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).

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

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

1 011310	on Benefit Guaranty Gorporation					Inspection			
Part I	Annual Report Identific	cation Information							
For cale	ndar plan year 2013 or fiscal plan			and ending 12/3	31/2013				
A This	return/report is for:	a multiemployer plan;	a multipl	e-employer plan; or					
		a single-employer plan;	☐ a DFE (s	E (specify)					
		a emgle employer plan,	□ ~ > . = (
В ты:-		the first return/report;	☐ the final	return/report;					
D This	return/report is:	=			- th 10				
	an amended return/report; a short plan year return/report (less tha					iontris).			
C If the	C If the plan is a collectively-bargained plan, check here.					. ▶ 📙			
D Chec	k box if filing under:	Form 5558;	automati	ic extension;	th	e DFVC program;			
		special extension (enter des	cription)						
Part	II Basic Plan Informati	ion—enter all requested informa	ation						
_	ne of plan				1b	Three-digit plan			
DML IN	C. 401(K) PROFIT SHARING PLA	N AND TRUST				number (PN) ▶	001		
					1c	Effective date of pla	an		
						01/01/2007			
2a Plar	sponsor's name and address; in	clude room or suite number (emp	ployer, if for a single	-employer plan)	2b	Employer Identifica	ition		
DMI IN	0					Number (EIN) 14-1714714			
DML, IN	С.				20	Sponsor's telephor	16		
					20	number			
50 CHILI	IVANI AVENIJE	50.0111.11	/AAL AA/EAU IE			845-292-7600)		
	.IVAN AVENUE Y, NY 12754	52 SULLIV LIBERTY,	VAN AVENUE . NY 12754		2d	Business code (see	е		
						instructions)			
						721110			
-									
Caution	: A penalty for the late or incom	plete filing of this return/repor	t will be assessed	unless reasonable caus	e is establi:	shed.			
	enalties of perjury and other penal						dules,		
	nts and attachments, as well as th								
SIGN	Filed with authorized/valid electron	onic signature.	06/16/2014	LUDWIG BACH					
HERE	Signature of plan administrate		Date	Enter name of individua	ame of individual signing as plan administrator				
SIGN									
HERE	Signature of ampleyer/plan or		Date	Enter name of individua	l cianina co	omployer or plan an	oncor		
	Signature of employer/plan sp	JOHSOI	Date	Enter name of individua	ii sigiiiiig as	s employer or plan sp	011501		
SIGN									
HERE									
Duamana	Signature of DFE		Date	Enter name of individua					
Preparei	's name (including firm name, if a	pplicable) and address, include i	oom or suite number	er. (optional)	(optional)	telephone number			
					,				
				I					

	Form 5500 (2013)		Pa	ge 2			
3a		Same			onsor Address	3c Ad	dministrator's EIN dministrator's telephone umber
4 a	If the name and/or EIN of the plan sponsor has changed since the last return EIN and the plan number from the last return/report: Sponsor's name	n/repoi	t filed fo	 or this	plan, enter the name,	4b E	
5	Total number of participants at the beginning of the plan year					5	4
6	Number of participants as of the end of the plan year (welfare plans complet	e only	lines 6	a, 6b,	6c, and 6d).		
а	Active participants					6a	2
b	Retired or separated participants receiving benefits					6b	1
С	Other retired or separated participants entitled to future benefits					6c	1
d	Subtotal. Add lines 6a, 6b, and 6c					6d	4
е	Deceased participants whose beneficiaries are receiving or are entitled to re	ceive	benefits	š.		6e	0
f	Total. Add lines 6d and 6e.					6f	4
g	Number of participants with account balances as of the end of the plan year complete this item)					6g	4
	Number of participants that terminated employment during the plan year with less than 100% vested						0
7	Enter the total number of employers obligated to contribute to the plan (only						
b	If the plan provides pension benefits, enter the applicable pension feature co 2J If the plan provides welfare benefits, enter the applicable welfare feature co	des fro	m the L	ist of F	Plan Characteristics Cod	des in the	instructions:
9a	Plan funding arrangement (check all that apply) (1) Insurance (2) Code section 412(e)(3) insurance contracts (3) X Trust (4) General assets of the sponsor	9b	Plan b (1) (2) (3) (4)	enefit :	arrangement (check all the Insurance Code section 412(e)(3) Trust General assets of the	3) insuran	
10	Check all applicable boxes in 10a and 10b to indicate which schedules are a	attache	ed, and,	where	e indicated, enter the nu	mber atta	ched. (See instructions)
а	Pension Schedules (1) R (Retirement Plan Information)	b	Gener	al Scl	hedules H (Financial Info	ormation)	
	(2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary		(2) (3)	X	I (Financial Info A (Insurance Info C (Service Prov	ormation))

(4)

(5)

(6)

(3)

SB (Single-Employer Defined Benefit Plan Actuarial

Information) - signed by the plan actuary

C (Service Provider Information) **D** (DFE/Participating Plan Information)

G (Financial Transaction Schedules)

SCHEDULE I (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information—Small Plan

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.

