For	m 5500-SF	Short Form Annual Re		of Small Employ	/ee		OMB Nos. 1210-0110 1210-0089	
Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employ					•	2	2013	
Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 605 Employee Benefits Security Administration the Internal Revenue Code (the Code).						This Form i	s Open to Public	
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.								
Part I		entification Information			0/04/	2040		
_	ar plan year 2013 or fisca				2/31/2			
	urn/report is for:		1 1 9 1	an (not multiemployer)		a one-partici	bant plan	
B This ret	urn/report is:		ne final return/report	francet (loss than 12 m	ntha)			
				n/report (less than 12 mo	onths)	—		
	box if filing under:		utomatic extension			DFVC progra	4111	
Part II	Basic Plan Inform	special extension (enter description) nation—enter all requested information						
1a Name		nation —enter all requested information	011		1b	Three-digit		
	TRIES, INC. PROFIT SH	HARING PLAN				plan number		
					4.	(PN) •	001	
					IC	Effective date o	•	
		ess; include room or suite number (em	ployer, if for a single-	employer plan)	2b	Employer Identi		
DMC INDUS	TRIES, INC.					(====)	77252	
					2c	Sponsor's telep		
165 ORVILL BOHEMIA, N	E DRIVE, UNIT B JY 11716				2d	631-588-9393 Business code (see instructions)		
,					zu	42340	,	
3a Plan a	dministrator's name and	address XSame as Plan Sponsor Nar	me Same as Plan	Sponsor Address	3b	Administrator's	EIN	
		_	—		20	A		
					30	Administrators	telephone number	
4 If the r	ame and/or FIN of the n	lan sponsor has changed since the las	t return/report filed fo	or this plan, optor the	4h	EIN		
		per from the last return/report.	treturn/report med to		4IJ			
a Sponse					4c	PN		
		the beginning of the plan year			5a		2	
		the end of the plan year			5b		2	
		count balances as of the end of the pla			5c		2	
6a Were	all of the plan's assets d	luring the plan year invested in eligible	assets? (See instruct	tions.)			X Yes No	
		ne annual examination and report of an					X Yes No	
	•	See instructions on waiver eligibility an er line 6a or line 6b, the plan cannot	,				X Yes No	
-		plan, is it covered under the PBGC insu			_		Not determined	
		incomplete filing of this return/repo		,			1	
		r penalties set forth in the instructions,					able a Schedule	
SB or Sche	dule MB completed and	signed by an enrolled actuary, as well						
Dellet, it is t	rue, correct, and comple	ite.						
SIGN	Filed with authorized/va	lid electronic signature.						
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ual sig	ning as plan adr	ninistrator	
SIGN								
HERE	Signature of employe		Date	Enter name of individu	-			
Preparer's	name (including firm nan	ne, if applicable) and address; include i	room or suite number	r (optional)	Prep	arer's telephone	number (optional)	

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Par	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End	of Ye	ear		
а	Total plan assets	7a	20425	8				2	66744		
b	Total plan liabilities	7b		0			0				
С	Net plan assets (subtract line 7b from line 7a)	7c 20425						2	66744		
8	me, Expenses, and Transfers for this Plan Year (a) Amount						(b) T	otal			
а	Contributions received or receivable from: (1) Employers	8a(1)		0							
	(2) Participants										
	(3) Others (including rollovers)	8a(3)		0							
b	Other income (loss)	8b	6248	6							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							62486		
_	Benefits paid (including direct rollovers and insurance premiums										
	to provide benefits)	8d		0							
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			_				C		
	Net income (loss) (subtract line 8h from line 8c)	8i			_				62486	5	
	Transfers to (from) the plan (see instructions)	8j		0							
Par	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension $2E$ 3D	feature co	des from the List of Plan Chara	acterist	tic Co	des in	the instruc	tions	:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	aturo cod	os from the List of Plan Chara	etorieti	c Cod	os in t	no instructi	one:			
D	In the plan provides wehare benefits, enter the applicable wehare it			SIGNSIN	5 000	65 11 1		0115.			
Part V Compliance Questions											
10	During the plan year:				Yes	No		Amo	unt		
а	Was there a failure to transmit to the plan any participant contribu			10a		Х					
b	 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 					Х					
c	Was the plan covered by a fidelity bond?			10b 10c		Х					
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd that was caused by fraud								
	or dishonesty?		-	10d	$ \rightarrow $	Х					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all					х					
	instructions.)			10e							
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х					
h	If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR			х					
<u> </u>	2520.101-3.)			10h	\rightarrow	~					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CER 2520 10	•		10i							
exceptions to providing the notice applied under 29 CFR 2520.101-3 10i Part VI Pension Funding Compliance											
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	X No	
11a	Enter the unpaid minimum required contribution for current year fr					11a		- -			
12	Is this a defined contribution plan subject to the minimum funding						ERISA?		Yes	X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,										
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instruc		and e	enter th Day	e date of t	he le Yea		ing	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedul					Duy					
-	Enter the minimum required contribution for this plan year					12b					

