### Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

SIGN **HERE** 

### **Short Form Annual Return/Report of Small Employee Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal

▶ Complete all entries in accordance with the instructions to the Form 5500-SF

Revenue Code (the Code).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection** 

**Annual Report Identification Information** For calendar plan year 2014 or fiscal plan year beginning and ending 12/31/2014 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the first return/report the final return/report **B** This return/report is an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Part II 1a Name of plan **1b** Three-digit DAEJIN AMERICA INC. CASH BALANCE PLAN plan number (PN) ▶ 002 1c Effective date of plan 01/01/2010 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number DAEJIN AMERICA INC. 11-3399036 (EIN) Sponsor's telephone number 631-843-0900 **5 DUBON COURT** FARMINGDALE, NY 11735 Business code (see instructions) 339900 **3a** Plan administrator's name and address XSame as Plan Sponsor. Administrator's EIN **3c** Administrator's telephone number 4b EIN If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN Total number of participants at the beginning of the plan year ..... 5a 13 **b** Total number of participants at the end of the plan year..... 5b Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c complete this item) d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 13 d(2) Total number of active participants at the end of the plan year..... 5d(2) 23 e Number of participants that terminated employment during the plan year with accrued benefits that were 5e less than 100% vested. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete Filed with authorized/valid electronic signature **SIGN HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator

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

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number (optional)

	Form 5500-SF 2014		Page <b>2</b>								
b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan's assets during the plan year invested in eligible.	an independ and condition	dent qualified public accounta	nt (IQ	PA)				X Ye	_	No
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pro	ogram (see ERISA section 40	21)?	X	Yes	No	N	ot dete	ermin	ied
Par	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) Er	ıd of			
<u>a</u>	Total plan assets	. 7a	8462	246					961	148	
	Total plan liabilities	7b	0.400	140					004	4.40	
	Net plan assets (subtract line 7b from line 7a)	. 7с	8462	46						148	
а	Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:	8a(1)	(a) Amount	396			(b	) Tota	<u>al</u>		
	(1) Employers(2) Participants		-								
	(3) Others (including rollovers)										
	Other income (loss)	1 1		6							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)								114	902	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
<u>g</u>	Other expenses	8g									
	Total expenses (add lines 8d, 8e, 8f, and 8g)										
	Net income (loss) (subtract line 8h from line 8c)	8i							114	902	
Par	Transfers to (from) the plan (see instructions)  t IV Plan Characteristics	·· 8j									
b	If the plan provides welfare benefits, enter the applicable welfare f	feature code	s from the List of Plan Charac	cterist	ic Coc	les in t	he instru	ction	s:		
10	During the plan year:				Yes	No		A	nount		
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid			10a		X					
b	Were there any nonexempt transactions with any party-in-interes on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c		X					
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X					
е	Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all instructions.)	of the bene	fits under the plan? (See	10e		X					
f	Has the plan failed to provide any benefit when due under the plan	an?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year er	nd.)	10g		X					
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 t 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 requiren 5500) and line 11a below)								X Ye	s	No
11a	Enter the unpaid minimum required contribution for current year f	rom Schedu	le SB (Form 5500) line 39			11a					0
12	Is this a defined contribution plan subject to the minimum funding	g requiremer	nts of section 412 of the Code	or se	ction :	302 of	ERISA?	<u></u>	Ye	s 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 bei granting the waiver.	-			, and 6	enter tl Day			letter ı ear	uling	]