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/201	and ending 12/31/2013						
A Name of plan DML INC. 401(K) PROFIT SHARING PLAN AND TRUST		B Three-digit plan number (PN	ı) •	001			
C Plan sponsor's name as shown on line 2a of Form 5500		D Employer Identific	ation Number	er (EIN)			
DML, INC.		14-1714714					
Complete Schedule I if the plan covered fewer than 100 participants as of small plan under the 80-120 participant rule (see instructions). Complete S	0 0 1	,	mplete Sche	dule I if you are filing as a			
Part I Small Plan Financial Information							
Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. 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.							
1 Plan Assets and Liabilities:	(a) Be	ginning of Year		(b) End of Year			

1	Plan Assets and Liabilities:		(a) Beginning of Year	(b) End of Year
а	Total plan assets	1a	1807554	1905693
b	Total plan liabilities	. 1b		
С	Net plan assets (subtract line 1b from line 1a)	1c	1807554	1905693
2	Income, Expenses, and Transfers for this Plan Year:		(a) Amount	(b) Total
а	Contributions received or receivable:			
	(1) Employers	2a(1)		
	(2) Participants	2a(2)		
	(3) Others (including rollovers)	2a(3)		
b	Noncash contributions	2b		
С	Other income	2c	166807	
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	2d		166807
е	Benefits paid (including direct rollovers)	2e	68668	
f	Corrective distributions (see instructions)	2f		
g	Certain deemed distributions of participant loans (see instructions)	. 2g		
h	Administrative service providers (salaries, fees, and commissions)	2h		
i	Other expenses	2i		
j	Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	2j		68668
k	Net income (loss) (subtract line 2j from line 2d)	2k		98139
<u> </u>	Transfers to (from) the plan (see instructions)	. 2I		
_	O 10 A 4 164 1 1 1 1 1 4 4 4 6 1 1 4 1 1			

3 Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

			Yes	No	Amount
а	Partnership/joint venture interests	3a		X	
b	Employer real property	3b		X	
С	Real estate (other than employer real property)	3с		X	
d	Employer securities	3d		X	
	Participant loans	3e		X	

Р	'age	2	-

Schedule I (Form 5500) 2013

			r			1			
				Yes	No			Amoun	t
3f	Loans	(other than to participants)	3f		X				
g	Tangib	le personal property	3g		Χ				
Pa	art II	Compliance Questions							
4	Durir	ng the plan year:		Yes	No			Amoui	nt
а		here a failure to transmit to the plan any participant contributions within the time period			1.0			7411041	••
_	describ	ped in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully led. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X				
b		any loans by the plan or fixed income obligations due the plan in default as of the close of plan classified during the year as uncollectible? Disregard participant loans secured by the			V				
	particip	pant's account balance.	4b		X				
С		any leases to which the plan was a party in default or classified during the year as actible?	4c		X				
d		here any nonexempt transactions with any party-in-interest? (Do not include transactions							
		ed on line 4a.)	4d		X				
е	Was th	e plan covered by a fidelity bond?	4e		X				
f		e plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by or dishonesty?	4f		X				
g		e plan hold any assets whose current value was neither readily determinable on an established nor set by an independent third party appraiser?	4g		X				
h		e plan receive any noncash contributions whose value was neither readily determinable on an shed market nor set by an independent third party appraiser?	4h		X				
i	Did the	e plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel estate, or partnership/joint venture interest?	4i		X				
j	Were a	all the plan assets either distributed to participants or beneficiaries, transferred to another plan, ight under the control of the PBGC?	4j		X				
k	Are you	u claiming a waiver of the annual examination and report of an independent qualified public stant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 ent. (See instructions on waiver eligibility and conditions.)	4k	X					
ı		e plan failed to provide any benefit when due under the plan?	41		X				
		s an individual account plan, was there a blackout period? (See instructions and 29 CFR	71						
•••		01-3.)	4m		Х				
n		vas answered "Yes," check the "Yes" box if you either provided the required notice or one of ceptions to providing the notice applied under 29 CFR 2520.101-3	4n						
	If "Yes	resolution to terminate the plan been adopted during the plan year or any prior plan year? s," enter the amount of any plan assets that reverted to the employer this year		s 🛚 N		Amou			
5b	trans	ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide ferred. (See instructions.)	entify t	he plar				or liabilit	
	5b(1)	Name of plan(s)			5b(2	2) EIN(s)		5b(3) PN(s)
5с	If the	plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA se	ection	4021)?		Yes	No	Not	determined
Par	t III	Trust Information (optional)							
6a	Name o	f trust			6b ⊤	rust's E	EIN		

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), 6047(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

