministrator's telephone nur	nber		
4	If the name and/or EIN of the	e plan sponsor has changed since the	e last return/rep	ort filed for this	s plan, enter the	4b EIN				
а	Sponsor's Name	mber from the last return/report.				4c F	'n			
5a		at the beginning of the plan year				5a	2			
b	Total number of participants	s at the end of the plan year				5b	2			
C		account balances as of the end of the				Ea				
60						5c	2 	□No		
	ž.	s during the plan year invested in eligit f the annual examination and report of					Lies [
J		? (See instructions on waiver eligibility			· · · · · ·		XYes [No		
	If you answered "No" to e	ither 6a or 6b, the plan cannot use	Form 5500-SF	and must ins	tead use Form 5500.					
Pa	art III Financial Info	rmation								
7	Plan Assets and Liabilities			(a) B	eginning of Year		(b) End of Year			
а	Total plan assets		7a		184,027		173,5	526		
b	Total plan liabilities .		7b		0					
С	Net plan assets (subtract lin	ne 7b from line 7a)	7c		184,027		173,5	526		
В	Income, Expenses, and Tra				(a) Amount		(b) Total			
а	Contributions received or re-		90/4)		0					
	(1) Employers		8a(1)		0					
	, ,		8a(2)		0					
b	Other income (loss)	ers)	8a(3)		(10,501)	enc.				
C	, ,	1), 8a(2), 8a(3), and 8b)		P. M. Den	(10,301)	DENE.	Marinin de atamento de transce de la composição de la com	111		
d		ct rollovers and insurance premiums	•0	Edistral count had	desirability and the second second or south a trade to be second as the letter of the second as the second as		(10,50	11)		
			8d		0	1510				
е	Certain deemed and/or corre	ective distributions (see instructions)	8e		0					
f	Administrative service provide	ders (salaries, fees, commissions) .	8f		0					
g	Other expenses		8g		0		kata ja kildada saasa ka			
h	Total expenses (add lines 8	d, 8e, 8f, and 8g)	8h					0		
i	Net income (loss) (subtract	line 8h from line 8c)	8i	Last also March at the St			(10,50)1)		
j	Transfers to (from) the plan	(see instructions)	8j		0	tot and	Alle in the late is dealer to the later of the later	and make the		

Accepted to the	MANUAL CONTRACTOR OF THE PROPERTY OF THE PROPE							
Pa	TIV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 3D							
b	If the plan provides welfare benefits, enter the applicable welfare feature	re codes from the List of Plan Characteris	stic Co	odes	in the i	nstructions:		
Pa	Compliance Questions							
10	During the plan year:			Yes	No	An	nount	
а		ns within the time period described in			x			
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia		10a		^			
t	Were there any nonexempt transactions with any party-in-interest? (on line 10a.)	• • • • • • • • • • • • • • • • • • • •	10b		х			
			10c		x			
c			100					
	or dishonesty?		10d		х			
е								
	insurance services or other organization that provides some or all of instructions.)		10e		х			
f	Has the plan failed to provide any benefit when due under the plan?		10f		х			
ç	Did the plan have any participant loans? (If "Yes," enter amount as	of vear end.)	10g		х			
ř		•	.09					
	2520.101-3.)		10h		х	Black has not at an establish surred		
i 	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3		10i			Ballina Standari, James and Juan mai	addition as assumed in a consideration or constitution of the	
	tVI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requiremer 5500))						Yes X No	
12	Is this a defined contribution plan subject to the minimum funding re-	quirements of section 412 of the Code or	sectio	n 302	of ER	RISA?	Yes X No	
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicate	ole.)						
а								
14	granting the waiver		th		Day	' Ye	ear	
t.				Γ	12b			
					12c			
c		-			120			
•	negative amount)			. L	12d			
е	Will the minimum funding amount reported on line 12d be met by the	e funding deadline?				Yes [□N₀ □N/A	
Par	Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any prior yea	r?					Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the em			.[13a			
b	Were all the plan assets distributed to participants or beneficiaries, t	ransferred to another plan, or brought und	der the	e con	trol			
_	of the PBGC?						Yes X No	
С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	n this plan to another plan(s), identify the p	plan(s) to				
	13c(1) Name of plan(s):			13	c(2) E	IN(s)	13c(3) PN(s)	
					-(-/ -	(5)	(0)	
Cau	ion: A penalty for the late or incomplete filing of this return/report	will be assessed unless reasonable c	ause	is est	tablish	ned.		
SB o	er penalties of perjury and other penalties set forth in the instructions, I r Schedule MB completed and signed by an enrolled actuary, as well a f, it is true, correct, and complete.	declare that I have examined this return/reports the electronic version of this return/reports	eport, ort, an	inclu d to ti	ding, if ne bes	applicable, a t of my knowle	Schedule edge and	
125		3-13-12 John Cappell	inc					
SI	14.0			l ni~r	ina	nlan admini-t	rator	
15.5		Date Enter name of indi		signi	ing as	piari administi	ator	
SI		9 70 1000						
国业	Signature of employer/plan sponsor	Date Enter name of indi	ividual	signi	ing as	employer or p	lan sponsor	

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