Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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).

2014

ZU14
This Form is Open to

OMB Nos. 1210-0110

1210-0089

Public Inspection Pension Benefit Guaranty Corporation ▶ Complete all entries in accordance with the instructions to the Form 5500-SF **Annual Report Identification Information** For calendar plan year 2014 or fiscal plan year beginning and ending 12/31/2014 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the first return/report the final return/report **B** This return/report is an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Part II 1a Name of plan **1b** Three-digit DMC INDUSTRIES, INC. PROFIT SHARING PLAN plan number (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. (EIN) 11-3377252 Sponsor's telephone number 631-588-9393 165 ORVILLE DRIVE, UNIT B BOHEMIA, NY 11716 Business code (see instructions) 423400 **3a** Plan administrator's name and address XSame as Plan Sponsor. Administrator's EIN **3c** Administrator's telephone number 4b EIN 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 4c PN Total number of participants at the beginning of the plan year 5a **b** Total number of participants at the end of the plan year..... 5b Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c complete this item) d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 2 d(2) Total number of active participants at the end of the plan year..... 5d(2) 2 e Number of participants that terminated employment during the plan year with accrued benefits that were 0 5e less than 100% vested. 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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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 Filed with authorized/valid electronic signature **SIGN HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN **HERE** Enter name of individual signing as employer or plan sponsor Signature of employer/plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional) Preparer's telephone number (optional)

	Form 5500-SF 2014		Page 2					
b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann	an indeper and condit ot use Fo	ndent qualified public accounta ions.) rm 5500-SF and must instea	nt (IQ	PA) Form	5500.	X Yes No	
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40	21)?		Yes	No Not determined	
Par	t III Financial Information	1	<u>r</u>					
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year	
a	Total plan assets	7a	2667				288888	
b	Total plan liabilities	7b		0			0	
C	Net plan assets (subtract line 7b from line 7a)	7c	2667	7 44			288888	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
а	Contributions received or receivable from:	90(1)		0				
	(1) Employers	8a(1) 8a(2)		0				
-				0				
	(3) Others (including rollovers)	8a(3) 8b	221					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					22144	
	Benefits paid (including direct rollovers and insurance premiums	- OC					22111	
	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				
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					0	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					22144	
j	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	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:	
	2E 3D							
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Cod	es in t	he instructions:	
Part	V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
	Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period described in		100	-110	Amount	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu		•	10a		X		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	·	10b		Χ		
С	Was the plan covered by a fidelity bond?			10c		X		
d	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		
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		X		
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			10g	Χ		64837	
h				iug			04007	
	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				
Part	Part VI Pension Funding Compliance							
11								
11a	Enter the unpaid minimum required contribution for current year fr					11a		
12	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA? Yes X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,							
	If a waiver of the minimum funding standard for a prior year is beir		•	rtions	and e	nter th	ne date of the letter ruling	

......Month

Day

Year

granting the waiver.

	Form 5500-SF 2014	Page 3 - 1			
lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to line 13.			
b	Enter the minimum required contribution for this plan year		12b		
С	Enter the amount contributed by the employer to the plan for this plan year		12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result negative amount)	-	1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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?		🔲 Y	′es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer the	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?	inder the control		Yes X No	
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify th	e plan(s) to		
1	3c(1) Name of plan(s):		13c(2) EI	N(s)	13c(3) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

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

2014

This Form is Open to Public Inspection

-	arcı Annuai Kepor	t luentinication information						
For	calendar plan year 2014 or f	iscal plan year beginning	01/01/2014	and ending	12/31/201	4		
A	This return/report is for:	🕱 a single-employer plan	of participating emp	plan (not multiemployer) loyer information in accor				
D ===	This saturn/sanast is:	a one-participant plan	a foreign plan	4				
D	This return/report is:	the first return/report	the final return/repo					
		an amended return/report	a short plan year ret	urn/report (less than 12 n	nonths)			
C	Check box if filing under:	Form 5558 special extension (enter descrip	automatic extension		DFVC pro	ogram		
		<u> </u>	•					
_		ormation enter all requested in	formation		4h Than diak			
Ia	Name of plan				1b Three-digit plan numbe	r		
	DMC Industries, In	nc. Profit Sharing Plan			(PN) ►	001		
					1c Effective date of plan			
20	Discourage same and a		. / 1	la caralavas alas)	01/01/20			
2a	DMC Industries, In	address; include room or suite number	(employer, it for a sing	ie-employer plan)	(EIN) 11-	lentification Number		
	·				1 _ ` ′			
					(631) 58	elephone number 8-9393		
	165 Orville Drive, Unit	. В				de (see instructions)		
	US Bohemia NY 11716				423400	,		
3a	Plan administrator's name	and address 🕱 Same as Plan Spon	sor Name	***************************************	3b Administrate	or's EIN		
					3c Administrate	or's telephone number		
]			
4		ne plan sponsor has changed since th	e last return/report filed	for this plan, enter the	4b EIN			
	•	imber from the last return/report.						
	Sponsor's name				4c PN			
	• •	s at the beginning of the plan year			5a	2		
b		s at the end of the plan year			5b	2		
С		account balances as of the end of the			5c	2		
d(articipants at the beginning of the plan			5d(1)	2		
d(2) Total number of active pa	articipants at the end of the plan year			5d(2)	2		
		terminated employment during the pl			<u> </u>			
е	less than 100% vested	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	***************************************		5e	0		
Ca	ution: A penalty for the late	or incomplete filing of this return/	report will be assess	ed unless reasonable ca	use is established	<u> </u>		
Un	der penalties of perjury and	other penalties set forth in the instruct	ions, I declare that I ha	ve examined this return/re	eport, including, if a	pplicable, a Schedule		
	or Schedule MB completed lief, it is true, correct, and cor	and signed by an enrolled actuary, as	well as the electronic	ersion of this return/repo	rt, and to the best o	of my knowledge and		
	w. \\\.	npiete.	1 -1 /1 /	Τ				
ı SI	GN Y I		13/25/15	John Cappellino	· · · · · · · · · · · · · · · · · · ·			
<u></u>	ERE Signature of plan add	ministrator	Date	Enter name of individua	al signing as plan a	dministrator		
	GN ×		*	John Cappellino				
	ERE Signature of employe	er/plan sponsor	Date 3/25/1≤	Enter name of individua	al signing as emplo	yer or plan sponsor		
Pre	eparer's name (includiby firm	name, if applicable) and address; inc	lude room or suite num	ber (optional)	Preparer's telepho	one number (optional)		
1								

