For	Form 5500-SFShort Form Annual Return/Report of Small EmployeeOMB Nos. 1210-0110 1210-0089									
	tment of the Treasury nal Revenue Service	-	enefit Plan		_		2013			
De	partment of Labor enefits Security Administration	This form is required to be filed u Retirement Income Security Act of 19 the Internal R		ctions 6057(b) and 6058		This Form i	s Open to Public			
Pension Be	nefit Guaranty Corporation	Complete all entries in accordar	nce with the instruc	tions to the Form 5500	0-SF.	Ins	spection			
Part I		entification Information								
For calenda	ar plan year 2013 or fisca				2/31/2					
	urn/report is for:			an (not multiemployer)		a one-partici	pant plan			
B This ret	urn/report is:		e final return/report							
-	Ĺ			n/report (less than 12 mo	onths	_				
C Check b	box if filing under:		tomatic extension			DFVC progra	am			
		special extension (enter description)								
Part II 1a Name		nation—enter all requested informatic	n		1h	Three-digit				
	ERICA INC. CASH BALA	NCE PLAN				plan number				
						(PN) 🕨	002			
					1c	Effective date o	ıf plan /2010			
2a Plan sr	onsor's name and addre	ess; include room or suite number (emp	lover. if for a single-	emplover plan)	2b	Employer Identi				
DAEJIN AM		,					99036			
					2c	Sponsor's telep				
5 DUBON CO FARMINGDA	ALE, NY 11735				2d					
					2d Business code (see instructions 339900					
3a Plan ad	dministrator's name and	address XSame as Plan Sponsor Nam	ne Same as Plan	Sponsor Address	3b Administrator's EIN					
					3c	Administrator's	telephone number			
		lan sponsor has changed since the last	return/report filed fo	or this plan, enter the	4b	EIN				
name, a Sponso		er from the last return/report.			4c	PN				
· · ·		the beginning of the plan year			5a		11			
		the end of the plan year			5b		13			
C Numbe	er of participants with ac	count balances as of the end of the plar	n year (defined bene	fit plans do not						
	,				5c					
		uring the plan year invested in eligible a	•	,			X Yes No			
		e annual examination and report of an See instructions on waiver eligibility and					X Yes 🗌 No			
lf you	answered "No" to eith	er line 6a or line 6b, the plan cannot	use Form 5500-SF	and must instead use	Form	5500.				
C If the p	lan is a defined benefit p	plan, is it covered under the PBGC insu	rance program (see	ERISA section 4021)?	X	Yes No	Not determined			
Caution: A	penalty for the late or	incomplete filing of this return/repor	t will be assessed	unless reasonable cau	se is	established.				
		r penalties set forth in the instructions, I								
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.										
CION	Filed with authorized/va	lid electronic signature								
SIGN HERE			Date	Entor name of individu		ning og plan odr	ninistrator			
SIGN	Signature of plan adn		Date	Enter name of individu	Jai Si	griing as pian au	Innistrator			
HERE	Signature of amployo	r/nlon ononcor	Data	Enter name of individu			r or plan anonar			
Preparer's	Signature of employe name (including firm nan	ne, if applicable) and address; include r	Date oom or suite numbe	Enter name of individu r (optional)	_		er or plan sponsor number (optional)			
	. 2	· · ·					,			

Par	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır		(b) End c	of Yea	ır		
а	Total plan assets	7a	62330	4			84	6246		
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	62330	4		846246				
	Income, Expenses, and Transfers for this Plan Year	(a) Amount			(b) To	otal				
	Contributions received or receivable from:	20824	n							
	(1) Employers	8a(1) 8a(2)	2002 1	•						
-	(2) Participants (including rollovers)	8a(3)								
-	Other income (loss)	8b	1470	2						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					222	2942		
	Benefits paid (including direct rollovers and insurance premiums							-		
	to provide benefits)	8d								
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
	Other expenses	8g								
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								
	Net income (loss) (subtract line 8h from line 8c)	8i					22	2942		
<u> </u>	Transfers to (from) the plan (see instructions)	8j								
Part	V Compliance Questions									
10	During the plan year:			Y	es No		Amou	int		
	Was there a failure to transmit to the plan any participant contribu	tions within	the time period described in			1	Amou	int		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Corr	ection Program)	10a	Х					
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	Х					
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 pla	n?		10f	X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g	Х					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h						
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10	•		10i						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						X	Yes	No	
11a	Enter the unpaid minimum required contribution for current year fr								0	
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or secti	on 302 of	ERISA?	`	Yes	X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,									
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortizo	ed in this plan year, see instruc		nd enter t Day		e lette Year _	er ruli	ng	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 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	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?	Ye	es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the c of the PBGC?	ontrol		Yes 🗙 No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) t which assets or liabilities were transferred. (See instructions.)	0		
1	3c(1) Name of plan(s): 13	Bc(2) EIN	l(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	lame of trust	14b Tru	sťs EIN	

