Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

Pension B	enefit Guaranty Corporation	▶ Complete all entries in ac	cordance with the inst	ructions to the Form 550	0-SF.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Part I	Annual Report	Identification Information							
For calend	lar plan year 2012 or fis	scal plan year beginning 01/01/	2012	and ending	2/31/2	2012			
	turn/report is for:	a single-employer plan		plan (not multiemployer)	r) a one-participant plan				
B This re	turn/report is:	the first return/report	the final return/repo						
an amended return/report a short plan year return/report (less than 12 months)									
C Check	box if filing under:	X Form 5558	automatic extension	1		DFVC progra	ım		
		special extension (enter descr	iption)						
Part II	Basic Plan Info	rmation—enter all requested infe	ormation						
1a Name	of plan	·			1b	Three-digit			
DMC INDUS	STRIES, INC. PROFIT	SHARING PLAN				plan number			
						(PN) •	001		
			1c	Effective date o	•				
20 Dlan a		deservice de la companya de la compa			26	01/01			
	STRIES, INC.	dress; include room or suite numbe	er (employer, if for a sing	ie-empioyer plan)	20	Employer Identi (EIN) 11-33	77252		
					2c	Sponsor's telep	hone number		
165 ORVILI	LE DRIVE, UNIT B					631-58			
BOHEMIA,	NY 11716				2d	Business code	see instructions)		
						42340	00		
3a Plan a	administrator's name ar	nd address XSame as Plan Spons	or Name Same as P	lan Sponsor Address	3b	Administrator's	EIN		
					30	Administrator's	telephone number		
						Administrator 3	icicprioric number		
		e plan sponsor has changed since t	he last return/report filed	for this plan, enter the	4b	EIN			
	·	mber from the last return/report.			4.	DN			
	sor's name	at the headest and the also come			4c	PN T			
		at the beginning of the plan year			5a		2		
		at the end of the plan year			5b		2		
		account balances as of the end of t	. , ,	•	5c		2		
_		s during the plan year invested in e					X Yes No		
_	·	f the annual examination and report	•	*					
		? (See instructions on waiver eligibi					X Yes No		
If you	ı answered "No" to ei	ther line 6a or line 6b, the plan c	annot use Form 5500-S	F and must instead use	Form	5500.			
		or incomplete filing of this return							
		her penalties set forth in the instruc							
	edule MB completed at true, correct, and comp	nd signed by an enrolled actuary, a olete.	s well as the electronic v	rersion of this return/report	i, and i	to the best of my	knowledge and		
,				<u> </u>					
SIGN HERE	Filed with authorized/	valid electronic signature.	09/12/2013	JOHN CAPPELLINO					
HEKE	Signature of plan a	dministrator	Date	Enter name of individ	ual sig	ning as plan adr	ninistrator		
SIGN HERE	Filed with authorized/	valid electronic signature.	09/12/2013	JOHN CAPPELLINO					
Signature of employer/plan sponsor Date Enter name of individual signing as empl									
Preparer's	name (including firm n	name, if applicable) and address; in	clude room or suite num	ber (optional)	Prep	arer's telephone	number (optional)		

Form 5500-SF 2012 Page **2**

Do	Part III Financial Information									
_ <u>Pa</u>			(a) De alamba a a (Va				/b) F	- ()/		
	Plan Assets and Liabilities	_	(a) Beginning of Yea		(b) End of					
_ <u>a</u>	Total plan assets	7a	17352		204258					
	Total plan liabilities Net plan assets (subtract line 7b from line 7a)	7b	47050	0	+	,			0	
		7c	17352	.0	204258			3		
<u>8</u> a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b)	<u> Fotal</u>		
	(1) Employers	8a(1)		0						
	(2) Participants	8a(2)		0						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b	3073	2						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							30732	<u>)</u>
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0						
e	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		0						
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								0
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							3073	2
<u>j</u> _	Transfers to (from) the plan (see instructions)	8j		0						
Pa	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 3D	feature co	des from the List of Plan Char	acteris	tic Co	des in	the instru	ctions	3:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cteristi	c Cod	les in t	he instruct	tions:		
Par	V Compliance Questions									
10	During the plan year:				Yes	No		Am	ount	
а	Was there a failure to transmit to the plan any participant contribute 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		X				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	•	10b		X				
c	Was the plan covered by a fidelity bond?			10c		X				
d	· · · · · · · · · · · · · · · · · · ·	fidelity bo	nd, that was caused by fraud	10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth			.00						
	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See			X				
	instructions.)			10e						
	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
9			<u> </u>	10g		X				
h	2520.101-3.)	•••••		10h		X				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i						
Par	VI Pension Funding Compliance									
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)										
11a	a Enter the amount from Schedule SB line 39									
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction 3	302 of	ERISA?		Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applic	able.)							
a	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver Month Day Year									
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.				1			
b	Enter the minimum required contribution for this plan year					12b				

	Form 5500-SF 2012 Page 3 - 1			
	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	1 3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and 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

