Form 5500-SF Short Form Annual Return/Report of Small Empl Benefit Plan				oyee	OMB Nos. 1210-0110 1210-0089					
	Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee				etirement	2014				
	epartment of Labor enefits Security Administration	57(b) and 6058(a) of the e).	Internal	This Form is Open to						
Pension Be	enefit Guaranty Corporation	Complete all entries in acc	ordance with the instr	ructions to the Form 55	500-SF.	Public Inspection				
Part I		lentification Information								
For calend	ar plan year 2014 or fisc		1	<b></b>	31/2014					
	<ul> <li>A This return/report is for:</li> <li>B This return/report is</li> <li>a one-participant plan</li> <li>a one-participant plan</li> <li>a one-participant plan</li> <li>a foreign plan</li> <li>the first return/report</li> <li>a namended return/report</li> <li>a short plan year return/report (less than 12 months)</li> </ul>									
C Check	box if filing under:	Form 5558 automatic extension DFVC program								
Part II	Basic Plan Inform	mation—enter all requested inform	nation							
1a Name					(PN)	number				
2a Plan s		ess; include room or suite number (e	employer, if for a single	-employer plan)	(EIN	mployer Identification Number				
5 DUBON CO	DURT LE, NY 11735					Sponsor's telephone number 631-843-0900				
	·					2d Business code (see instructions) 339900				
<b>3a</b> Plan administrator's name and address $X$ Same as Plan Sponsor.						<b>3b</b> Administrator's EIN				
		plan sponsor has changed since the	last return/report filed for	or this plan, enter the	4b EIN	inistrator's telephone number				
	, EIN, and the plan numb or's name	per from the last return/report.			<b>4c</b> PN					
5a Total	number of participants at	t the beginning of the plan year			5a	13				
<b>b</b> Total	number of participants at	t the end of the plan year			5b	23				
		count balances as of the end of the			5c	23				
<b>d(1)</b> Tot	al number of active partie	cipants at the beginning of the plan	/ear		5d(1)	13				
		cipants at the end of the plan year			5d(2)	21				
e Numbe less th	er of participants that terr an 100% vested	ninated employment during the plan	year with accrued bene	efits that were	5e	2				
Under pena SB or Sche	alties of perjury and othe edule MB completed and true, correct, and comple		ns, I declare that I have	examined this return/rep	oort, includi	ng, if applicable, a Schedule				
SIGN HERE		ized/valid electronic signature.								
	Signature of plan adr	ninistrator	trator Date Enter name of individual signing as plan admi							
SIGN HERE										
Signature of employer/plan sponsor         Date         Enter name of individ           Preparer's name (including firm name, if applicable) and address (include room or suite number ) (optional)         (optional)						as employer or plan sponsor s telephone number (optional)				
L		and OMP Control Numbers, see the inc		05		Earm 5500 SE (2014)				

b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) X Yes Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
С	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined								
Par	t III Financial Information		1						
7	Plan Assets and Liabilities	n Assets and Liabilities (a) Beginning of Ye		r			(b) End of Year		
а	Total plan assets	7a	5587	28			692807		
b	Total plan liabilities	7b			_				
C	Net plan assets (subtract line 7b from line 7a)	7c	5587	728			692807		
	Income, Expenses, and Transfers for this Plan Year		(a) Amount		_		(b) Total		
	Contributions received or receivable from: (1) Employers	8a(1)	1348	827					
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)							
-	Other income (loss)	8b	-7	'48					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					134079		
	Benefits paid (including direct rollovers and insurance premiums	00							
	to provide benefits)	8d							
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							
i	Net income (loss) (subtract line 8h from line 8c)	8i				134079			
j	Transfers to (from) the plan (see instructions)								
Par	t IV Plan Characteristics								
9a b	<b>9a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 3D								
Part									
10	During the plan year:				Yes	No	Amount		
<u> </u>	Was there a failure to transmit to the plan any participant contribut	tions withi	n the time period described in				Anount		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Cor	rection Program)	10a		Х			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х			
С	Was the plan covered by a fidelity bond?			10c		Х			
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X			
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		X			
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х			
		-		ivg					
	2520.101-3.)			10h		Х			
i	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								
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								
<u>11a</u>	Enter the unpaid minimum required contribution for current year fr	om Schec	lule SB (Form 5500) line 39	<u>.</u>		11a			
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction 3	302 of	ERISA? Yes X No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,								