SCHEDULE SB		oloyer Define			_	OME	3 No. 1210-0110
(Form 5500)	Ac	tuarial Inform	nation				2013
Department of the Treasury Internal Revenue Service	This school do is soon?	and the last Classican dam		of the Encoders			
Department of Labor Employee Benefits Security Administration	This schedule is requi Retirement Income Sec	curity Act of 1974 (EF	RISA) and s				n is Open to Public nspection
Pension Benefit Guaranty Corporation		rnal Revenue Code (1	,				
For calendar plan year 2013 or fiscal pl		attachment to Form	n 5500 or 5	5500-SF. and ending	n 12/21	/2013	
 Round off amounts to nearest do 		01/2013			y 12/3	1/2013	
Caution: A penalty of \$1,000 will be		this report unless rea	sonable ca	use is established	d.		
Name of plan				B Three-digit			000
DAEJIN AMERICA INC. CASH BALAN	CE PLAN			plan numb	er (PN)	•	002
Plan sponsor's name as shown on li	ne 22 of Earm 5500 or 5500			D Employer Ic	lontificati	on Number	(EIN)
AEJIN AMERICA INC.	ne za or Form 5500 or 5500	-51			11-3399		
					11 0000		
Type of plan: 🗙 Single 🗌 Multiple	e-A Multiple-B	F Prior year p	olan size: 🗙	100 or fewer	101-50	0 More	than 500
Part I Basic Information							
Enter the valuation date:	Month <u>12</u> Da	ay <u>31</u> Year	2013	_			
Assets:]		
a Market value					2a		6380
b Actuarial value					2b		6380
Funding target/participant count b			(1) N	umber of participa	ants	(2)	Funding Target
a For retired participants and ben					0		
b For terminated vested participal	nts	3b			0		
C For active participants:			_		-		
(1) Non-vested benefits			4		-		
					40		5873
(3) Total active					13		5873
					13		58733
	•				40		
 a Funding target disregarding pre b Funding target reflecting at-risk 					4a		
at-risk status for fewer than fi					4b		
Effective interest rate					5		6.34 %
Target normal cost					6		17708
tatement by Enrolled Actuary							
To the best of my knowledge, the information su accordance with applicable law and regulations.	In my opinion, each other assumption						
combination, offer my best estimate of anticipate	ed experience under the plan.						
SIGN							
HERE	Your a family of the					09/04/2	2014
	ignature of actuary					Date	
ATTHEW J. PHILLIPS	or print nome of caturate				Maatin	14-07	
	or print name of actuary				iviost re		ient number
NITED BENEFIT PENSIONS INC.	Firm name				anhona -		22-3170 uding area code)
5 PINELAWN ROAD, SUITE 103E	Fillinname			Ten	ephone i		uding area code)
IELVILLE, NY 11747							
	Address of the firm			-			
he actuary has not fully reflected any r	equiption or with a second		o in correct	tion this sale and t	o b a - l - l	ho h '	

Pa	art II	Begir	ning of Year	Carryov	er and Prefunding	g Ba	lances							
							_	(a) C	Carryover balance		(b)	Prefundir	ng balance	
7		-			cable adjustments (line		-			0			3800	
8			•		unding requirement (line					0			0	
9	Amoun	t remaini	ng (line 7 minus li	ne 8)					0			3800		
10	10 Interest on line 9 using prior year's actual return of <u>8.76</u> %									0			333	
11	Prior ye	ear's exce	ess contributions	o be addeo	d to prefunding balance:	:								
	a Prese	ent value	of excess contrib	utions (line	38a from prior year)								105789	
					interest rate of						0			
	C Total	available	at beginning of cu	rrent plan ye	ear to add to prefunding b	balanc	æ						105789	
	d Porti	ion of (c)	to be added to pro	efunding ba	alance								105789	
12	Other r	eductions	in balances due	to elections	s or deemed elections					0			0	
13	Balanc	e at begir	nning of current ye	ear (line 9 +	⊦ line 10 + line 11d – line	e 12)				0			109922	
P	Part III Funding Percentages													
14	Funding	g target a	ttainment percen	tage								14	88.72 %	
15	Adjuste	ed funding	g target attainmer	t percentaç	ge							15	102.67 %	
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.									16	120.42 %				
17	If the c	urrent val	ue of the assets o	of the plan i	s less than 70 percent c	of the	funding targ	jet, enter s	uch percentage			17	%	
P	art IV	Con	tributions an	d Liquid	ity Shortfalls									
18	Contrib	outions ma	ade to the plan fo	r the plan y	ear by employer(s) and	emp	loyees:							
(N	(a) Dat 1M-DD-Y		(b) Amount p employer		(c) Amount paid by employees		(a) Da (MM-DD-)		(b) Amount pa employer((c) Amou emplo	nt paid by byees	
07	7/28/2014	4		208240		0								
												1		
							Totals 🕨	18(b)		208240	18(c)			
19	Discou	nted emp	loyer contribution	s – see ins	tructions for small plan	with a	a valuation da	ate after th	e beginning of the	e year:				
	a Cont	ributions	allocated toward	unpaid min	imum required contribut	tions	from prior ye	ears		19a			0	
	b Contributions made to avoid restrictions adjusted to valuation date													
	C Cont	ributions a	allocated toward m	inimum reqi	uired contribution for curre	ent ye	ear adjusted t	o valuation	date	19c			201038	
20		-	outions and liquidi	-										
	a Did t	he plan h	ave a "funding sh	ortfall" for t	he prior year?								Yes 🗙 No	
	b If line	e 20a is "	Yes," were require	ed quarterly	y installments for the cu	rrent	year made ir	n a timely ı	manner?	······			Yes No	
	c If line	e 20a is "	Yes," see instruct	ions and co	omplete the following tak									
		(1) 4	.1	1	Liquidity shortfall as	of en	d of quarter					(1) 14-		
		(1) 1:	51		(2) 2nd			(3)	3rd			(4) 4th		