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

Form 5500-SF Short Form Annual Return/Report of Small Emplo					/ee OMB Nos. 1210-01			
Department of the Treasury Internal Revenue Service	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employe					2013		
Department of Labor	Retirement Income Security Act o	Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058						
Employee Benefits Security Administration Pension Benefit Guaranty Corporation	mployee Benefits Security Administration the Internal Revenue Code (the Code). Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 55					is Open to Public spection		
Part II Annual Report Ic	ictions to the Form 550	0-SF.						
For calendar plan year 2013 or fisca		01/01/2013	and ending	12	/31/2013	·		
A This return/report is for:	a single-employer plan		plan (not multiemployer)		a one-particip	ant olan		
B This return/report is:	the first return/report	the final return/report		L_	l a oue-bannek			
	an amended return/report	•	ırn/report (less than 12 m	ontho)				
			inmeport (less that 12 m	ioniins) E				
C Check box if filing under:	special extension (enter description	automatic extension		L	DFVC progra	m		
Part II Basic Plan Inform 1a Name of plan	mation enter all requested inform	mation		1 1h 	hree-digit			
-					lan number			
DMC Industries, Inc.	Profit Sharing Plan			(PN) ► 001				
					ffective date of 1/01/2001	r plan		
2a Plan sponsor's name and addr	ress; include room or suite number (e	mployer, if for a singl	e-employer plan)			fication Number		
DMC Industries, Inc.					EIN) 11-33			
					ponsor's telepi (631) 588-9			
165 Orville Drive, U	DIT B			2d B		(see instructions)		
US Bohemia 3a Plan administrator's name and	NY 11716 address X Same as Plan Sponso	Nome Clame er	Dian Cranner Address		dministrator's			
Ja Flan aunimistrator s name and	address [x] Same as Plan Sponso	r warne 🔝 Same as	Plan Sponsor Address	JU A	aministrator's I			
				20 4				
1				JU A	aministrators	elephone number		
	· · · · · · · · · · · · · · · · · · ·							
	plan sponsor has changed since the I	ast return/report filed	for this plan, enter the	4b ∈	IN			
name, EIN, and the plan numb a Sponsor's name	per from the last return/report.			4C P	AI .			
	t the beginning of the plan year		· · · · · · · · · · · · · · · · · · ·			2		
	t the end of the plan year			5b		2		
• •	ccount balances as of the end of the p							
				<u>5</u> c		2		
-	luring the plan year invested in eligible	-		•••••••	********	X Yes No		
	he annual examination and report of a See instructions on waiver eligibility a	• •	ed public accountant (rot	-A)		XYes No		
•	er line 6a or line 6b, the plan canno		and must instead use	Form 5	500.	·		
	plan, is it covered under the PBGC in					Not determined		
Caution: A penalty for the late of	r incomplete filing of this return/re	port will be assesse	d unless reasonable ca	use is e	stablished.	·····		
	er penalties set forth in the instruction					cable, a Schedule		
SB or Schedule MB completed and belief, it is true, correct, and compl	d signed by an enrolled actuary, as w lete.	ell as the electronic v	ersion of this return/repor	t, and to	o the best of m	y knowledge and		
SIGN X	N N	1x 5-22-201	John Cappellino					
HERE Signature of plan admin	nistrator	Date	Enter name of individua	al signing	a as plan admir	nistrator		
Lessing.			John Cappellino		<u>, k</u>			
SIGN F HERE Signature of employer/r	vian sponsor	Date	Enter name of individua	al signing	as employer	or plan sponsor		
	ame, if applicable) and address; includ				<u> </u>	number (optional)		
	· · · ·			-	·			
				Internet Maria P	TANKS CONTRACTOR STOR	ر. 22 مېرىسىدە ، ، ، ، مەروخەن كىن 10 روپى		
					1.16-26	18 . J. H.		
For Paperwork Reduction Act N	otice and OMB Control Numbers, s	ee the instructions	for Form 5500-SF.		F	orm 5500-SF (2013)		

