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

Part I Annual Report Identification Information

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
DLC MANAGEMENT 401(K) PLAN

1b Three-digit 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)

DLC MANAGEMENT CORPORATION

580 WHITE PLAINS ROAD
TARRYTOWN, NY 10591

2b Employer Identification Number (EIN)
13-3618297

2c Sponsor's telephone number
914-631-3131

2d Business code (see instructions)
531310

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 accompanying schedules, statements and attachments, 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.

SIGN HERE	Filed with authorized/valid electronic signature.	07/23/2014	WILLIAM COMEAU
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

Preparer's telephone number (optional)

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/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name	**4c** PN	
5 Total number of participants at the beginning of the plan year	**5**	137
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**	105
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	32
d Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	137
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	137
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	113
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	16
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 2K 2R 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1) [X] **R** (Retirement Plan Information)

(2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1) [X] **H** (Financial Information)

(2) [ ] **I** (Financial Information – Small Plan)

(3) [ ] ___ **A** (Insurance Information)

(4) [X] **C** (Service Provider Information)

(5) [ ] **D** (DFE/Participating Plan Information)

(6) [ ] **G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2013** **This Form is Open to Public Inspection.**

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
DLC MANAGEMENT 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
DLC MANAGEMENT CORPORATION

D Employer Identification Number (EIN)
13-3618297

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

SECKENDORF HASSON & REILLY CPA'S

13-3618297

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	ACCOUNTANT/AUDITOR	10000	Yes [ ] No [X]	Yes [ ] No [ ]	0	Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 60 64 65 71	RECORDKEEPER	8602	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
COL/ACORN SELECT Z - COLUMBIA MGT P.O. BOX 8081 BOSTON, MA 02266	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
LOOMIS SM CAP VAL R - BOSTON FINAN P.O. BOX 8480 BOSTON, MA 02266	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
NORTHERN SM CAP VAL - NORTHERN TRU 36-2723087	0.40%

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
NORTHERN SM CAP VAL - NORTHERN TRU 36-2723087	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
WA INFL IDX PL BD I - BOSTON FINAN P.O. BOX 8480 BOSTON, MA 02266	0.10%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
3RD AV VALUE IS - BNY MELLON INV S P.O. BOX 9793 PROVIDENCE, RI 02940	0.40%

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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 01/01/2013 and ending 12/31/2013

A Name of plan
DLC MANAGEMENT 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
DLC MANAGEMENT CORPORATION

D Employer Identification Number (EIN)
13-3618297

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	226663	340949
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	193602
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	37910	55217
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	3274791	3896501
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	3539364	4486269
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	3539364	4486269

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. 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. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	97656	
(B) Participants	2a(1)(B)	385201	
(C) Others (including rollovers)	2a(1)(C)	581	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		483438
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	30	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	4268	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		4298
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	208954	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		208954
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	152909	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	118814	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		34095
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	21428	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		21428

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		474515
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		1226728
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	261403	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		261403
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	18420	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		18420
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		279823
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		946905
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [X] Unqualified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [ ] Yes [X] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: SECENDORF HASSON & REILLY **(2)** EIN: 90-0436485

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ **Yes** ☒ **No** **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 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 01/01/2013 and ending 12/31/2013

A Name of plan
DLC MANAGEMENT 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
DLC MANAGEMENT CORPORATION

D Employer Identification Number (EIN)
13-3618297

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 04-6568107

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 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 ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Plan: 29990 DLC Management 401(k) Plan Run Date: 03/22/2014