Pa	rt V	Assumption	ns Used to Deterr	nine I	Funding Target and 1	Farge	t Normal Cost					
21	Disco	ount rate:										
	a Se	egment rates:	1st segment: 4.94%		2nd segment: 6.15%		3rd segment: 6.76 %		N/A, fu	ıll yield	curve	e used
	b Ap	plicable month (enter code)					21b				0
22	Weig	hted average ret	tirement age					22				66
23		ality table(s) (see			escribed - combined		scribed - separate	Substitu	te			
Ра	rt VI	Miscellane	ous Items		L		L					
24		-			uarial assumptions for the c						Yes	X No
25	Has a	a method change	e been made for the cur	rrent pla	an year? If "Yes," see instru	ictions	regarding required attac	hment			Yes	× No
26					Participants? If "Yes," see						Yes	No
27		• •	-		er applicable code and see			27				
Ра	rt VII	Reconcilia	ation of Unpaid M	inimu	Im Required Contribu	ution	s For Prior Years					
28	Unpa	id minimum requ	uired contributions for a	ll prior y	years			28				0
29					unpaid minimum required o			29				0
30	80 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)											0
Ра	rt VIII	Minimum	Required Contrib	ution	For Current Year							
31	Targe	et normal cost ar	nd excess assets (see i	nstructi	ions):							
	a Tar	get normal cost ((line 6)					31a				177081
	b Exc	cess assets, if ap	pplicable, but not greate	er than l	line 31a			31b				0
32	Amor	tization installme	ents:				Outstanding Bala	nce	I	nstallm	ent	
	a Net	t shortfall amortiz	zation installment					0				0
	b Wa	aiver amortizatior	n installment					0				0
33	lf a w (Moni		approved for this plan y Day Year		ter the date of the ruling letter	-		33				
34	Total	funding requiren	ment before reflecting c	arrvove	r/prefunding balances (lines	s 31a -	31b + 32a + 32b - 33)	34				177081
		0 1		,	Carryover balance		Prefunding balar	nce	Тс	tal bala	ance	
35			use to offset funding		,	0		0				0
36	Addit	ional cash requir	rement (line 34 minus li	ne 35).			·	36				177081
37	Contr	ibutions allocate	ed toward minimum requ	uired co	ontribution for current year a	djuste	d to valuation date	37				201038
38		,	ess contributions for cur									
				-				38a				23957
				-	prefunding and funding stan			38b				0
39					ear (excess, if any, of line 36		-	39				0
40	Unpa	id minimum requ	uired contributions for a	ll years				40				
Pa	rt IX	Pension I	Funding Relief Un	der P	Pension Relief Act of	2010	(See Instructions)					
41	If an e	election was mad	de to use PRA 2010 fun	nding re	lief for this plan:							
_	a Sch	nedule elected							2 plus 7 yea	ars	15 y	years
	b Eliç	gible plan year(s)) for which the election	in line 4	11a was made			200	8 2009	2010		2011
42								42				
			•		d over to future plan years			43				

43 Excess installment acceleration amount to be carried over to future plan years

Schedule SB, Part V Summary of Plan Provisions

Daejin America Inc. Cash Balance Plan

11-3399036 / 002

For the plan year 01/01/2013 through 12/31/2013

Employer: Type of Entity	Daejin America Inc. S-Corporation EIN: 11-3399036 TIN: Plan #: 002 Plan Type: Cash Balance
Dates:	Effective - 01/01/2010 Year end - 12/31/2013 Valuation - 12/31/2013 Top Heavy Years - 2013
Eligibility:	All employees excluding non-resident aliens, members of an excluded class and union
	Minimum age - 21 Months of service - 12
Hours Required for -	Eligibility - 1000 Benefit accrual - 501 Vesting - 1000
Plan Entry -	First day of 1st or 7th month of plan year on or next following eligibility satisfaction. However, those employed on 01/01/2010 enter on01/01/2010
Retirement: Normal -	First of month coincident with or next following attainment of age 65 and completion of 5 years of participation
Early -	Not provided
Average Compensation:	Current compensation
Top Heavy Minimum Benefit	Highest 5 consecutive top heavy years of participation
Plan Benefits: Retirement	Actuarial equivalent of the hypothetical account balance derived from annual Pay Credits and Interest Credits.
Pay Credits -	
	1.5% of compensation
	A \$100,000
	B \$100,000
Accrued Benefit -	Hypothetical Account Balance
	Minimum Benefit - None
	Maximum Benefit - None
	Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) plan actuarial equivalence interest and mortality
Death Benefit -	Present Value of Accrued Benefit
<u>Top Heavy Minimum:</u>	Provided in another plan
IRS Limitations:	415 Limits - Percent: 100 Dollar: \$205,000
	Maximum 401(a)(17) compensation - \$255,000
Normal Form:	Life Annuity
<u>Optional Forms:</u>	Lump Sum Life Annuity Guaranteed for 0, 5, 10, 15 or 20 Years Annuity Guaranteed for 0 Years Joint with 0%, 50%, 66.67%, 75% or 100% Survivor Benefit
Vesting Schedule:	100% vested in 3 years. Service is calculated using all years of service except years prior to plan effective date and age 18
Present Value of Accrued Bene	fit: Based on the Hypothetical Account Balance.

Schedule SB, Part V Summary of Plan Provisions

Daejin America Inc. Cash Balance Plan 11-3399036 / 002

For the plan year 01/01/2013 through 12/31/2013

Actuarial Equivalence:

Pre-Retirement -	Interest -	5%
	Mortality Table -	None
Post-Retirement -	Interest -	5%
	Mortality Table -	G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex)

Schedule SB, line 19 -

Discounted Employer Contributions

Daejin America Inc. Cash Balance Plan 11-3399036 / 002 For the plan year 01/01/2013 through 12/31/2013 Valuation Date: 12/31/2013

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	Penalty Rate
Deposited Contribution	07/28/2014	\$208,240					
Applied to Additional Contribution	12/31/2013	24,815	23,957	0	0	6.34	0
Applied to MRC	12/31/2013	183,425	177,081	0	0	6.34	0
Totals for Deposited Contribution		\$208,240	\$201,038	\$0	\$0		

Schedule SB, line 22 -Description of Weighted Average Retirement Age

Daejin America Inc. Cash Balance Plan 11-3399036 / 002 For the plan year 01/01/2013 through 12/31/2013

The age reported is the average of the assumed retirement ages for all active participants as of the valuation date rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