2012

This Form is Open to Public Inspection

題:	art I	Annual Report	Identification Information							
		r plan year 2012 or fi	scal plan year beginning	01/01/2012	and ending	12,	/31/2012			
Α	This retu	urn/report is for:	x a single-employer plan	a multiple-employer	plan (not multiemployer)					
В	This retu	urn/report is:	the first return/report	the final return/repor	1					
			an amended return/report	a short plan year reti	urn/report (less than 12 m	nonths)				
С	Check b	ox if filing under:	x Form 5558	automatic extension		Π	DFVC progra	ım		
			special extension (enter descrip				j D. VO progra			
P	art II	Basic Plan Info	prmation enter all requested in	- 1						
1a	Name	of plan		- Communication		1b T	hree-digit			
	DMC I	Industries, Ind	c. Profit Sharing Plan			р	lan number PN) ▶	001		
							ffective date o			
20	Di					0	1/01/2001			
2a	DMC 1	oonsor's name and ac Industries, Inc	ddress; include room or suite number c .	r (employer, if for a singl	e-employer plan)		mployer identi EIN) 11-33	fication Number 77252		
							ponsor's telep			
	165 (Drville Drive,	Unit B				631) 588-9			
	Bohen		NY 11716			4.	23400	(see instructions)		
sa	Plan ac	iministrator's name a	nd address 🗓 Same as Plan Spon	sor Name Same as	Plan Sponsor Address	3b A	dministrator's I	EIN		
						3c Administrator's telephone number				
4	If the n	ame and/or EIN of the	e plan sponsor has changed since th nber from the last return/report.	e last return/report filed	for this plan, enter the	4b EIN				
а		or's name	inder from the last return/report.	2		4c PI	N			
5a	Total n	umber of participants	at the beginning of the plan year			5a		2		
b	Total n	umber of participants	at the end of the plan year	••••••	•••••	5b		2		
С	Numbe comple	r of participants with a	account balances as of the end of the	e plan year (defined ben	efit plans do not	5c		2		
6a			during the plan year invested in elig		***************************************		••••••	X Yes No		
b	Are you	u claiming a waiver of	the annual examination and report of	of an independent qualifi	ed public accountant (IQF	PA)				
			' (See instructions on waiver eligibilit ther line 6a or line 6b, the plan car		and much instead			X Yes No		
Ca			or incomplete filing of this return/							
Un	der pena	alties of perjury and of	ther penalties set forth in the instruct	ions. I declare that I hav	e examined this return/re	port inc	luding if applic	cable a Schedule		
SB	or Sche	dule MB completed a	ind signed by an enrolled actuary, as	well as the electronic v	ersion of this return/repor	t, and to	the best of my	knowledge and		
		CONTECT, and COM	ipicie.		I					
	GN 🛂	1		9/1/2013	John Cappellino					
	LAE SI	grature of plan adm	inistrator	Date	Enter name of individua	l signing	as plan admir	nistrator		
	GN -			9/1/2013	John Cappellino					
HERE Signature of employer/plan sponsor Preparer's name (including firm name, if applicable) and address; include			Date	Enter name of individua	nter name of individual signing as employer or plan sp					
FIE	parer s r	iame (including firm r	name, ir applicable) and address; inc	lude room or suite numb	er (optional)	Prepare	er's telephone i	number (optional)		
				30						
				8.			77	to what have		

Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	r	(b) End of Year				
а	Total plan assets	7a	173,5		204,2				
b	Total plan liabilities	7b	•	0		0			
С	Net plan assets (subtract line 7b from line 7a)	7c	173,5	26		204,258			
8	Income, Expenses, and Transfers for this Plan Year	松州家	(a) Amount			(b) Total			
а	Contributions received or receivable from: (1) Employers	0-(4)		^					
	(2) Participants	8a(1)		0					
1)	(3) Others (including rollovers)	8a(2)		0	2.3				
b	Other income (loss)	8a(3) 8b	30,7	<u> </u>					
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c) Z	N.	and the same	20.720		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	The first and the second of the second secon	0			30,732		
е	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f		0					
g	Other expenses	8g		0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		7		the state of the s	a makan ining terbanasi ti hali dipu kinining ni manakan ana ana ana kananan mananan ana ana manang manakinakin O		
i	Net income (loss) (subtract line 8h from line 8c)	8i	MARINE EN TORISM		ğ		30,732		
j	Transfers to (from) the plan (see instructions)	8j	the site of a control of the state of the st	0					
Pa	Plan Characteristics				Report Publication and Asset		elikarjangan ing menjang pentuahkan menjang pentuah dalah dan di pentuah dalah dalah dalah dalah dalah dalah d		
9a	If the plan provides pension benefits, enter the applicable pension for 2E 3D	eature code	es from the List of Plan Charac	teristi	c Cod	es in	the instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature code:	s from the List of Plan Characte	eristic	Code	s in th	ne instructions:		
Pa	Compliance Questions		•						
10	During the plan year:				Yes	No	Amount		
а	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	tions withir	the time period described in ction Program)	10a		х			
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)			10b		х			
С	Was the plan covered by a fidelity bond?			10c		х			
d	Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?			10d		х			
е	Were any fees or commissions paid to any brokers, agents, or othe insurance service or other organization that provides some or all o								
	instructions.)			10e		х			
f	Has the plan failed to provide any benefit when due under the plan	1?		10f		х			
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10g		х			
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	See instru	ctions and 29 CFR	10h		х			
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			10i					
Pa	Pension Funding Compliance						Adding your product of the control of the product of the control o		
11									
11	Enter the amount from Schedule SB line 39								
12	Is this a defined contribution plan subject to the minimum funding r	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?							
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,								
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver								
<u>If</u>	you completed line 12a, complete lines 3, 9, and 10 of Schedule								
b	Enter the minimum required contribution for this plan year			•••••		12b			

	Form 5500-SF 2012 Page 3-							
С	Enter the amount contributed by the employer to the plan for this plan year		12c					
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the lengative amount)	ft of a	12d					
<u>e</u>	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes [□ No □ N/A			
Part	Plan Terminations and Transfers of Assets							
<u>13a</u>	Has a resolution to terminate the plan been adopted in any plan year?		□ Ye	es X N	0			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough of the PBGC?	t under the co	ontrol	rol Yes X				
С								
1	3c(1) Name of plan(s):	13c	(2) EIN(s)	13c(3) PN(s)			
	Tarant last a marking that it is a last a marking the same of the							
Fell	Trust Information (optional)							
14a I	Name of trust	14b Trust's EIN						