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Part'III Financial Information

<u> </u>		128 Par 1							
_	Plan Assets and Liabilities	and the	(a) Beginning of Year				(b) End o	f Year	
-	Total plan assets	7a	204,258		-			266,744	
<u> </u>	Total plan liabilities	7b		0				0	
-	Net plan assets (subtract line 7b from line 7a)	7c	204,2	58				266,744	
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	ATTACK S	(a) Amount			17. 18. 19	(b) To		
	(1) Employers	8a(1)	0		1.0	×	370 Ten	and the second	
	(2) Participants	8a(2)	0					and Maria	
	(3) Others (including rollovers)	8a(3)		0	* 19-12 Marthanese			in termination of	
	Other income (loss)	8b	62,48	36				Charles and the same	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	must mission to so ?	New root				62,486	
	Benefits paid (including direct rollovers and insurance premiums					at . d5.			
	to provide benefits)	8d		0					
-	Certain deemed and/or corrective distributions (see instructions)	8e		0				de manterio	
	Administrative service providers (salaries, fees, commissions)	8f		0					
	Other expenses	8g	 เพียง 10 การประการประเทศการประเทศการประเทศสารประเทศสารประเทศสารประเทศสารประเทศสารประเทศสารประเทศสา เป็นเป็นเป็นเป็นเป็นเป็นเป็นเป็นเป็นเป็น	0	in the second				
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	Aur and the second states		ļ			0	
	Net income (loss) (subtract line 8h from line 8c)	8i	The Little of Linear sea				1. J. M. S. 199 196 1	62,486	
	Transfers to (from) the plan (see instructions)	8j		0	ે સ્થપ્ર			Street A	
· · · ·	rt, IV. Plan Characteristics								
	If the plan provides welfare benefits, enter the applicable welfare fea	ature code	s from the List of Plan Characte	eristic (Codes	s in th	e instruction	ns:	
Pa	rt V Compliance Questions				 ,		r · · ·		
10	During the plan year:								
				<u> </u>	Yes	No	, <i>,</i>	mount	
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidua	ciary Corre	ction Program)	10a	Yes	NO X			
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduo Were there any nonexempt transactions with any party-in-interest on line 10a.)	ciary Corre ? (Do not i	ction Program)		Yes		F		
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond?	ciary Corre ? (Do not i	ction Program)	10a	Yes	x			
a b	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	ciary Corre ? (Do not i fidelity bor	ction Program) nclude transactions reported nd, that was caused by fraud	10a 10b	Yes	x x			
a b c	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's	ciary Corre ? (Do not i fidelity bor her persons	ction Program) nclude transactions reported nd, that was caused by fraud s by an insurance carrier,	10a 10b 10c	Yes	x x x			
a b c d	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all	ciary Corre ? (Do not i fidelity bor ner persons of the ben	ction Program) nclude transactions reported 	10a 10b 10c 10d	Yes	X X X			
a b c d e	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	ciary Corre ? (Do not i fidelity bor mer persons of the ben n?	ction Program) nclude transactions reported and, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10a 10b 10c 10d 10e 10f		x x x x			
a b c d e	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan	ciary Corre ? (Do not i fidelity bor of the beno of the beno s of year e (See instru	ction Program) nclude transactions reported 	10a 10b 10c 10d		X X X X X X			
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a b c d e f f h	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? (2520.101-3.)	ciary Corre ? (Do not i fidelity bor of the ben of the ben n? s of year e (See instru	ction Program) nclude transactions reported and, that was caused by fraud s by an insurance carrier, efits under the plan? (See and.) and.) and.) and.) and.) and.) and.) and 29 CFR anotice or one of the	10a 10b 10c 10d 10d 10f 10g 10h		X X X X X X X			
a b c d e f g h i	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.107 t.VI. Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem	ciary Corre ? (Do not i fidelity bor her persons of the bend n?	ction Program) nclude transactions reported include transactions reported ind, that was caused by fraud is by an insurance carrier, efits under the plan? (See ind.) ind.) ind.) ictions and 29 CFR indice or one of the Yes," see instructions and compared	10a 10b 10c 10d 10d 10f 10f 10h 10h	ched	x x x x x x			