SCH	EDULE SB	Single-Employer	Define	ed Bene	fit Plan	_	OMB No	o. 1210-0110
(F	orm 5500)	Actuaria					0	040
Depart	nent of the Treasury al Revenue Service						2	013
· ·····	artment of Labor	This schedule is required to be fi Retirement Income Security Act o				. -		
Employee Ber	efits Security Administration	Internal Reven	nue Code (ti	he Code).				Open to Public pection
For calendar	plan year 2013 or fiscal p	File as an attachme blan year beginning 01/01/		1 5500 or 550	and ending	12	/31/2013	
-	f amounts to nearest do						,,	
Caution:	A penalty of \$1,000 will b	e assessed for late filing of this report	unless reas	sonable caus	e is established			11
A Name of p		<u> </u>		В				······································
Daejin Am	erica Inc. Cash E	alance Plan			plan numbe	er (PN)		002
	ada nama za ahawa an i	ine 2a of Form 5500 or 5500-SF		D	Employer Ide	in the second second		
		ine za of Form 5500 of 5500-SF					tion Number (Ell	N)
Daejin Am	erica Inc.				11	-339	9036	
E Type of pla	an: 🗶 Single 🗌 Multipl	e-A 🗌 Multiple-B	Prior year p	olan size:[X]1	00 or fewer]101-5	500 🗌 More th	ian 500
Part'l I	Basic Information							
1 Enter th	e valuation date:	Month <u>12</u> Day <u>31</u>	Year	2013			A SAFE THE REAL PROPERTY AND A SAFETY AND	
2 Assets:					г			
		•••••••••				<u>2a</u>		638,000
			•••••			2b		638,000
	target/participant count t			(1) Num	ber of participa		(2) Fui	nding Target
_		eficiaries receiving payment				0		
b For te	rminated vested participa	nts	3b	For and Selection of the		0	a an air an	
C For a	tive participants:			-				
(1)			<u></u>	-		a a		(
(2)		• • • • • • • • • • • • • • • • • • • •				1 0		587,338
(3)						13		587,338
d Total		•••••••••••••••••••••••••••••••••••••••				13		587,338
•		ck the box and complete lines (a) and			- -			
	• • • • •	escribed at-risk assumptions				4a		
		assumptions, but disregarding transiti five consecutive years and disregardin			ve been in	4b		
5 Effective	interest rate					5	·······	6.34 %
6 Target r	ormal cost			*****		6		177,081
To the best of m accordance with		plied in this schedule and accompanying schedules n my opinion, each other assumption is reasonable experience under the plan.						
SIGN Here	MAP						09/04/2014	
		Signature of actuary					Date	
	Matthew J. Phil				<u> </u>		14-07285	
	Type United Benefit	or print name of actuary Pensions Inc.					ecent enrollment 31) 622-317	
		Firm name			Tele	phone	number (includi	ng area code)
	35 Pinelawn Road				1010	,		
US	Melville	NY 11747						
		Address of the firm						
	nas not fully reflected any	regulation or ruling promulgated under	r the statute	e in completi	ng this schedule	e, chec	k the box and se	эе 📋
instructions	L D . d than 8 . 4 M - 4	and OWR Control Numbers see the	Instruction		5500 or 5500 9	20	Pohadula	SB (Form 5500) 2011

Schedule SB (Form 5500) 2013

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Page 2

Pa	rt III. Beg	ginning of Year	Carryov	er and Prefunding Bal	ances							
Construction of the	a di sala di sala sala sala sala sala sala sala sal			······································		(a)	Carryover balance		(b) Pre	fundi	ng balance	_
7				icable adjustments (line 13 fro				0			3,80	00
8				funding requirement (line 35 f				o				0
9	Amount remaining (line 7 minus line 8)0										3,80	00
10	Interest on lir	ne 9 using prior year	's actual re	turn of <u>8.76</u> %				0			33	33
11	Prior year's e	excess contributions	to be adde	d to prefunding balance:								
	a Present v	alue of excess contr	ibutions (lir	e 38a from prior year)							105,78	<u>39</u>
				interest rate of <u>7.05</u> % e								0
-	c Total avai	lable at beginning of	current pla	an year to add to prefunding b	alance .						105,78	39
	d Portion of	(c) to be added to p	refunding b	alance			an a				105,78	39
12	Other reducti	ions in balances due	to election	s or deemed elections				0				0
13	Balance at be	eginning of current y	ear (line 9	+ line 10 + line 11d - line 12) .				0			109,92	22
Pa	intelling Fi	unding Percent	ages									
- ACOMECT - CO	Al visit man in station of								1	4	88.72	%
15	Adjusted fund	ding target attainmei	nt percenta	ge					1	5	102.67	%
16	Prior year's fe	unding percentage for s funding requirement	or purposes	s of determining whether carry	over/pret	unding bala	inces may be used i	to reduce	1	6	120.42	%
17				is less than 70 percent of the						7		%
P	fit IV	ontributions an	d Liquid	lity Shortfalls								_
a trans a dare	and the second sec			year by employer(s) and empl	oyees:							
	(a) Date M-DD-YYYY)	(b) Amount p employer(aid by	(c) Amount paid by employees	(a) Date D-YYYY)	(b) Amount p employer				unt paid by oyees	_
07,	/28/2014	2	08,240									
												
										_		
LOO bost see	6000-04-3-0-07-07-07-07-07-07-07-07-07-07-07-07-0	and in the summary of the second s										
20,4					Totals	.,	in the second	208,240	18(c)			
19	Discounted e	mployer contribution	ıs see in:	structions for small plan with a	i valuatio	n date after						
	a Contributio	ons allocated toward	unpaid mit	nimum required contributions	from prio	years		19a			, ,	0
	b Contributio	ons made to avoid re	strictions a	idjusted to valuation date		•••••		19b				0
	c Contributio	ons allocated toward	minimum i	required contribution for current	nt year ac	justed to va	aluation date	19c	and the second		201,03	38
20	-	ntributions and liquid										瀨
		=		the prior year?					• • • • • • • • • •	·· [_	Yes X No	
	b If line 20a	is "Yes," were requi	red quarter	ly installments for the current	year mad	e in a timel	y manner?	• • • • • • • • • • • • • • •] Yes 🛄 No	TA . IT
	c If line 20a	is "Yes," see instruc	tions and c	complete the following table as								1
		4 - 4		Liquidity shortfall as of end	of quarte	er of this pla (3)	n year 3rd		(4)	4t	<u> </u>	
	(1)	1st		(2) 2nd	1	(3)	010			-71	1 <u>,</u>	