SUMMARY OF NET TRUST ASSETS

Total Plan Assets as of 12/31/2013

Fund Name	Share Balance 12/31/2013	Historical Cost	Price	Total Market Value
BROKERAGELINK		$0.00		
COMMON STOCK		$172,174.13		$193,602.00
CASH		$59,046.66		$59,046.66
LOOMIS SM CAP VAL R	1,897.027	$50,872.06	$37.08	$70,341.76
NORTHERN SM CAP VAL	607.223	$9,745.18	$20.79	$12,624.17
WA INFL IDX PL BD I	435.886	$4,630.28	$11.11	$4,842.69
COL/ACORN SELECT Z	3,864.634	$97,750.18	$26.72	$103,263.02
3RD AV VALUE IS	2,287.359	$112,580.06	$57.27	$130,997.05
FID GNMA	7,309.206	$84,954.68	$11.21	$81,936.20
FID SEL SOFTWARE	712.599	$57,369.70	$118.66	$84,557.00
FID CAPITAL & INCOME	16,801.313	$147,591.17	$9.86	$165,660.95
FID VALUE	132.505	$9,983.93	$103.58	$13,724.87
FID SEL ENERGY	1,295.956	$64,903.35	$56.11	$72,716.09
FID SEL HEALTHCARE	916.543	$118,789.31	$188.51	$172,777.52
FID REAL ESTATE INVS	2,379.822	$61,638.48	$31.93	$75,987.72
FID BALANCED	3,350.610	$61,387.22	$22.75	$76,226.38
FID INTL DISCOVERY	2,763.846	$91,997.69	$40.50	$111,935.76
FID CAPITAL APPREC	6,066.297	$159,343.07	$36.18	$219,478.63
FID DISCIPLND EQTY	2,862.163	$66,823.78	$32.32	$92,505.11
FID WORLDWIDE	448.106	$9,246.45	$24.62	$11,032.37
FID EMERGING MKTS	312.343	$6,929.13	$24.09	$7,524.34
FID STK SEL SM CAP	3,445.964	$64,700.17	$26.18	$90,215.34
FID EUROPE CAP APP	1,783.680	$34,476.23	$23.55	$42,005.66
FID LATIN AMERICA	611.961	$26,808.20	$31.25	$19,123.78
FID JAPAN	1,178.813	$11,888.41	$12.04	$14,192.91
FID EMERGING ASIA	1,322.394	$35,613.38	$30.64	$40,518.15
FID FREEDOM INCOME	0.000	$0.00	$11.74	$0.00
FID FREEDOM 2010	10.205	$156.68	$15.31	$156.24
FID FREEDOM 2020	30,689.843	$428,395.69	$15.61	$479,068.45
FID FREEDOM 2030	7,925.816	$111,808.67	$16.30	$129,190.80
FID SEL MATERIALS	1,016.865	$58,439.03	$84.89	$86,321.67
FID RETIRE MMKT	281,901.940	$281,901.94	$1.00	$281,901.94
FID STKSEL LGCAP VAL	1,486.222	$13,175.71	$15.25	$22,664.89
FID FREEDOM 2040	7,092.043	$60,131.13	$9.52	$67,516.25
FID TOTAL BOND	2,681.828	$29,161.57	$10.44	$27,998.28
FID FREEDOM 2015	20,645.177	$237,969.97	$12.75	$263,226.01
FID FREEDOM 2025	18,394.591	$202,565.52	$13.32	$245,015.95

Plan: 29990 DLC Management 401(k) Plan Run Date: 03/22/2014

SUMMARY OF NET TRUST ASSETS

Total Plan Assets as of 12/31/2013

Fund Name	Share Balance 12/31/2013	Historical Cost	Price	Total Market Value
FID FREEDOM 2035	22,094.547	$249,456.31	$13.48	$297,834.49
FID INTL SM CAP OPP	533.533	$5,253.70	$13.96	$7,448.12
SPTN INTL INDEX ADV	1,779.085	$59,867.12	$40.67	$72,355.39
SPTN 500 INDEX ADV	738.870	$37,963.19	$65.49	$48,388.60
FID FREEDOM 2045	28,195.906	$265,081.85	$10.97	$309,309.09
FID FREEDOM 2050	10,677.488	$104,820.48	$11.03	$117,772.69
FID FREEDOM 2055	693.112	$7,505.16	$11.61	$8,047.03
OUTSTANDING LOAN BALANCE				$55,216.71
		NET ASSETS 12/31/2013:		$4,486,268.73

Assets are presented at fair value with the exception to fully benefit responsive investment contracts which are presented at contract value as in previous years. See Chapter 7 of the Fidelity Auditor's Guide for financial statement presentation and disclosure information.