	Form 5500-SF 2014		Page 2		=				
6a	Were all of the plan's assets during the plan year invested in eligible	Nere 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)								
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.						Yes No		
C	If the plan is a defined benefit plan, is it covered under the PBGC in						s No Not determined		
Pa	art III Financial Information	<u> </u>		<u>'</u>		<u>-</u>			
7	Plan Assets and Liabilities	1 NEW . +	(a) Beginning of Year	r	T		(b) End of Year		
а	Total plan assets	7a	266,7				288,888		
b	Total plan liabilities	7b		0			0		
C	Net plan assets (subtract line 7b from line 7a)	7с	266,7	44	<u> </u>		288,888		
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	Miles Line	(a) Amount		F		(b) Total		
	(1) Employers	8a(1)		0	×1.	3. 34.2	in attractions		
	(2) Participants	8a(2)		0			The contract concrete and		
<u>_</u>	(3) Others (including rollovers)	8a(3)		0			A CONTRACTOR OF THE PARTY OF TH		
b	Other income (loss)	8b 8c	22,1			THINE	A PROPERTY OF THE PARTY OF THE		
d	Benefits paid (including direct rollovers and insurance premiums	00				- 1,	22,144		
	to provide benefits)	8d		0			THE STATE OF THE S		
e	Certain deemed and/or corrective distributions (see instructions)	8e		0		A STATE OF THE PARTY OF THE PAR			
g	Administrative service providers (salaries, fees, commissions) Other expenses	8f 8g		0		And the second s			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	and the later and the		-	100011172	O CONTRACTOR OF THE PARTY OF TH		
i	Net income (loss) (subtract line 8h from line 8c)	8i	Total Control of the				22,144		
辶	Transfers to (from) the plan (see instructions)	8j		0	- Mari	4 Jan	The last transition of the last of the las		
Pa	nt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension for	eature cod	es from the List of Plan Charac	teristi	c Cod	es in t	he instructions:		
\dashv	2E 3D								
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	e instructions:		
Pa	irt V 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			10a		x	•		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		x			
С	Was the plan covered by a fidelity bond?	********	***************************************	10c		x			
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		x			
е	Were any fees or commissions paid to any brokers, agents, or oth	er persons	s by an insurance carrier,						
	insurance service, or other organization that provides some or all instructions.)		• • •	10e		x			
f				10f		X			
				10g	х		64,837		
h		See instru	ictions and 29 CFR	10h		x	en de la companya de		
	If 10h was answered "Yes," check the box if you either provided the	ne required	notice or one of the			Α			
Pä	exceptions to providing the notice applied under 29 CFR 2520.101	-3		10i					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form								
11	5500) and line 11a below)					······	Yes X No		
12	Is this a defined contribution plan subject to the minimum funding		· · · · · · · · · · · · · · · · · · ·			02.04.1	ERISA? Yes X No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	•		л sec		UZ UT 1	-INOM [L] TES A NO		
a	If a waiver of the minimum funding standard for a prior year is beir	ng amortiz	ed in this plan year, see instruc				he date of the letter ruling		
	granting the waivergranting the waiver		IVIOI	141 =			<u>,</u>		

	Form 5500-SF 2014	Page 3-						
lf y	rou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (F	orm 5500), and skip to line 13.						
b	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	f		12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the res			12d				
е	Will the minimum funding amount reported on line 12d be met by the fund	ing deadline?	***************************************	<u> 🗆</u>	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 N	0			
	If "Yes," enter the amount of any plan assets that reverted to the employe	******	13a					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?				Ţ.	☐ Yes 区 No		
C								
13c(1) Name of plan(s):				(2) EIN(s)	13c(3) PN(s)		
Part	VIII. Trust Information (optional)							
14a Name of trust					14b Trust's EIN			

.