Schedule SB (Form 5500) 2013

Page 3

P	art VA Assumptio	ons Used To Determine	Funding Target and Targ	et Normal Cost		
21	Discount rate:					
	a Segment rates:	1st segment: 4 . 94 %	2nd segment: 6.15 %	3rd segment: 6,76 %	•	N/A, full yield curve used
	b Applicable month	(enter code)			21b	. 0
22	Weighted average re	etirement age			22	66
23	Mortality table(s) (se	e instructions) X Pre	escribed - combined	scribed - separate] Substitu	te
B Ra	it VII Miscellane	eous items		······································		
24	Has a change been i	made in the non-prescribed act	uarial assumptions for the curren	t plan year? If "Yes," see	instructior	ns regarding required
	attachment					Yes 🗶 No
25	Has a method chang	e been made for the current pl	an year? If "Yes," see instructions	regarding required attac	chment	Yes 🕱 No
26	Is the plan required t	o provide a Schedule of Active	Participants? If "Yes," see instrue	ctions regarding required	attachmei	nt
27			er applicable code and see instru		27	
Pa	A STREET COMPANY AND A STREET		m Required Contribution			
28			years		28	0
29	Discounted employe	r contributions allocated toward	unpaid minimum required contri	outions from prior years	29	0
30			tributions (line 28 minus line 29)		30	0
		Required Contribution		· · · · · · · · · · · · · · · · · · ·		
31	Target normal cost a	ind excess assets (see instructi	ons):			
	a Target normal cost	t (line 6)	<u></u>	<u></u>	31a	177,081
	b Excess assets, if a	applicable, but not greater than	line 31a		31b	0
32	Amortization installm	ients:		Outstanding Bala	ince	Installment
	a Net shortfall amort	ization installment			0	0
	b Waiver amortizatio	n installment			0	0
33			ter the date of the ruling letter gra) and the waived amount .		33	
34	Total funding requirer	ment before reflecting carryover/	prefunding balances (lines 31a - 3	1b + 32a + 32b - 33)	34	177,081
	`		Carryover balance	Prefunding Bala	nce	Total balance
35		use to offset funding	0	-	0	0
36					36	177,081
37	Contributions allocate	ed toward minimum required co	ontribution for current year adjuste	ed to valuation date	37	201,038
38	Present value of exc	ess contributions for current ye	ar (see instructions)	· · · · · · · · ·		
		······································			38a	23,957
			prefunding and funding standard of		38b	0
39			ear (excess, if any, of line 36 over		39	0
		· · · · · · · · ·			40	
40 RBai			ension Relief Act of 2010			
41	If an election was mad	de to use PRA 2010 funding rel	ief for this plan:			
					• • • • [2 plus 7 years 🔲 15 years
	b Eligible plan year(s	s) for which the election in line 4	1a was made		. 🗌 200	08 2009 2010 2011
			• • • • • • • • • • • • • • • • • • • •		42	
42	E	valoration amount to be carried	Leverte future mlen voere		43	

DAEJI	NCB
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Schodulo SR Part V 5

DAEJINCB	Schedule SB, Part V						
S	Statement of Actuarial Assumptions/Methods						ods
					- Balance Pl		
		,		99036 / 00			
		For the plan	year 01/0	01/2013 th	rough 12/31/2	013	
Valuation Date:		12/31/2013					
			Contine 12	0			
Funding Method:	Age -	As prescribed in IRC Eligibility age at last			at nearest hirthday	1	
	Age	Englosity ago at last	birthday and	a other ages		1	
Retrospective Comp	ensation -	Current compensati	on				
Form of	Payment -	Assumed form of pa	ayment for fu	Inding is Life	Annuity		
						of Oomtombon O	0.0010.4-
Intere	est Rates -	Segment rates for the permitted under IRC			Segment rates as permitted under IF		
		Segment #	Year	Rate %	Segment #	Year	Rate %
		Segment 1	0 - 5	1.28	Segment 1	0 - 5	4.94
		Segment 2	6 - 20	4.05	Segment 2	6 - 20	6.15
		Segment 3	> 20	5.07	Segment 3	> 20	6.76
))
Pre-Ret	tirement -	Mortality Table -	None				
		Turnover/Disability -					
		Salary Scale -	None				
		Interest Credit Rate					
		Expense Load -	None				
		Ancillary Ben Load					
Post-Ret	tirement -	Mortality Table -		013 Funding	Target - Combined	d - IRC 430(h)	(3)(A)
		Cost of Living -	None				
Asset Valuation Method	<u>l:</u>	Fair market value of	assets adju	sted for cont	ributions under IR	C 430(g)(4)	
Discrimination Test Ass	umption	<u>s:</u>					
HCE Detern	nination -	Based on all employ	/ees				
Otherwise Exc	cludable -	Otherwise Excludab	le HCEs are	e included wit	h the Not Otherwis	e Excludable	employees
410(b)/401(a)(4) Testing	:						
	- tirement -	Interest -	8.5%				
Post-Ret	tirement -	Interest -	8.5%				
		Mortality Table -		Individual Ar	nnuity (female)		
Permissively Aggregate	Permissively Aggregated Plans - Tested as a Single Plan						
	Compensation - Use current compensation to calculate the benefit accrual rate (annual method)					od)	
201100						、	,

Testing Age - Normal retirement age or attained age, if older

Normal Form for MVAR - Joint with 50% Survivor Benefits

401(a)(26) Testing:

Compensation - Use current compensation to calculate the benefit accrual rate for 401(a)(26)

Testing Age - Normal retirement age or attained age, if older

Schedule SB, line 26 -Schedule of Active Participant Data

Daejin America Inc. Cash Balance Plan 11-3399036/002 For the plan year 01/01/2013 through 12/31/2013

Years of Credited Service

Attained Age	Under 1 No.	1 to 4 No.	5 to 9 No.	10 to 14 No.	15 to 19 No.	20 to 24 No.	25 to 29 No.	30 to 34 No.	35 to 39 No.	40 & up No.
Under 25										
25 to 29		3								
30 to 34		3								
35 to 39		1								
40 to 44		1								
45 to 49		1								
50 to 54		2								
55 to 59										
60 to 64										
65 to 69		1								
70 & up		1								