Plan: 29990 DLC Management 401(k) Plan Run Date: 01/27/2013

SUMMARY OF NET TRUST ASSETS

Total Plan Assets as of 12/31/2012

Fund Name (Cusip #)	Share Balance 12/31/2012	Historical Cost	Price	Total Market Value
LOOMIS SM CAP VAL R	2,338.505	$60,109.38	$29.81	$69,710.83
NORTHERN SM CAP VAL	810.091	$11,613.11	$16.41	$13,293.59
WA INFL IDX PL BD I	2,164.708	$23,719.17	$12.23	$26,474.38
COL/ACORN SELECT Z	2,973.996	$73,910.73	$25.57	$76,045.08
3RD AV VALUE IS	2,182.397	$106,046.55	$49.84	$108,770.67
NORTHERN SM CAP VAL	0.000		$16.41	$0.00
FID GNMA	7,639.282	$88,961.54	$11.74	$89,685.17
FID SEL SOFTWARE	709.927	$53,375.53	$82.29	$58,419.89
FID CAPITAL & INCOME	17,279.634	$149,171.36	$9.50	$164,156.52
FID VALUE	320.016	$22,595.85	$76.34	$24,430.02
FID SEL ENERGY	1,310.555	$63,011.57	$50.81	$66,589.30
FID SEL HEALTHCARE	843.106	$100,969.91	$134.05	$113,018.36
FID REAL ESTATE INVS	2,210.875	$52,682.78	$32.14	$71,057.52
FID BALANCED	3,149.252	$56,849.59	$20.18	$63,551.91
FID INTL DISCOVERY	2,523.169	$82,500.99	$33.07	$83,441.20
FID CAPITAL APPREC	5,785.516	$142,988.42	$29.38	$169,978.46
FID DISCIPLND EQTY	3,319.326	$74,803.62	$24.37	$80,891.97
FID WORLDWIDE	867.375	$15,564.13	$20.35	$17,651.08
FID EMERGING MKTS	1,090.878	$24,081.54	$23.21	$25,319.28
FID STK SEL SM CAP	3,198.273	$56,292.11	$20.10	$64,285.29
FID EUROPE CAP APP	2,520.793	$46,132.14	$19.02	$47,945.48
FID LATIN AMERICA	1,016.100	$49,497.51	$46.31	$47,055.59
FID JAPAN	1,142.362	$11,437.59	$9.83	$11,229.42
FID EMERGING ASIA	1,962.509	$52,976.79	$29.89	$58,659.39

Plan: 29990 DLC Management 401(k) Plan Run Date: 01/27/2013

SUMMARY OF NET TRUST ASSETS

Total Plan Assets as of 12/31/2012

Fund Name (Cusip #)	Share Balance 12/31/2012	Historical Cost	Price	Total Market Value
FID FREEDOM INCOME	678.123	$7,604.99	$11.71	$7,940.82
FID FREEDOM 2010	23.921	$340.36	$14.12	$337.76
FID FREEDOM 2020	25,713.474	$351,984.93	$14.31	$367,959.81
FID FREEDOM 2030	7,173.322	$99,368.88	$14.23	$102,076.37
SPTN INTL INDEX INV	0.000	$0.00	$34.28	$0.00
FID SEL MATERIALS	1,054.616	$58,108.52	$71.40	$75,299.58
FID RETIRE MMKT	226,662.580	$226,662.58	$1.00	$226,662.58
SPTN 500 INDEX INV	0.000	$0.00	$50.49	$0.00
FID STKSEL LGCAP VAL	1,918.261	$16,891.08	$11.72	$22,482.02
FID FREEDOM 2040	6,424.823	$53,028.02	$8.26	$53,069.04
FID TOTAL BOND	3,449.024	$37,363.43	$10.95	$37,766.81
FID FREEDOM 2015	18,888.800	$215,506.25	$11.81	$223,076.73
FID FREEDOM 2025	15,699.515	$167,729.92	$11.95	$187,609.20
FID FREEDOM 2035	21,424.751	$238,048.81	$11.83	$253,454.80
FID INTL SM CAP OPP	605.356	$5,570.41	$11.32	$6,852.63
SPTN INTL INDEX ADV	2,056.695	$68,002.49	$34.28	$70,503.50
SPTN 500 INDEX ADV	647.837	$31,693.68	$50.49	$32,709.29
FID FREEDOM 2045	21,689.137	$194,552.69	$9.78	$212,119.76
FID FREEDOM 2050	7,006.074	$64,746.28	$9.64	$67,538.55
FID FREEDOM 2055	236.227	$2,293.83	$9.88	$2,333.92
OUTSTANDING LOAN BALANCE				$37,910.17
		NET ASSETS 12/31/2012:		$3,539,363.74

Assets are presented at fair value with the exception to fully benefit responsive investment contracts which are presented at contract value as in previous years. See chapter 7 of the Fidelity auditor's guide for financial statement presentation and disclosure information.