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

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

### **SCHEDULE SB** (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan **Actuarial Information** 

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

Inspection

OMB No. 1210-0110

2014

This Form is Open to Public

		File as an attachment to Form	5500 or 5500-SF.			
For	calenda	ar plan year 2014 or fiscal plan year beginning 01/01/2014	and endi	ng 12/3	31/2014	
•	Round	off amounts to nearest dollar.				
•	Cautior	n: A penalty of \$1,000 will be assessed for late filing of this report unless reason	onable cause is established	ed.	1	
	lame of		<b>B</b> Three-dig	jit		002
DAE	JIN AN	MERICA INC. CASH BALANCE PLAN	plan num	ber (PN)	•	
C	Dlan enc	onsor's name as shown on line 2a of Form 5500 or 5500-SF	<b>D</b> Employer	Identificat	tion Number (E	:INI\
		MERICA INC.	<b>D</b> Lilipioyei	11-3399		.IIV)
F T	ype of p	olan: X Single Multiple-A Multiple-B F Prior year pla	an size: X 100 or fewer	101-5	00 More th	on F00
			in size. N 100 of fewer	101-3	oo	an 500
Pa	rt I	Basic Information				
1	Enter	the valuation date: Month 12 Day 31 Year 2	2014			
2	Assets	S:				
	<b>a</b> Mar	ket value		2a		846251
	<b>b</b> Actu	uarial value		2b		846251
3	Fundi	ng target/participant count breakdown	(1) Number of	(2) Ves	ted Funding	(3) Total Funding
			participants	Т	arget	Target
	<b>a</b> For	retired participants and beneficiaries receiving payment	0		0	0
	<b>b</b> For	terminated vested participants	1		242	242
	<b>C</b> For	active participants	23		801153	801153
	<b>d</b> Tota	al	24		801395	801395
4	If the i	plan is in at-risk status, check the box and complete lines (a) and (b)	П		*	
		ding target disregarding prescribed at-risk assumptions		4a		
		nding target reflecting at-risk assumptions, but disregarding transition rule for p				
		at-risk status for fewer than five consecutive years and disregarding loading fa		4b		
5	Effect	ive interest rate		5		6.50%
6	Targe	t normal cost		6		94406
Stat	ement	by Enrolled Actuary				
		at of my knowledge, the information supplied in this schedule and accompanying schedules, statements we with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into a				
C	combination	on, offer my best estimate of anticipated experience under the plan.				
S	IGN					
Η	ERE				09/24/20	)15
		Signature of actuary			Date	
MAT	ΓTHEW	J. PHILLIPS			14-0728	35
		Type or print name of actuary		Most r	ecent enrollme	nt number
UNI	TED BE	ENEFIT PENSIONS INC.			631-622	-3170
		Firm name	Te	elephone		ling area code)
		WN ROAD, SUITE 103E NY 11747		-	,	•
ıvı⊏L	_villE,	INT 11777				
		Address of the firm				
		Addiess of the littl				
	actuary	has not fully reflected any regulation or ruling promulgated under the statute	in completing this schedu	le, check	the box and se	ee

Page 2	2 -	1
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Schedule SB (Form 5500) 2014

Pa	rt II E	Beginning of Year	Carryov	er and Prefunding Ba	alances						
_						(a) (	Carryover balance		(b) F	<sup>2</sup> refundi	ng balance
7				cable adjustments (line 13 f				0			109922
8				unding requirement (line 35							
		•	•					0			0
9	Amount re	emaining (line 7 minus li	ne 8)					0			109922
10	Interest or	n line 9 using prior year'	s actual ret	urn of <u>3.05</u> %				0			3353
11	Prior year	's excess contributions t	o be added	I to prefunding balance:							
	<b>a</b> Present	value of excess contrib	utions (line	38a from prior year)							23957
				Ba over line 38b from prior ye interest rate of6.34							0
	b(2) Inte	rest on line 38b from pri	or year Sch	edule SB, using prior year's	actual						
				ear to add to prefunding balar							23957
	<b>d</b> Portion	of (c) to be added to pre	efunding ba	lance							23957
12	Other red	uctions in balances due	to elections	s or deemed elections				0			0
				line 10 + line 11d – line 12				0			137232
	art III	Funding Percent			<u>'</u>						
										14	87.36 %
	15 Adjusted funding target attainment percentage								15	104.28 %	
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	88.72 %			
17	17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage							%			
Pa	Part IV Contributions and Liquidity Shortfalls										
18	Contribution	ons made to the plan for	the plan y	ear by employer(s) and emp	oloyees:						
/N/	(a) Date IM-DD-YYY	(b) Amount p		(c) Amount paid by	ate	(0	•	int paid by			
	)/15/2015	(Y) employer	114896	employees 0	(MM-DD	-1111)	employer(s)			СПР	oyees
	113/2013		114030	0							
					Totals ▶	18(b)	,	114896	18(c)		
19	Discounte	d employer contribution	s – see inst	ructions for small plan with	a valuation o	date after th	e beginning of the	year:			
	a Contrib	utions allocated toward	unpaid min	imum required contributions	from prior y	ears		19a			0
	<b>b</b> Contribu	utions made to avoid res	strictions ac	ljusted to valuation date				19b			0
	<b>C</b> Contribu	utions allocated toward m	inimum requ	uired contribution for current y	ear adjusted	to valuation	date	19c			106103
20	•	contributions and liquidi	•							F	
		-		he prior year?						<u> </u>	Yes X No
				installments for the current	-	-	manner?			<u>L</u>	Yes No
	C If line 2	0a is "Yes," see instructi	ons and co	mplete the following table a							
		(1) 1st		Liquidity shortfall as of e	nd of quarte		n year 3rd			(4) 4th	n
				( ) =		(0)	-			. ,	