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If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
<b>b</b> Enter the minimum required contribution for this plan year		12b						
<b>C</b> Enter the amount contributed by the employer to the plan for this plan year		12c						
<b>d</b> Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left onegative amount)	of a	12d						
e 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?		· 🗆 ۲	Yes X No					
If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a							
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?	control		Yes 🗙 No					
C 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.)								
13c(1) Name of plan(s):	1	3c(2) El	IN(s)	<b>13c(3)</b> PN(s)				
Part VIII Trust Information (optional)								
14a Name of trust								

		Chart Form Annua	Dotum/Do	nort o	f Small Employ			OMB Nos. 1210-0110		
Form 5500-SF Department of the Treasury Short Form Annual Return/Report of Benefit Plan						ee				
	Internal Revenue Service	This form is required to b					014			
Emp	Department of Labor loyee Benefits Security Administration	Retirement Income Security the Income Security	This Form is Open to Public Inspection							
P	ension Benefit Guaranty Corporation	Complete all entries in a		he instruc	tions to the Form 5500	)-SF.				
		dentification Information		0014	and anding	10	/31/2014			
For	alendar plan year 2014 or fisca	-	01/01/	-	and ending an (not multiemployer) (			must attach a list		
	his return/report is for:	a single-employer plan     a one-participant plan     the first return/report     an amended return/report	of participati	ng employ n irn/report	n/report (less than 12 m	ance wi	th the form inst	ructions)		
C (	Check box if filing under:	Form 5558 special extension (enter desc	automatic ex	dension			DFVC progra	m		
1860	All Desis Disp Infor		• •							
	rt II Basic Plan Infor Name of plan	mation enter all requested	information			1b T	Three-digit			
	Daejin America Inc.	Potiromont Plan					olan number PN) ►	001		
	Daejin America inc.	Recifement Flan				1c E	Effective date of 01/01/2007			
2a	Plan sponsor's name and add Daejin America Inc.	ress; include room or suite numb	per (employer, if fo	r a single-	employer plan)		Employer Identi EIN) 11-33	fication Number		
						2c Sponsor's telephone number (631) 843-0900				
	5 Dubon Court					2d Business code (see instructions) 339900				
3a	US Farmingdale NY 11735 Plan administrator's name and	d address 🕱 Same as Plan Sp	onsor Name			3b Administrator's EIN				
								telephone number		
4	If the name and/or EIN of the name, EIN, and the plan num	plan sponsor has changed since ber from the last return/report.	the last return/rep	port filed fo	or this plan, enter the	4b E	EIN			
a	Sponsor's name					4c F	PN			
5a	Construction of the second	t the beginning of the plan year		and the second		5a		13		
b		t the end of the plan year				5b		23		
С		count balances as of the end of			가지 말 수 있는 것 같은 것 같은 것 같은 것 같은 것 같이 있다.	5c		23		
d(	1) Total number of active partie	cipants at the beginning of the pl	an year			5d(1	)	13		
d(	2) Total number of active partie	cipants at the end of the plan year	ar			5d(2	2)	21		
е		rminated employment during the				5e		2		
Ca	ution: A penalty for the late of	or incomplete filing of this retu	rn/report will be	assessed	unless reasonable car	use is e	stablished.			
SB		her penalties set forth in the instru- id signed by an enrolled actuary, elete.								
13.25		Ocl. i	Ken. 25	SALT	KEUNG :	1. 0	401			
1207665	GN Climater Signature of plan admi	nistrator	Date		Enter name of individua			nistrator		
Level a	1/2004	0.1	Sep. 25	2016	Kellus	V.	chi;			
SIGN     SIGN     Signature of employer/plan sponsor     Date     Enter name of individual signing as employer or plan							or plan sponsor			
Pre	432-539-15	ame, if applicable) and address;	include room or st	uite numbe	er (optional)	Prepa	rer's telephone	number (optional)		
Fo	r Paperwork Reduction Act N	lotice and OMB Control Numb	ers, see the instr	uctions fo	or Form 5500-SF.		F	orm 5500-SF (2014) v.140124		