DLC MANAGEMENT
401 (k) PLAN

Financial Statements

Years Ended December 31, 2013 and 2012

Seckendorf Hasson and Reilly, CPA's LLC
Certified Public Accountants

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SECKENDORF HASSON & REILLY CPA'S, LLC

CERTIFIED PUBLIC ACCOUNTANTS

Bruce S. Seckendorf, CPA
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Robert P. Reilly, CPA

3000 Marcus Avenue, Suite 3 W 4
Lake Success, New York 11042
(516) 488-8400 Fax: (516) 488-8487

INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of
DLC Management
401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of DLC Management 401 (k) Plan, which comprises the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statement of changes in net assets available for benefits for the year ended December 31, 2013, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fidelity Management Trust Company, the Custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustees as of and for the year ended December 31, 2013 and 2012, that the information provided to the plan administrator by the trustees is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion Paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedules (Schedule of Assets held for Investment Purposes) as of or for the year ended December 31, 2013 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not requires part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the custodian of the Plan, Fidelity Management Trust Company, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Seckendorf, Hasson and Reilly, CPA's LLC

Seckendorf, Hasson and Reilly, CPA's LLC
Certified Public Accountants

July 21, 2014
Lake Success, New York

DLC MANAGEMENT
401(k) PLAN
Statements of Net Assets Available for Benefits
December 31, 2013 and 2012

	2013	2012
ASSETS		
Investments at Fair Market Value:		
Cash & Money Market Funds	$ 340,949	$ 226,662
Mutual Funds	3,896,501	3,237,024
Common Stocks & Bonds	193,602	37,767
Total Investments at Fair Market Value:	4,431,052	3,501,453
Receivables:		
Participants' Loans	55,217	37,910
Total Assets	4,486,269	3,539,363
LIABILITIES	-	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 4,486,269	$ 3,539,363

See Accompanying Notes and Accountants' Audit Report.

DLC MANAGEMENT
401(k) PLAN
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2013

ADDITIONS (SUBTRACTIONS) TO NET ASSETS ATTRIBUTABLE TO:	
Investment Income / (Loss):	
Net appreciation / depreciation in fair value of investments	$ 530,038
Interest:	
Participants' loans	4,268
Other	31
	4,299
Contributions:	
Participants	385,201
Employer	97,656
Other-Rollover	581
	483,438
Other Income - Dividends	208,954
Total Additions (Subtractions)	1,226,729
DEDUCTIONS FROM NET ASSETS ATTRIBUTABLE TO:	
Benefits paid to participants	$ 261,403
Corrective Distributions	-
Administrative Expenses	18,420
Total Deductions	279,823
Increase in Net Assets	946,906
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning of Year	3,539,363
End of Year	$ 4,486,269

See Accompanying Notes and Accountants' Audit Report.

DLC MANAGEMENT
401(k) PLAN
Notes to Financial Statements

NOTE 1: DESCRIPTION OF PLAN

The following description of the DLC Management 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a salary reduction contribution plan covering all employees of the Company. All employees, except those who may be covered under a collective bargaining agreement, are eligible to make elective deferral contributions, and are eligible for employer matching contributions. The Plan was established in 2001, and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Each year participants may contribute up to 100% of pre-tax annual compensation, as defined in the Plan limited to the maximum ($17,500 under 50 and $23,000 over 50 for 2013) permitted by the Internal Revenue Code. Participants may designate all or a portion of their contributions as a Roth elective deferral. Participants may also contribute amounts representing distributions from other qualified plans, if certain requirements are met. All amounts contributed to the Plan are directly invested in the participant accounts according to their investment elections. Participants may direct their investments and employer matching contribution by choosing from various investment options offered by the trustees.

The employer may make a basic matching employer contribution on behalf of each participant in an amount equal to the percentage declared for the contribution period, if any, by a board of directors' resolution of the deferral contributions made by each participant during the contribution period. The board of directors' resolution may limit the deferral contribution matched to a specified percentage of compensation or limit the amount of the match to a specified dollar amount.

Discretionary employer qualified non elective contributions may be made for each plan year in an amount determined by the employer for all eligible participants.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and, (b) Plan earnings, net of an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their contributions, including rollovers, plus actual earnings thereon. Vesting in the Company's matching contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 100% vested after six years of credited service.