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	t Normal Cost						
21	Discou	nt rate:									
	<b>a</b> Seg	ment rates:	1st segment: 4.99%	2nd segment: 6.32 %	3rd segment: 6.99 %		N/A, fu	II yield	curve	e used	
	<b>b</b> Appl	icable month (	enter code)			21b				0	
22	Weight	ed average ret	irement age			22				69	
23	Mortali	ty table(s) (see	e instructions) X Pre	escribed - combined Pre	scribed - separate	Substitut	te				
Pa	rt VI	Miscellane	ous Items			<del></del>					
24				uarial assumptions for the current	plan year? If "Yes." see	instructions	regarding re	auired			
		-							Yes	X No	
25	Has a r	method change	e been made for the current pl	an year? If "Yes," see instructions	regarding required attac	chment			Yes	X No	
26	Is the p	olan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment		X	Yes	No	
27	If the p	lan is subject to	o alternative funding rules, ent	ter applicable code and see instruc	tions regarding	27				<u> </u>	
	attachr	nent				. 21					
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	ım Required Contribution	s For Prior Years						
28	Unpaid	l minimum requ	uired contributions for all prior	years		28				0	
29	Discou	nted employer	contributions allocated toward	d unpaid minimum required contrib	utions from prior years	29				0	
30				ntributions (line 28 minus line 29)		30				0	
			Required Contribution			l l					
31			nd excess assets (see instruct								
<del></del>			*			31a				94406	
	_		·	line 31a		31b	0				
32		zation installme	<u> </u>		Outstanding Bala	1	Installment				
<b>-</b>					- Catotanang Pan	0				0	
						0				0	
33				ter the date of the ruling letter grar	ting the approval					0	
00				) and the waived amount		33				0	
34	Total fu			er/prefunding balances (lines 31a -		34	94406			94406	
		<u> </u>	Ů,	Carryover balance	Prefunding bala	nce	To	tal bala	ance		
35	Ralanc	as alacted for 1	use to offset funding	,	3						
00				0		0				0	
36	Additio	nal cash requir	rement (line 34 minus line 35).			36				94406	
37	Contrib	outions allocate	ed toward minimum required co	ontribution for current year adjuste	d to valuation date	37				106103	
38			ess contributions for current ye			1					
	<b>a</b> Total	(excess, if any	y, of line 37 over line 36)			38a				11697	
	<b>b</b> Porti	on included in	line 38a attributable to use of	prefunding and funding standard c	arryover balances	38b				0	
39	Unpaid	l minimum requ	uired contribution for current ye	ear (excess, if any, of line 36 over	line 37)	39					
40	Unpaid	l minimum requ	uired contributions for all years	S		40					
Pa	rt IX	Pension I	Funding Relief Under F	Pension Relief Act of 2010	(See Instructions	)					
41	If an ele		de to use PRA 2010 funding re		·						
	a Sche	dule elected					2 plus 7 yea	rs	15	years	
	<b>b</b> Eligib	ole plan year(s)	) for which the election in line	41a was made		200	8 2009	2010		2011	
42	Amoun	t of acceleratio	n adjustment			42					
				d over to future plan years		43					

### Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

### Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

		Identification Information					
For	calendar plan year 2014 or fis	cal plan year beginning	01/01/:		and ending	12/31/2014	
Α	This return/report is for:	a single-employer plan  a one-participant plan	a multiple-em of participatir a foreign plar	g employ	an (not multiemployer) er information in acco	) (Filers checking this rdance with the form	box must attach a list instructions)
В	This return/report is:	the first return/report	the final retur	n/report			
		an amended return/report	a short plan	ear retur	n/report (less than 12	months)	
С	Check box if filing under:	Form 5558 special extension (enter descr	automatic ex	tension		DFVC pro	gram
320	2008/02/01						
	art II Basic Plan Info Name of plan	ormation enter all requested	information			1b Three-digit	
Id						plan number	002
	Daejin America Inc	. Cash Balance Plan				(PN) ►  1c Effective da	170-0-18101
						01/01/20	
<b>2</b> a	Plan sponsor's name and a	ddress; include room or suite numb	er (employer, if for	a single-	employer plan)	2b Employer Id (EIN) 11-	entification Number 3399036
						2c Sponsor's to (631) 84	
	5 Dubon Court					2d Business co	de (see instructions)
_	US Farmingdale NY 11735		Neme			3b Administrate	or's FIN
38	Plan administrator's name a	and address X Same as Plan Sp	onsor warne			OD Administrate	3 E 114
						20 Administrate	or's talanhana numbar
						3C Administrate	or's telephone number
4	If the name and/or EIN of the	ne plan sponsor has changed since	the last return/rep	ort filed fo	or this plan, enter the	4b EIN	
	name, EIN, and the plan nu	imber from the last return/report.				Ac DV	
_	Sponsor's name					5a	13
58		s at the beginning of the plan year					24
b		s at the end of the plan year account balances as of the end of					21
C	complete this item)	account balances as of the end of			pians do not		
C	I(1) Total number of active pa	articipants at the beginning of the pl	an year				13
C		articipants at the end of the plan yea				5d(2)	23
e		terminated employment during the				5e	1
-	Caution: A penalty for the late	e or incomplete filing of this retu	rn/report will be	ssessed	unless reasonable	cause is established	
1	Inder penalties of periury and	other penalties set forth in the instru	uctions. I declare t	hat I have	examined this return	report, including, if a	oplicable, a Schedule
	SB or Schedule MB completed belief, it is true, correct, and co	and signed by an enrolled actuary, mplete.	as well as the ele	ctronic ve	rsion of this return/rep	oort, and to the best o	f my knowledge and
	SIGN Kelly	e CCió	5817-25	2015	KEUNC	Y. CHO	<i>i  </i>
320	HERE Signature of plan ad	ministrator	Date		Enter name of indivi	dual signing as plan a	dministrator
	1/201111	call Cini	Sep. 25	2015	KEUN	G V. CH	c )
	HERE Signature of employ	er/nlan snonsor	Date		Enter name of indivi	dual signing as emplo	yer or plan sponsor
F	200279C42C121/F	n name, if applicable) and address;		ite numb			one number (optional)
1		1			Andrew Control (Control)		
1							
							manas. Sele a Anna a sa anna agus an agus an anna an anna an anna an anna anna