2013

This Form is Open to Public Inspection

Part I	Annual Report Identific	cation Information			
	endar plan year 2013 or fiscal plan			and ending	
A Th	is return/report is for:	a multiemployer plan;	إ	a multiple-employer	r plan; or
		X a single-employer plan:	l	a DFE (specify)	
			ſ	_	
B Th	is return/report is:	the first return/report;	1	the final return/repo	•
		an amended return/repor	t;	a short plan year re	eturn/report (less than 12 months).
C Ift	he plan is a collectively-bargained p				
D Ch	neck box if filing under:	Form 5558;	Ĺ	automatic extension	n; the DFVC program;
		special extension (enter of			
Part I		n enter all requested informa	tion		45 = 11.11.11.11
	ame of plan				1b Three-digit plan
DML,	INC. 401(K) PROFIT	SHARING PLAN AND T	RUST		Hamber (1.17)
					1c Effective date of plan 01/01/2007
				t	2b Employer Identification
2a Pi	an sponsor's name and address; inc	cluding room or suite number (e	employer, it for a single-	employer plan)	Number (EIN)
27.5	1370				14-1714714
DML,	, LNC.			ŀ	2c Sponsor's telephone
					number
					845-292-7600
E2 (THE THEAT ASSESSED				2d Business code (see
52 8	SULLIVAN AVENUE				instructions)
LIBI	DMY 1	NY 12754			721110
DIDI	ACII	11 12/04			
Cautio	on: A penalty for the late or inco	mplete filing of this return/re	port will be assesse	d unless reasonable o	ause is established.
Under	penalties of perjury and other penalties se	et forth in the instructions. I declare t	that I have examined this n	eturn/report, including accor	mpanying schedules,
statem	ents and attachments, as well as the elec	ctronic version of this return/report, a	nd to the best of my knowl	edge and belief, it is true, o	orrect, and complete.
裏・日	$\sim \Delta A = O$		1100111		
SIGN	Vhlus	<u> </u>	412/14	VICTOR CHOE	
HERE	Signature of plan administrato	or	Date	Enter name of individ	ual signing as plan administrator
	. 1		6/5/14		i
SIGN	Howard E	lue	615114	VICTOR CHOE	
HERE	Signature of employer/plan sp	onsor	Date	Enter name of individual	signing as employer or plan sponsor
7					
SIGN					
HERE	Signature of DFE		Date	Enter name of individ	
Prepa	rer's name (including firm name, if a	applicable) and address; include	room or suite number.	(optional)	Preparer's telephone number (optional)
					(optional)
l					■ 1. 主体 対 気持分数主要者的人之間違法した。

en e	그리고 아이트로보다는 것 같아. 그 그리고 모양하다 하다는 함께 그
	경영화 현대 (1997년 1일
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	•
DML,	LNC.

14-1714714

Form 5500 (2013)	Page 2	
3a Plan administrator's name and address X Same as Plan Sponsor Name	Same as Plan Sponsor Address	3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/o	report filed for this plan, enter the name,	4b EIN
EIN and the plan number from the last return/report: a Sponsor's name		4c PN
a oponsor s name		
5 Total number of participants at the beginning of the plan year	the second second self-	5 4
6 Number of participants as of the end of the plan year (welfare plans complete	only lines 6a, 6b, 6c, and 6d).	
a Active participants		6a 2
b Retired or separated participants receiving benefits		6b 1
C Other retired or separated participants entitled to future benefits		6c 1
d Subtotal. Add lines 6a, 6b, and 6c		6d 4
e Deceased participants whose beneficiaries are receiving or are entitled to rec	6e 0	
f Total. Add lines 6d and 6e		6f <u>4</u>
g Number of participants with account balances as of the end of the plan year (complete this item)		6g 4
h Number of participants that terminated employment during the plan year with less than 100% vested		6h
7 Enter the total number of employers obligated to contribute to the plan (only n	nultiemployer plans complete this item)	7
 8a If the plan provides pension benefits, enter the applicable pension feature code 2J b If the plan provides welfare benefits, enter the applicable welfare feature code 		
9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all	hat apply)
(1) Insurance	(1) Insurance	
(2) Code section 412(e)(3) insurance contracts	(2) Code section 412(e)(3) (3) X Trust	insurance contracts
(3) X Trust (4) General assets of the sponsor	(3) X Trust (4) General assets of the s	ponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, a		See instructions)
	b General Schedules	
a Pension Schedules (1) R (Retirement Plan Information)	(1) H (Financial I	nformation)
(1) R (Retirement Plan Information) (2) MB (Multiemployer Defined Benefit Plan and Certain Money	1 1	nformation - Small Plan)
Purchase Plan Actuarial Information) - signed by the plan	• • •	Information)
actuary		ovider Information)
(3) SB (Single-Employer Defined Benefit Plan Actuarial	(5) D (DFE/Partio	cipating Plan Information)
Information) - signed by the plan actuary	(6) G (Financial 1	ransaction Schedules)

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