	Form 5500-SF	Short Form Annual Return/Report of Small Employ Benefit Plan			1210-0089
	Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employe Department of Labor Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6057				f 2013
	ployee Benefits Security Administration Pension Benefit Guaranty Corporation	enefits Security Administration the Internal Revenue Code (the Code).			This Form is Open to Public Inspection
Constitution of	· ·		ordance with the instructions to t	he Form 5500-SF	• 1
******		dentification Information	01/01/2012 and	onding	10/21/0012
	calendar plan year 2013 or fisc				12/31/2013
Α	This return/report is for:	x a single-employer plan	a multiple-employer plan (not mu	ultiemployer)	a one-participant plan
В	This return/report is:	the first return/report	the final return/report		
		an amended return/report	a short plan year return/report (le	ess than 12 month	s)
С	Check box if filing under:	x Form 5558	automatic extension		DFVC program
		special extension (enter description	lion)		
D	art II Basic Plan Infor	mation enter all requested in	formation		
	Name of plan	mation enter an requested in		11	D Three-digit
	Daejin America Inc.	Cash Balance Plan			plan number
	Daejin America inc.	Cash Datance Fian		10	(PN) ► 002 C Effective date of plan
					01/01/2010
2a		ress; include room or suite number	(employer, if for a single-employer	plan) 2	D Employer Identification Number
	Daejin America Inc.				(EIN) 11-3399036
				20	Sponsor's telephone number (631) 843-0900
	5 Dubon Court			20	Business code (see instructions)
បន	Farmingdale	NY 11735		_	339900
		d address X Same as Plan Spon	sor Name 🔲 Same as Plan Spons	sor Address 31	Administrator's EIN
				30	Administrator's telephone number
4	If the name and/or EIN of the pane, EIN, and the plan number		e last return/report filed for this plan	, enter the 4	DEIN
а	Sponsor's name	ber from the last return/report.		40	PN
		t the beginning of the plan year			
b			*****		
c			e plan year (defined benefit plans do		15
	complete this item)				:
6a	Were all of the plan's assets d	luring the plan year invested in eligi	ble assets? (See instructions.)		XYes No
b		•	f an independent qualified public ac	countant (IQPA)	
		(See instructions on waiver eligibility			
~			not use Form 5500-SF and must insurance program (see ERISA see		
с 				SUON 4021)?	X Yes No Not determined
Ca	ution: A penalty for the late o	r incomplete filing of this return/	report will be assessed unless re	asonable cause is	s established.
Un	der penalties of perjury and oth	er penalties set forth in the instructi	ons, I declare that I have examined	this return/report,	including, if applicable, a Schedule
	or Schedule MB completed and lief, it is true, coprect, and compl		well as the electronic version of this	s return/report, and	to the best of my knowledge and
		7777			
Difference and	IGN Kelling and	Char	Sep. 8, 2014 Ke	ing Y.	Chor
H	ERE Signature of plan admir	<u>istrator</u>		ne of individual sig	ning as plan administrator
	IGN Relling	d an	Sep 8. 2014 K	Rung Y.	Choi
	ERE Signature of employer/p				ning as employer or plan sponsor
Pre	eparer's name (including firm na	me, if applicable) and address; incl	ude room or suite number (optional) Pre	parer's telephone number (optional)
	r Danamuark Paduation Act M	otics and OMP Control Numbers	see the instructions for Form 55	00.85	Form 5500-SE (2012)