	Form 5500-SF 2014			Page 2					
6a	Were all of the plan's assets during the plan year invested in eligible	assets? (S	See	instructions.)				[3	Yes No
b	Are you claiming a waiver of the annual examination and report of ar	independ	dent	qualified public accountant (	QPA)	)			=1v
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility ar	nd conditio	ons.	)					X Yes No
	If you answered "No" to either line 6a or line 6b, the plan cannot lift the plan is a defined benefit plan, is it covered under the PBGC ins	use Forn	m 5	500-SF and must instead us	?	m 55	lYes	П№Г	Not determined
		urance pro	rogia	all (see LINDA section 4021)		[22	1.00		<b>-</b>
Pa	rt III Financial Information	Carabination	81	(a) Deginning of Voor				(b) End of	/oar
7	Plan Assets and Liabilities		2	(a) Beginning of Year 846,24	<u> </u>			(b) Liid Oi	961,148
a	Total plan assets	7a 7b	+	040,24	0	-			301/110
<u>b</u>	Total plan liabilities	7c	$\Box$	846,24	6				961,148
<u>с</u> 8	Net plan assets (subtract line 7b from line 7a)			(a) Amount				(b) Tota	al
a	Contributions received or receivable from: (1) Employers	8a(1)		114,89	6				
	(2) Participants	8a(2)				1899			
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	20000	Control to the second	6		ile (C		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				since 3.5	Sala Sala R		114,902
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d					L		
e	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f						le de la company	
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		The second second	4. Juli				
i	Net income (loss) (subtract line 8h from line 8c)	8i		A STATE OF THE STA		164 (649)	95.000	THE REAL PROPERTY.	114,902
j	Transfers to (from) the plan (see instructions)	8j	1			是被装			and the second
	art IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension fe	eature cod	des	from the List of Plan Characte	eristic	Code	s in the	e instruction	S:
	1A 1C								
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature code	es fr	om the List of Plan Character	istic (	Jodes	in the	instructions	•
P	art V Compliance Questions								
10	During the plan year:					Yes	No	A	mount
-	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Corre	rection	on Program)	10a		х		
-	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	incl	ude transactions reported	10b		х		<u> </u>
(	Was the plan covered by a fidelity bond?				10c		х		
(	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?				10d		х		
(	Were any fees or commissions paid to any brokers, agents, or other	ner person	ns b	y an insurance carrier,					
	insurance service, or other organization that provides some or all instructions.)	or the ber	neiii	s under the plan? (See	10e		х		
-					10f		х		
-			_		10g		х		31
-					- 3				
_	2520.101-3.)	•••••	•••••		10h				
	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	he require	ed n	otice or one of the	10i				
P	art VI Pension Funding Compliance		-						
1	Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)	nents? (If	"Ye	s," see instructions and comp	lete S	Sched	ıle SB	(Form	X Yes No
1	a Enter the unpaid minimum required contribution for current year f		-						(
1					or sec	tion 30	)2 of E	RISA?	Yes X No
	(If "Yes." complete line 12a or lines 12b, 12c, 12d, and 12e below	v, as appli	icab	le.)					
	a If a waiver of the minimum funding standard for a prior year is be	ing amorti	ized	in this plan year, see instruct	tions,	and e	nter th	e date of the	e letter ruling Year
	granting the waiver		******	1910	. 1011			,	

Form 5500-SF 2014	Page 3-		
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Fe	orm 5500), and skip to line 13.		
b Enter the minimum required contribution for this plan year		12b	
C Enter the amount contributed by the employer to the plan for this plan year	r	12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the res	50 F	12d	
e Will the minimum funding amount reported on line 12d be met by the fund	ling 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	s X No
If "Yes," enter the amount of any plan assets that reverted to the employe		13a	
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
c If during this plan year, any assets or liabilities were transferred from this which assets or liabilities were transferred. (See instructions.)	plan to another plan(s), identify the pla	n(s) to	
13c(1) Name of plan(s):		13c(2) EIN(s	s) 13c(3) PN(s)
Part VIII Trust Information (optional)			
14a Name of trust		<b>14b</b> Tr	ust's EIN

**DAEJINCB** 

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

Daejin America Inc. Cash Balance Plan 11-3399036 / 002 For the plan year 01/01/2014 through 12/31/2014

The age reported is the weighted average of the assumed retirement ages for all active participants as of the valuation date based on their funding target or target normal cost should the funding target of the plan be zero 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.