NOTE 1: DESCRIPTION OF PLAN (continued)

Withdrawals

Participants may withdraw all or any parts of their vested account resulting from rollover contributions. Financial hardship withdrawals are limited to the amount of the participant's elective deferral contributions (but none of the income earned on such contributions). Hardship withdrawals are limited and are subject to federal rules.

Participant Loans

Generally, participants may borrow from their fund accounts a minimum of $1,000 up to a maximum of $50,000 or 50% of their vested account balance, whichever is less. The loans are secured by the balance in the participant's vested account and bear interest at a rate reasonable at the time of application, considering the purpose of the loan and the rate being charged by representative commercial banks in the local area for a similar loan. The loan agreement shall provide for the payment of principal and interest not less frequently than quarterly. All loans must be repaid within five years.

Payment of Benefits

On termination of service due to death, disability or retirement, a participant (or participant beneficiary) may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or if the vested account balance exceeds $5,000, in monthly installments not to extend beyond the joint life expectancy of the participant and his or her beneficiary. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

Investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 8 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Operating Expenses

All expenses of maintaining the Plan are paid by the Company.

NOTE 3: UNAUDITED FINANCIAL INFORMATION CERTIFIED BY FIDELITY MANAGEMENT TRUST COMPANY

Supplemental schedules are attached following the notes representing investments at December 31, 2013 and 2012 of the Plan at fair value which was furnished to the Plan administrator by Fidelity Management Trust Company.

NOTE 4: TAX STATUS

The Internal Revenue Service has determined and informed the Company by a determination letter dated March 31, 2008, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code as of the financial statement date. Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

NOTE 5: NON-DISCRIMINATION

The Internal Revenue Code requires that a Qualification Test be performed to assure that employee deferrals do not discriminate in favor of highly compensated employees.

NOTE 6: RELATED PARTY TRANSACTIONS

Certain Plan investments are managed by Fidelity Management Trust Company. Fidelity Management Trust Company is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the administrator services amounted to $8,420 for the year ended December 31, 2013.

NOTE 7: PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100 percent vested in their employer contributions.

NOTE 8: FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

NOTE 9: INVESTMENTS

The following present investments that represent 5% or more of the Plan's net assets:

	December 31 2013	2012
FID Freedom 2020	$ 479,068	$ 367,960
FID Freedom 2045	309,309	212,120
Fidelity Retirement MMKT	281,902	226,662
FID Freedom 2015	263,226	223,077
FID Freedom 2025	245,016	187,609
FID Freedom 2035	297,834	253,455
	$ 1,876,355	$ 1,470,883

During 2013, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year appreciated in value by $530,038 as follows:

Mutual Funds - $508,610.
Common Stock - $21,428.

NOTE 10: RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

NOTE 11: SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through July 21, 2014, the date the financial statements were available to be issued.