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								X Yes No
	Were all of the plan's assets during the plan year invested in eligible					•••••		X Yes No
	Are you claiming a waiver of the annual examination and report of an							X Yes No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility an If you answered "No" to either line 6a or line 6b, the plan cannot	nd conditio t use Forn	IS()				290642471 - 34 <sup>8</sup>	
с	If the plan is a defined benefit plan, is it covered under the PBGC ins	surance pro	ogram (see ERISA section 402	1)?		Yes	No [	Not determined
20041000	24/64/21							
	Contract Contract of Contract	N. S. S. S. S.	(a) Beginning of Yea	r			(b) End of	Year
	Plan Assets and Liabilities Total plan assets	7a	558,7					692,807
	Total plan liabilities	7b					in a distance of the	
	Net plan assets (subtract line 7b from line 7a)	70	558,7	28				692,807
	Income, Expenses, and Transfers for this Plan Year	Constanting	(a) Amount		(b)			al
-	Contributions received or receivable from:	Co. E. M. W. SPICKARO			1000			
	(1) Employers	8a(1)	134,8	27		NEL ENG	ele solo en el solo en En el solo en	
	(2) Participants	8a(2)			経営の法	1/2/10		
	(3) Others (including rollovers)	8a(3)	174	01	121112		an taith ann Ialtean an ann	
	Other income (loss)	8b	(74	o)	5235879			124 070
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c		(P)(2233)			Stadistry Str	134,079
d	to provide benefits)	8d						
е	Certain deemed and/or corrective distributions (see instructions)	8e			1. 2.10 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Lit S		ALL SAFES
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						
i	Net income (loss) (subtract line 8h from line 8c)	8i			Coloratory	00.05.00000	wart of the West Manager	134,079
j	Transfers to (from) the plan (see instructions)	. 8j		_	192.3		的建筑和	
Pa	art IV Plan Characteristics							
	If the plan provides pension benefits, enter the applicable pension fe 2A 2E 3D							
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature code	s from the List of Plan Characte	eristic	Jodes	in the	Instructions	1.
Pa	art V Compliance Questions							
10	During the plan year:			_	Yes	No	A	mount
a 	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	ciary Corre	ction Program)	10a		x		
b	<ul> <li>Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> </ul>			10b		x		
- c				-		x		
-0		fidelity bor	nd, that was caused by fraud			x		(0)
e		ner person	s by an insurance carrier,					
	instructions.)			10e		x		
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		x		
	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		x		
	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instru	uctions and 29 CFR			x		
i		he require	d notice or one of the					
Pa	art VI Pension Funding Compliance						- Contraction of the second second	
11								Yes X N
11	a Enter the unpaid minimum required contribution for current year fr					1		<b>N</b>
12						)2 of F	RISA?	Yes X N
						1		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below If a waiver of the minimum funding standard for a prior year is bei	ing amort	able.)	rtione	and e	nter th	e date of th	e letter ruling
	a If a waiver of the minimum funding standard for a prior year is bei granting the waiver	ing amortiz		onth .		_ Da	ay	Year

	Form 5500-SF 2014	Page 3-					
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form S	500), 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 (e negative amount)			12d			
е	Will the minimum funding amount reported on line 12d be met by the funding d	eadline?			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 XI	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this			13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred of the PBGC?					Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan which assets or liabilities were transferred. (See instructions.)	to another plan(s), ident	fy the plan(s) to				
	I3c(1) Name of plan(s):		130	13c(2) EIN(s)			PN(s)
Landstein							
Par	VIII Trust Information (optional)						
14a	Name of trust			<b>14b</b> T	rust's Ell	N	
<u>1997 - 1998</u>							