a b c d e f g h i Par 11	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.107 t.VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ciary Corre ? (Do not i fidelity bor her persons of the bend n? s of year e (See instru he required 1-3	ction Program) nclude transactions reported and, that was caused by fraud s by an insurance carrier, efits under the plan? (See and.) rctions and 29 CFR d notice or one of the Yes," see instructions and comp	10a 10b 10c 10d 10d 10f 10f 10h 10h	chedi	x x x x x x x x ule SE			
a b c d e f g h i l Par 11	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.107 t.VI. Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ciary Corre ? (Do not i fidelity bor her persons of the bend n? s of year e (See instru- he required 1-3 hents? (If "	ction Program) nclude transactions reported nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See end.) end.) inctions and 29 CFR I notice or one of the Yes," see instructions and compute set of the set of t	10a 10b 10c 10d 10d 10f 10g 10h 10i	chedi	x x x x x x x x 11a	3 (Form	Yes X No	
a b c d e f g h i Par 11	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.107 t.VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ciary Corre ? (Do not i fidelity bor her persons of the bend n?	ction Program) nclude transactions reported include transactions reported ind, that was caused by fraud is by an insurance carrier, efits under the plan? (See ind.) inotice or one of the	10a 10b 10c 10d 10d 10f 10g 10h 10i	chedi	x x x x x x x x 11a	3 (Form		
a b c d d e f f f h i l 29 h	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.107 t.VI. Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ciary Corre ? (Do not i fidelity bor mer persons of the ben s of year e (See instru he required 1-3 ments? (If " om Sched requireme , as applic ng amortizo	ction Program) nclude transactions reported include transactions reported ind, that was caused by fraud is by an insurance carrier, effits under the plan? (See ind.) ind.) ind.) indice or one of the Yes," see instructions and comp ule SB (Form 5500) line 39 ints of section 412 of the Code of able.) ed in this plan year, see instruction	10a 10b 10c 10d 10d 10f 10g 10h 10i 10i 50lete S	chedd	x x x x x x x x x x x x 2 2 of f	3 (Form ERISA?	Yes No Yes No	
a b c d f g h i i Par 11 11a 12 a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10 t.VI. Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ciary Corre ? (Do not i fidelity bor her persons of the bend n? s of year e (See instru- he required 1-3 hents? (If " om Sched requireme , as application and amortize	ction Program) nclude transactions reported and, that was caused by fraud s by an insurance carrier, effits under the plan? (See and.) anotice or one of the Yes," see instructions and compare ule SB (Form 5500) line 39 ants of section 412 of the Code cable.) ed in this plan year, see instruct	10a 10b 10c 10d 10d 10f 10g 10h 10i 10i 50lete S	chedd	x x x x x x x x x x x x 2 2 of f	3 (Form ERISA?	Yes No Yes No	

F	Form 5500-SF 2013	3				
C Ente	er the amount contributed by the employer to the plan for this plan year		12c			
d Sub nega	ptract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus s ative amount)	ign to the left of a	12d			
	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes 🗌] No [
Part VII	Plan Terminations and Transfers of Assets					
13a Has	a resolution to terminate the plan been adopted in any plan year?	*******	Ye	s 🗷 No	>	
lf "Y	es," enter the amount of any plan assets that reverted to the employer this year	****	13a	,		
	re all the plan assets distributed to participants or beneficiaries, transferred to another plan ne PBGC?			C] Yes	X No
	uring this plan year, any assets or liabilities were transferred from this plan to another plan ch assets or liabilities were transferred. (See instructions.)	n(s), identify the plan(s) to)			
13c(1)) Name of plan(s):	13c	(2) EIN(s)	13c(3)	PN(s)
Part VIII	Trust Information (optional)					

14a Name of trust	14b Trust's EIN