SUMMARY OF NET TRUST ASSETS

Total Plan Assets as of 12/31/2013

Fund Name	Share Balance 12/31/2013	Historical Cost	Price	Total Market Value
BROKERAGELINK		$0.00		
COMMON STOCK		$172,174.13		$193,602.00
CASH		$59,046.66		$59,046.66
LOOMIS SM CAP VAL R	1,897.027	$50,872.06	$37.08	$70,341.76
NORTHERN SM CAP VAL	607.223	$9,745.18	$20.79	$12,624.17
WA INFL IDX PL BD I	435.886	$4,630.28	$11.11	$4,842.69
COL/ACORN SELECT Z	3,864.634	$97,750.18	$26.72	$103,263.02
3RD AV VALUE IS	2,287.359	$112,580.06	$57.27	$130,997.05
FID GNMA	7,309.206	$84,954.68	$11.21	$81,936.20
FID SEL SOFTWARE	712.599	$57,369.70	$118.66	$84,557.00
FID CAPITAL & INCOME	16,801.313	$147,591.17	$9.86	$165,660.95
FID VALUE	132.505	$9,983.93	$103.58	$13,724.87
FID SEL ENERGY	1,295.956	$64,903.35	$56.11	$72,716.09
FID SEL HEALTHCARE	916.543	$118,789.31	$188.51	$172,777.52
FID REAL ESTATE INVS	2,379.822	$61,638.48	$31.93	$75,987.72
FID BALANCED	3,350.610	$61,387.22	$22.75	$76,226.38
FID INTL DISCOVERY	2,763.846	$91,997.69	$40.50	$111,935.76
FID CAPITAL APPREC	6,066.297	$159,343.07	$36.18	$219,478.63
FID DISCIPLND EQTY	2,862.163	$66,823.78	$32.32	$92,505.11
FID WORLDWIDE	448.106	$9,246.45	$24.62	$11,032.37
FID EMERGING MKTS	312.343	$6,929.13	$24.09	$7,524.34
FID STK SEL SM CAP	3,445.964	$64,700.17	$26.18	$90,215.34
FID EUROPE CAP APP	1,783.680	$34,476.23	$23.55	$42,005.66
FID LATIN AMERICA	611.961	$26,808.20	$31.25	$19,123.78
FID JAPAN	1,178.813	$11,888.41	$12.04	$14,192.91
FID EMERGING ASIA	1,322.394	$35,613.38	$30.64	$40,518.15
FID FREEDOM INCOME	0.000	$0.00	$11.74	$0.00
FID FREEDOM 2010	10.205	$156.68	$15.31	$156.24
FID FREEDOM 2020	30,689.843	$428,395.69	$15.61	$479,068.45
FID FREEDOM 2030	7,925.816	$111,808.67	$16.30	$129,190.80
FID SEL MATERIALS	1,016.865	$58,439.03	$84.89	$86,321.67
FID RETIRE MMKT	281,901.940	$281,901.94	$1.00	$281,901.94
FID STKSEL LGCAP VAL	1,486.222	$13,175.71	$15.25	$22,664.89
FID FREEDOM 2040	7,092.043	$60,131.13	$9.52	$67,516.25
FID TOTAL BOND	2,681.828	$29,161.57	$10.44	$27,998.28
FID FREEDOM 2015	20,645.177	$237,969.97	$12.75	$263,226.01
FID FREEDOM 2025	18,394.591	$202,565.52	$13.32	$245,015.95

SUMMARY OF NET TRUST ASSETS

Total Plan Assets as of 12/31/2012

Fund Name (Cusip #)	Share Balance 12/31/2012	Historical Cost	Price	Total Market Value
LOOMIS SM CAP VAL R	2,338.505	$60,109.38	$29.81	$69,710.83
NORTHERN SM CAP VAL	810.091	$11,613.11	$16.41	$13,293.59
WA INFL IDX PL BD I	2,164.708	$23,719.17	$12.23	$26,474.38
COL/ACORN SELECT Z	2,973.996	$73,910.73	$25.57	$76,045.08
3RD AV VALUE IS	2,182.397	$106,046.55	$49.84	$108,770.67
NORTHERN SM CAP VAL	0.000		$16.41	$0.00
FID GNMA	7,639.282	$88,961.54	$11.74	$89,685.17
FID SEL SOFTWARE	709.927	$53,375.53	$82.29	$58,419.89
FID CAPITAL & INCOME	17,279.634	$149,171.36	$9.50	$164,156.52
FID VALUE	320.016	$22,595.85	$76.34	$24,430.02
FID SEL ENERGY	1,310.555	$63,011.57	$50.81	$66,589.30
FID SEL HEALTHCARE	843.106	$100,969.91	$134.05	$113,018.36
FID REAL ESTATE INVS	2,210.875	$52,682.78	$32.14	$71,057.52
FID BALANCED	3,149.252	$56,849.59	$20.18	$63,551.91
FID INTL DISCOVERY	2,523.169	$82,500.99	$33.07	$83,441.20
FID CAPITAL APPREC	5,785.516	$142,988.42	$29.38	$169,978.46
FID DISCIPLND EQTY	3,319.326	$74,803.62	$24.37	$80,891.97
FID WORLDWIDE	867.375	$15,564.13	$20.35	$17,651.08
FID EMERGING MKTS	1,090.878	$24,081.54	$23.21	$25,319.28
FID STK SEL SM CAP	3,198.273	$56,292.11	$20.10	$64,285.29
FID EUROPE CAP APP	2,520.793	$46,132.14	$19.02	$47,945.48
FID LATIN AMERICA	1,016.100	$49,497.51	$46.31	$47,055.59
FID JAPAN	1,142.362	$11,437.59	$9.83	$11,229.42
FID EMERGING ASIA	1,962.509	$52,976.79	$29.89	$58,659.39