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Page **2**

7 Plan Asach and Liabilities (a) Beglunning of Year (b) End of Year 8 Total plan assets 7c 623,304 966,246 5 Total plan assets 7c 623,204 866,246 6 Total plan assets 7c 623,204 866,246 8 Income. Experimes.and Trinsless 861 208,240 866,246 8 Income. Experimes.and Trinsless 861 208,240 866,246 8 Income. Experimes.and Trinsless 861 208,240 866,246 8 Income. Experime (call ines 3a1, 3a2), 3a2,3a4 866 222,942 222,942 4 Benefits paid (naturing otherws) 86 222,942 222,942 4 Benefits paid (naturing otherws) 86 222,942 222,942 4 Contraintone dialor: concretive dialor dialors, fields, commission) 87 4 222,942 7 Tarsfores field (cont in a field from in a 2d, and 8g) 84 4 222,942 7 Intermore (cas) (authing the finan ensured on a 2d and 8g 81 222,942 7 Taranetsets (cad lines 3a1, and 8g) 81	Pa	rt III Financial Information							
De Total para liabilities To To 0 Net plan sale builtrad line 10: from line 70; 623,304 845,246 0 Contributions disclustrad line 70: from line 70; 641,120,23,304 845,246 0 Contributions disclustrad line 70: from line 70; 641,120,240 60,23,304 845,246 0 Dendrovers 584,11,120 208,240 63 14,702 0 Dendrovers 66 14,702 222,942 646 0 Cardin line on (call ines 364,15,462,3,463), and 86) 65 14,702 222,942 0 Cardin denned and/or corrective distributions (see instruction) 66 222,942 646 0 Cardin denned and/or corrective distributions (see instruction) 68 14,702 222,942 1 Administribute envice provide calleria, fees, commission) 81 222,942 174 1 Ref Income (bas), (subtrad line 81 from line 80; 81 1 222,942 1 Net income (bas), (subtrad line 81 from line 80; 81 1 222,942 1 Pain Characteristics 204 1 222,942 2	7	Plan Assets and Liabilities		(a) Beginning of Year	r			(b) End c	of Year
De Total para liabilities To To 0 Net plan sale builtrad line 10: from line 70; 623,304 845,246 0 Contributions disclustrad line 70: from line 70; 641,120,23,304 845,246 0 Contributions disclustrad line 70: from line 70; 641,120,240 60,23,304 845,246 0 Dendrovers 584,11,120 208,240 63 14,702 0 Dendrovers 66 14,702 222,942 646 0 Cardin line on (call ines 364,15,462,3,463), and 86) 65 14,702 222,942 0 Cardin denned and/or corrective distributions (see instruction) 66 222,942 646 0 Cardin denned and/or corrective distributions (see instruction) 68 14,702 222,942 1 Administribute envice provide calleria, fees, commission) 81 222,942 174 1 Ref Income (bas), (subtrad line 81 from line 80; 81 1 222,942 1 Net income (bas), (subtrad line 81 from line 80; 81 1 222,942 1 Pain Characteristics 204 1 222,942 2	а	Total plan assets	7a				846,24		
B Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total Contributions received or received from: 8a(1) 208, 240 208, 240 (3) Engloyers 8a(3) 208, 240 208, 240 208, 240 (3) Others (including rollovers) 8a(3) 222, 942 222, 942 222, 942 Chain Income (loss) 8c 222, 942 222, 942 Genetaling and (including rollovers) 8c 222, 942 Genetaling and genet rollovers and misurance prenums to provide benetalis 8d 222, 942 Genetalise paid (including rollovers) 8e 4d 222, 942 Transfers to (from) the plan (see instructions) 8e 222, 942 222, 942 Transfers to (from) the plan (see instructions) 8g 222, 942 222, 942 Transfers to (from) the plan (see instructions) 8g 222, 942 222, 942 Transfers to (from) the plan (see instructions) 8g 222, 942 222, 942 Transfers to (from) the plan (see instructions) 8g 222, 942 222, 942 Transfers to (from) the plan (see instructions) 8	b	Total plan liabilities	7b						
B Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total Contributions received or receivable from: Sa(1) 208, 240 208, 240 208, 240 208, 240 208, 240 208, 240 208, 241, 241, 241, 241, 241, 241, 241, 241	С	Net plan assets (subtract line 7b from line 7a)	7c	623,30	04		846,246		
(1) Employers 8a(1) 209,240 (2) Participants 8a(2) (3) Others (including rollowers) 8a(3) (4) Others (including rollowers) 8a(3) (5) Others (including rollowers) 8a(3) (6) Others (including rollowers) 8a(3) (7) Others (including rollowers) 8a(7) (8) Others (including rollowers) 8a(7) (9) Others (including rollowers) 8a(7) (10) Others (including rollowers) 8a(7) (11) Others (including rollowers) 8a(7) (11) Others (including rollowers) 8a(7) (21) Others (including rollowers) 8a(7) (22) Others (including rollowers) 8a(7)	8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total		
(2) Participants 8e(2) (3) Others (including rollowers) 8e(3) (3) Others (including rollowers) 8e (3) Others (including rollowers) 8e (4) Other (including rollowers) 8e (5) Other (including rollowers) 8e (6) Other (including rollowers) 8e (7) Other spenses 8d (8) Other income (add lines 8a(t), 8a(2), 8a(3), and 8b) 8e (7) Other spenses 8g (8) Other income (add lines 8a(t), 8a(2), 8a(3), and 8b) 8g (7) Other spenses 8g (8) Other income (add lines 8a(t), 8a(3), and 8b) 9g (9) Other spenses 8g (1) Transfers to (from) the pial (see instructions) 8g (1) Transfers to (from) the pial (see instructions) 8g (2) Other spenses 8g (3) Other income (ses) (uburbat line 8h from line 8c) 8g (2) Other income (add lines 8a(t), 8a(3), 8									
(3) Others (including rollowers) 84(3) 80 14,702 b Other income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 2222,942 d Benefits paid (including direct rollowers and insurance prenitums to provide brenefits) 8c 2222,942 d Benefits paid (including direct rollowers and insurance prenitums to provide brenefits) 8c 2222,942 d Excension and and/or corrective distributions (see instructions) 8c 2222,942 d Administrative service provides (salaries, elses, commissions) 8f 6g d Total expenses (add lines 8d, 8c, 6f, and 8g) 8g 222,942 Fransfers to (from) the plan (see instructions) 8g 9g 222,942 Part IV Plan Characteristics 9g 9g 9g 10 During the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 12 C D During the plan year: 10g x d Mas there a failure to transmit to the plan any participant contributions within the time petrol described in 20 CCR 2013-1202 (See instructions and DOL's Volunday Priduady Correction Program) 10g x c Was there a fail				208,24	40				
b Other Income (loss) 9b 14,702 222,942 C Total Income (ddl lines 4d,1), 4d(2), 8d(3), and b) 8c 222,942 C Generating paid (including direct rollovers and insurance premiums) 8d 222,942 C Certain deemed and/or corrective distributions (see instructions) 8d 222,942 C Other segmess 8g 1 C Other segmess 8g 222,942 Transfers to (from) the plan (see instructions) 8d 222,942 Transfers to (from) the plan (see instructions) 8d 222,942 Transfers to (from) the plan (see instructions) 8d 222,942 Transfers to (from) the plan (see instructions) 8d 222,942 Transfers to (from) the plan (see instructions) 8d 10 D During the plan year: 8d 10 A Weak provides pension benefits, enter the applicable velfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 10 10 10 10 10 10 10 10 10 10 10 10 10		•					1		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 222, 942 d Berefits paid (including direct follows and insurance permitting to provide benefits) 8d 222, 942 d Berefits paid (including direct follows and insurance permitting) 8d 8d 222, 942 d Certain deemed and/or carrective distributions (see instructions) 8d 8d 222, 942 d Administrative service provides (salards, Eee, commissions) 8d 9d 222, 942 d Transfers to (from) the plan (see instructions) 8d 9d 222, 942 Transfers to (from) the plan (see instructions) 8d 222, 942 222, 942 Transfers to (from) the plan (see instructions) 8d 222, 942 222, 942 Transfers to (from) the plan (see instructions) 8d 222, 942 222, 942 Transfers to (from) the plan (see instructions) 8d 222, 942 222, 942 Transfers to (from) the plan (see instructions) 10d 10d 222, 942 222, 942 Transfers to (from) the plan (see instructions) 10d			1	14.70					
definition 8d e Carbin deemeds and/or corrective distributions (see instructions) 8e f Administrative service provides (satares, f.es., commissions) 8e g Other expenses 8g model expenses 8g i Net income (loss) (subtract line 8d) res mile 8c) 8i j Transfers (of (rom) the plan (see instructions) 8j j Transfers (of (rom) the plan (see instructions) 8j j Transfers (of (rom) the plan (see instructions) 8j j Transfers (of (rom) the plan (see instructions) 8j j Transfers (of (rom) the plan (see instructions) 8j j If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: j IC VC Quing the plan year: Yes j Ves (rom) plance Questions Yes j Ves (rom) plance Questions Yes j Ves (rom) plance Questions and DOL's Voluntary Fiduciary Correction Program) 10s j Ves (rom) weak plan towascifts with any party-in-interest? (Do not include transactions reported in online 10a) x j Ves (rom) weak on commetion with any party-in-interest? (Do not include transactions reported in online 10a) x j Ves (rommise somal commetin				14,70	02				