# Schedule SB, Part V Summary of Plan Provisions

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

For the plan year 01/01/2014 through 12/31/2014

**Employer:** Daejin America Retirement Plan

Type of Entity - C-Corporation

EIN: 11-3399036 TIN: Plan #: 002 Plan Type: Cash Balance

<u>Dates:</u> Effective - 01/01/2010 Year end - 12/31/2014 Valuation - 12/31/2014

Top Heavy Years - 2013, 2014

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 on 01/01/2010

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 - Classification Pay Credit Formula

1.5% of compensation

A \$45,500 B \$45,500

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

**Top Heavy Minimum:** Provided in another plan

IRS Limitations: 415 Limits - Percent: 100 Dollar: \$210,000

Maximum 401(a)(17) compensation - \$260,000

Normal Form: Life Annuity

Optional Forms: 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

<u>Present Value of Accrued Benefit:</u> 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 01/01/2014 through 12/31/2014

### **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 01/01/2014 through 12/31/2014 Valuation Date: 12/31/2014

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	Penalty Rate
Deposited Contribution	09/15/2015	\$114,896					
Applied to Quarterly Contribution	04/15/2014	21,241	19,036	0	21,241	6.5	11.5
Applied to Quarterly Contribution	07/15/2014	21,241	19,255	0	21,241	6.5	11.5
Applied to Quarterly Contribution	10/15/2014	21,241	19,478	0	21,241	6.5	11.5
Applied to Additional Contribution	12/31/2014	12,229	11,697	0	0	6.5	0
Applied to MRC	12/31/2014	17,703	16,932	0	0	6.5	0
Applied to Quarterly Contribution	01/15/2015	21,241	19,705	0	21,241	6.5	11.5
Totals for Deposited Contribution		\$114,896	\$106,103	\$0	\$84,964		

## SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

### Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

File as an attachment to Form 5500 or 5500-SE

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

	File as an attachn	nent to Form 5500 or t	5500-SF.						
For	calendar plan year 2014 or fiscal plan year beginning 01/01	1/2014	and ending	12/31/	2014				
►F	Round off amounts to nearest dollar.								
<u> </u>	Caution: A penalty of \$1,000 will be assessed for late filing of this repo	rt unless reasonable ca							
	ame of plan	i	B Three-digi						
Dae	jin America Inc. Cash Balance Plan		plan numb	er (PN)	▶ 002	endoway in the last to the las			
					Paraly State				
C P	lan sponsor's name as shown on line 2a of Form 5500 or 5500-SF		D Employer Ide	entification N	umber (EIN)				
Dae	jin America Inc.		11-3399036						
 Бт	ype of plan:[X] Single Multiple-A Multiple-B	Prior year plan size:∑	7 100 or fower [		More than 500				
		Filor year plan size.[2	Z 100 OLIEME! [		Wore than 500				
	rtil Basic Information								
1_	Enter the valuation date: Month 12 Day 31	L Year 2014				ALLEN -			
2	Assets:	1	0-		846,251				
	a Market value			2a  2b					
2		(1) Number of	r		(2) 7 1.1 1	846,251			
3	Funding target/participant count breakdown:	(2) Vested Targ		(3) Total Funding Target					
	a For retired participants and beneficiaries receiving payment	0			D	0			
	<b>b</b> For terminated vested participants	1		242	2	242			
	C For active participants	23		801,15	3	801,153			
	d Total	24		801,39	801,395				
4	If the plan is in at-risk status, check the box and complete lines (a) and			200					
	a Funding target disregarding prescribed at-risk assumptions	• •		4a		24 grant page of the late of the			
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding trans at-risk status for fewer than five consecutive years and disregarding	•		4b					
5	Effective interest rate	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	5		6.50 %			
6	Target normal cost		***************************************	6		94,406			
To t	ement by Enrolled Actuary ne best of my knowledge, the information supplied in this schedule and accompanying schedul ordance with applicable law and regulations. In my opinion, each other assumption is reasonab bination, offer my best estimate of anticipated experience under the plan.	es, statements and attachmen le (taking into account the exp	ts, if any, is complete a erience of the plan and	nd accurate, Eac reasonable expe	h presribed assumption wa ctations) and such other as	s applied in sumptions, in			
	IGN ERE MAC			09/2	24/2015	ι			
	Signature of actuary				Date				
	Matthew J. Phillips			14-0	07285				
	Type or print name of actuary			Most recent	enrollment number				
	United Benefit Pensions Inc.			(631)	622-3170				
	Firm name		Tele	ephone numb	oer (including area co	ode)			
	35 Pinelawn Road, Suite 103E								
	US Melville NY 11747					-			
	Address of the firm								
	actuary has not fully reflected any regulation or ruling promulgated und	ler the statute in comple	eting this schedul	e, check the	box and see				