e Carlan deemed and/or corrective distributions (see instructions)	d	Benefits paid (including direct rollovers and insurance premiums							222,942
f Administrative service providers (salaries, fees, commissions) 8f g Other expenses 8g i Net income (loss) (subtract line 8h from line 8c) 8i i Net income (loss) (subtract line 8h from line 8c) 8i i Net income (loss) (subtract line 8h from line 8c) 8i i Net income (loss) (subtract line 8h from line 8c) 8i i Net income (loss) (subtract line 8h from line 8c) 8i i Net income (loss) (subtract line 8h from line 8c) 8i i Net income (loss) (subtract line 8h from line 8c) 8i i Net income (loss) (subtract line 8h from line 8c) 8i i Net income (loss) (subtract line 8h from line 8c) 8i i Net income (loss) (subtract line 8h from line 8c) 10 i Net income subtract line 8h from line 8c) 10 i Net income subtract line 8h from line 8c) 10 i Net income subtract line 8h from any participant contributions within the time period described in 20 of Rizota 21 (See instructions and DOL * Voluntary Fluciary Correction Program) 10a 10a i Vas there any noncompt transactions with any parti-interest? (On on tinclude transactions reported									
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1 Net income (loss) (subtract line 8h from line 8c) 81 222,942 Part IV Plan Characteristics 81 81 222,942 Part IV Plan Characteristics 92 11 the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 12 9 If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 12 9 If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 12 9 If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 14 10 During the plan year: Yes No Amount 10 Was there any nonexempt transactions and DOL's Voluntary Fiduciary Correction Program 106 X 10 Wes there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a, welfare on regaralizion that provides some or all of the benefits under the plan? (See instructions, welfare on regaralizion that provides some or all of the benefits under the plan? (See instructions, welfare on regaralizion that provides some or all of the benefits under the plan? (See instructions, welfare on regaralision that provides some or all of the benefits under			8g						
j Transfers to (from) the plan (see instructions) Bj Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1C 0 9a If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a Vas there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Volumer Fiduciary Comection Program) 10a x b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on inline 10a,) 10b x	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						
j Transfers to (from) the plan (see instructions) Bj Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1C 0 9a If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a Vas there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Volumer Fiduciary Comection Program) 10a x b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on inline 10a,) 10b x	i	Net income (loss) (subtract line 8h from line 8c)	8i						222,942
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1C b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions Yes No 10 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? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a) 10b X c Was the plan covered by a fidelity bond? 10c X 10d X c Was the plan nave a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonestry? 10d X 10d X c Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) 10d X 10d X c Job the plan have any participant loans? (If "Yes," enter amount as of yearend.) 10d	j	Transfers to (from) the plan (see instructions)	8j						
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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 e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) 10e x f Has the plan failed to provide any benefit when due under the plan? 10f x x g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g x x h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3) 10h x x i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 10i x x x Part VI Pension Funding Compliance 10i x x yes_No 11a 0 11a Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) x yes No No 11a Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? yes X No	С	Was the plan covered by a fidelity bond?		**********************************	10c		x		
insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	d	Did the plan have a loss, whether or not reimbursed by the plan's f	idelity bon	d, that was caused by fraud	10d		x		
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g x h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h 10h i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 10h 10h Part VI Pension Funding Compliance 10i 10i 10i 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) 11a 0 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X Yes X No (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver	e	insurance service, or other organization that provides some or all o	of the bene	fits under the plan? (See	10e		x		
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3) 10h i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 10i Part VI Pension Funding Compliance 10i 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) 11a 0 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes I No (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver Month Day Year	f	Has the plan failed to provide any benefit when due under the plan	?	*****	10f		x		
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3) 10h i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 10i Part VI Pension Funding Compliance 10i 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) 11a 0 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes I No (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver Month Day Year	a	Did the plan have any participant loans? (If "Yes." enter amount as	of year e	nd.)	100		x		
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 10i Part VI Pension Funding Compliance 10i 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) X 11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a 0 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? I Yes X No (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) I I a 0 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver		If this is an individual account plan, was there a blackout period? (§	See instrue	ctions and 29 CFR					
Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) Image: Type instruction in the second s	i	If 10h was answered "Yes," check the box if you either provided the	e required	notice or one of the					
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) Image: The second	Par				101		l		
5500) and line 11a below) Image: Sign of the			opto 2 /lf ID		at- C	ab - 1		/ Г ания	[
 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X No (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver		5500) and line 11a below)	************						X Yes 🗌 No
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If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	12	Is this a defined contribution plan subject to the minimum funding re-	equiremer	its of section 412 of the Code or	· sect	ion 30	2 of E	RISA?	Yes X No
granting the waiver									
	a	If a waiver of the minimum funding standard for a prior year is being granting the waiver	g amortize	d in this plan year, see instruction	ons, a th	and en	ter the Da	e date of the	e letter ruling Year
b Enter the minimum required contribution for this plan year	lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (Form	1 5500), and skip to line 13.					
	b	Enter the minimum required contribution for this plan year			******		12b		

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С	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes 🗌	No 🗌 N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?		es 🗴 No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the co of the PBGC?			Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
1	3c(1) Name of plan(s): 130	c(2) EIN((s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			

14a Name of trust	14b Trust's EIN