Page	2
------	---

Schedule SB (Form 5500) 2014

Partill Beginning of Year Carryover and Prefunding Balances											
L	(a) Carryover balance						(b) Prefunding balance				
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)							109,922			
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)									. 0	
9	Amount rema	Amount remaining (line 7 minus line 8)									109,922
10	Interest on lin	e 9 using prior year	r's actual re	turn of3.05%				0			3,353
11	Prior year's e	xcess contributions	to be adde	d to prefunding balance:							
	a Present va	lue of excess contr	ibutions (lir	ne 38a from prior year)							23,957
			•	38a over line 38b from prior year							
					-						0
		•	•	hedule SB, using prior year's						0	
	C Total availa	able at beginning o	f current pla	an year to add to prefunding b	alance .					23,957	
	_		-	palance						23,957	
12				s or deemed elections			and the second s	0			0
13				+ line 10 + line 11d - line 12) .				0			137,232
Pa	rt III 🥞 Fu	ınding Percent	ades			<b>I</b>					
				*************						14	87,36 %
										15	104.28 %
	<ul> <li>Adjusted funding target attainment percentage</li> <li>Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement</li> </ul>									16	88.72 %
17				is less than 70 percent of the			·····			17	. %
	7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	ontributions an			<del>_</del>					!,-	
				rear by employer(s) and empl	ovees:						
	(a) Date VI-DD-YYYY)	(b) Amount p employer(	aid by	(c) Amount paid by employees	(ε	i) Date DD-YYYY)	(b) Amount p employer			(c) Amount paid by employees	
09/	15/2015	1	14,896			<del></del>					
-,	n ud – udieder gustinske		Total Childrin declar	ermanista di historia di distributa di distributa di distributa di distributa di distributa di distributa di di		<del></del>				•	
	A PROBABILITY	resident statement (A)	112 (6) 73 (6)	SOUTHERN REPORTS AND A RESERVE	Totals	► 18(b)	1	14,8	96 18(c)		
19	Discounted en	nployer contributior	ns see ins	structions for small plan with a	valuatio	n da <b>t</b> e after	the beginning of the	year:			
	a Contribution	ns allocated toward	unpaid mir	nimum required contributions t	from prior	years		19a			0
	<b>b</b> Contribution	ns made to avoid re	strictions a	djusted to valuation date		•••••		19b			0
	<b>c</b> Contribution	ns allocated toward	minimum r	equired contribution for curre	nt year ac	ijusted to va	aluation date	19c			106,103
20 Quarterly contributions and liquidity shortfalls:											
	a Did the plan have a "funding shortfall" for the prior year? Yes X No										
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?										
	<b>c</b> If line 20a is	s "Yes," see instruc	tions and c	omplete the following table as	applicab	le:		Š.		A PAR	7414-1600
		4.4		Liquidity shortfall as of end	of quarte			1		45 411	
	(1)	1st		(2) 2nd		(3)	3rd		(	4) 4th	<u>)                                    </u>

Pa	art V Assumptio	ons Used To Determine	Funding Target and Targ	get Normal Cost					
21	Discount rate:								
	a Segment rates:	1st segment: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %		N/A, full yield curve used			
	<b>b</b> Applicable month	(enter code)			21b	0			
22	Weighted average re	tirement age			22	69			
23	Mortality table(s) (see	e instructions) X Pi	rescribed - combined Pre	scribed - separate	Substitu	te			
	rt VI Miscellane								
24		•	tuarial assumptions for the curren	•		· · · · · · · · · · · · · · · · · · ·			
25			lan year? If "Yes," see instructions						
	Is the plan required to	o provide a Schedule of Active	Participants? If "Yes," see instru	ctions regarding required	attachmei	nt <u>X</u> Yes No			
27	· -	•	iter applicable code and see instru		27				
Pai	rt VII Reconcilia	ation of Unpaid Minim	ım Required Contribution	s For Prior Years					
28			years	· · · · · · · · · · · · · · · · · · ·	28	0			
29			d unpaid minimum required contril						
	(line 19a)	,,	<u> </u>		29	0			
30	Remaining amount of	f unpaid minimum required co	ntributions (line 28 minus line 29)		30	0			
Pai	rt VIII Minimum	<b>Required Contribution</b>	For Current Year						
31	Target normal cost a	nd excess assets (see instruc	tions):						
					31a	94,406			
		· · · · · · · · · · · · · · · · · · ·	line 31a	·····	31b	0			
32	Amortization installme			Outstanding Bala	ince	Installment			
				· -	0	0			
					0	0			
	If a waiver has been	approved for this plan year, e	nter the date of the ruling letter gra		33				
			) and the waived amount .		··	0			
34	Total funding requiren	nent before reflecting carryover	/prefunding balances (lines 31a - 3		34	94,406			
			Carryover balance	Prefunding Bala	nce	Total balance			
35	Balances elected for	•				•			
	requirement		0		0	0			
36	Additional cash requi	rement (line 34 minus line 35)			36	94,406			
37	Contributions allocate (line 19c)	37	106,103						
38	Present value of exce	ess contributions for current ye	ear (see instructions)						
	a Total (excess, if an	y, of line 37 over line 36)			38a	11,697			
	<b>b</b> Portion included in	line 38a attributable to use of	prefunding and funding standard	carryover balances	<b>3</b> 8b	0			
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)						0			
40	Unpaid minimum requ	40							
<ul> <li>21 15 49</li> </ul>	- 0.20140404044		Pension Relief Act of 2010	*					
	[1752] [2, 2d]	le to use PRA 2010 funding re							
	a Schedule elected.					] 2 plus 7 years 🔲 15 years			
	<b>b</b> Eligible plan year(s'	) for which the election in line	41a was made , ,	,	. 200	9 2010 2011 2012			
	42 Amount of acceleration adjustment								
			d over to future plan years		43				
			· · · · · · · · · · · · · · · · · · ·						

# Schedule SB, Part V Statement of Actuarial Assumptions/Methods

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

For the plan year 01/01/2014 through 12/31/2014

Valuation Date: 12/31/2014

Funding Method: As prescribed in IRC Section 430

Age - Eligibility age at last birthday and other ages at nearest birthday

Retrospective Compensation - Current compensation

Form of Payment - Assumed form of payment for funding is Life Annuity

Interest Rates -

permitted under IRC 430(II)(2)(C)							
Segment #	Year	Rate %					
Segment 1	0 - 5	1.20					
Segment 2	6 - 20	4.10					
Segment 3	> 20	5.20					

Segment rates for the Valuation Date as

Segment rates as of September 30, 2013 As permitted under IRC 430(h)(2)(C)(iv)(II) - HATFA								
Segment #	Year	Rate %						
Segment 1	0 - 5	4.99						
Segment 2	6 - 20	6.32						
Segment 3	> 20	6.99						

Pre-Retirement - Mortality Table - None

Turnover/Disability - None Salary Scale - None

Interest Credit Rate - Current Yr - 5% Projected Yrs - 5%

Expense Load - None Ancillary Ben Load - None

Post-Retirement - Mortality Table - 14C - 2014 Funding Target - Combined - IRC 430(h)(3)(A)

Cost of Living - None

### Asset Valuation Method: Fair market value of assets adjusted for contributions under IRC 430(g)(4)

HCE Determination - Based on all employees

Otherwise Excludable - Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees

#### 410(b)/401(a)(4) Testing:

**Discrimination Test Assumptions:** 

Pre-Retirement - Interest - 8.5%

Post-Retirement - Interest - 8.5%

Mortality Table - 183F - 1983 Individual Annuity (female)

Permissively Aggregated Plans - Tested as a Single Plan

Compensation - Use current compensation to calculate the benefit accrual rate (annual method)

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

Testing Service - Separate benefiting service for DC and for DB for Accrued-to-Date Method

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 01/01/2014 through 12/31/2014

### **Years of Credited Service**

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