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 sections 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

2016

This Form is Open to Public Inspection

Part I		t Identification Information						
For calenda	ar plan year 2016 or f	iscal plan year beginning 01/01/2	<u>2016</u>	and ending 1	2/31/2016			
A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attact list of participating employer information in accordance with the form instructions								
		a one-participant plan	a foreign plan					
B This retu	ırn/report is	the first return/report	the final return/report					
		an amended return/report	a short plan year retur	n/report (less than 12 m	nonths)			
C Check b	oox if filing under:	Form 5558	automatic extension		DFVC program			
		special extension (enter desc	cription)					
Part II	Basic Plan Info	ormation—enter all requested in	nformation					
1a Name GD INTERNA	of plan ATIONAL INC. RETIF	REMENT PLAN			1b Three-digit plan number (PN) ▶	002		
					1c Effective date 01	e of plan /01/2013		
Mailing	address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.G			2b Employer Ide (EIN) 46	ntification Number -3345946		
•	town, state or provin ATIONAL INC.	ce, country, and ZIP or foreign pos	tal code (if foreign, see insti	ructions)	2c Sponsor's tel	ephone number 375-8030		
6816 50TH A SEATTLE, W						e (see instructions)		
		and address V Same as Blan Sae	nnor		3b Administrator	o EIN		
Ja Plan ad	aministrator's name a	and address X Same as Plan Spo	onsor.		SD Administrator's EIN			
					3c Administrator	's telephone number		
		ne plan sponsor has changed since umber from the last return/report.	the last return/report filed f	or this plan, enter the	4b EIN			
a Sponso	or's name				4c PN			
5a Total r	number of participant	s at the beginning of the plan year.			5a			
b Total r	number of participant	s at the end of the plan year			5b			
		account balances as of the end of			5c			
d(1) Tota	al number of active pa	articipants at the beginning of the p	lan year		5d(1)	2		
d(2) Tota	al number of active p	articipants at the end of the plan ye	ear		5d(2)	2		
e Numb	er of participants tha	t terminated employment during the	e plan year with accrued be	nefits that were less	5e	0		
Caution: A	penalty for the late	or incomplete filing of this retur	n/report will be assessed	unless reasonable ca				
SB or Sche		ther penalties set forth in the instru and signed by an enrolled actuary, aplete.						
SIGN	Filed with authorized	l/valid electronic signature.	03/30/2017	YINGDONG WU				
HERE	Signature of plan	administrator	Date	Enter name of individ	f individual signing as plan administrator			
SIGN								
HERE		oyer/plan sponsor	Date	Enter name of individ				
Preparer's	name (including firm	name, if applicable) and address (i	nclude room or suite numbe	er)	Preparer's telepho	ne number		

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	 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 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.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 								Yes No
С	If the plan is a defined benefit plan, is it covered under the PBGC in					_	-	_	Not determined
Pa	rt III Financial Information	•							
7	Plan Assets and Liabilities		(a) Beginning (of Year			((b) End	of Year
а	Total plan assets	7a		159245	i				224151
<u>b</u>	Total plan liabilities	7b		0)				
C	Net plan assets (subtract line 7b from line 7a)	7c		159245					224151
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt				(b) T	otal
а	Contributions received or receivable from:	8a(1)		13200					
	(1) Employers	8a(2)		40500					
	(3) Others (including rollovers)	8a(3)		0					
	Other income (loss)	8b		11206					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							64906
	Benefits paid (including direct rollovers and insurance premiums								
	to provide benefits)	8d		0	_				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions).	8e		0					
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f		0					
<u>g</u>	Other expenses	8g	0						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0
_	Net income (loss) (subtract line 8h from line 8c)	8i				64906			
	Transfers to (from) the plan (see instructions)	8j	j ⁰						
	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 3D	feature co	odes from the List of Plant	an Cha	racteri	stic Co	odes in	the instr	uctions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	ctions:
Par	t V Compliance Questions								
10	During the plan year:				Yes	No	N/A		Amount
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X			
b	Were there any nonexempt transactions with any party-in-interest reported 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 by fraud or dishonesty?	•	·	10d		X			
е	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 pla	in?	<u></u>	10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		X			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		X			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i					

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Part	VI	Pension Funding Compliance						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)						Yes X No
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40						
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?						Yes X No
	(If "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	onth _	s, and	d enter t Day		of the lette Year _	er ruling
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1		
<u>b</u>	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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l tive amount)			12d			
		he 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			1			
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				Yes	s X N	lo
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year			13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougout of the PBGC?		er the			Yes	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	lan(s)) to			
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3	B) PN(s)
Part	VIII	Trust Information			•			
14a	Name	of trust			14b ⁻	Trust's E	ΞIN	
14c	Name	of trustee or custodian					s or custod ne number	lian's
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No	
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	- LL ;		n-based narbor	d [Test	ear" ADP
			ΙП '	"Curre	ent year test	<u>"</u>	N/A	
16a 		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	entage		verage enefit test	□ N/A
	for the	be plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	'	Yes			No	
	the le							
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rec	ent determ	ination
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		rom	Ye	s [No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			Ye	s	No	

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

2016

This Form is Open to Public Inspection

	Part I	Annual Repo	ort Identification Information	n						
Fo	r calenda	r plan year 2016 o	r fiscal plan year beginning		01/01/2016		and ending	12/:	31/2016	
Α	A This return/report is for: x a single-employer plan									x must attach m instructions.)
В	This retu	rn/report is:	a one-participant plan the first return/report	=	foreign plan	_				
_	Tino Teta	mmeport is.	음 .	=	ne final return/repo					
			an amended return/report	∐ а	short plan year ref	turn/rep	oort (less than 1	2 months)		
С	Check be	ox if filing under:	Form 5558 special extension (enter desc		utomatic extension	1			DFVC prograr	m
D	art II	Pacie Blan In								
	Name	of plan	nformation enter all requested	dinforma	ation			1h Th		
		·	Inc. Retirement Plan					pla (Pi	ree-digit in number N) ►	002
20	D1								ective date of /01/2013	plan
2a	Mailing	Address (include	nployer, if for a single-employer plan) room, apt., suite no. and street, or P. /ince, country, and ZIP or foreign pos	O. Box) e (if foreign, see in	structio	ons)		nployer Identif N) 46-334	ication Number 5946
	GD In	ternational	Inc.					(2	onsor's teleph 06) 375-8	030
	6816	50th Ave. NE	:						siness code (s 1390	see instructions)
2-		TTLE WA 98115	- I-1							
sa	Plan ad	lministrator's name	e and address 🗶 Same as Plan Sp	onsor				3b Adı	ministrator's E	IN
								3c Adr	ninistrator's te	elephone number
4	If the na name, E	ame and/or EIN of EIN, and the plan r	the plan sponsor has changed since number from the last return/report.	the las	t return/report filed	for this	s plan, enter the	4b EIN		
a	Sponso	r's name						4c PN		
	Total nu	ımber of participar	nts at the beginning of the plan year	•••••	•••••	*********		5a		2
b	Total nu	ımber of participar	nts at the end of the plan year			••••••		5b		2
С	Number	of participants with this item.	th account balances as of the end of	f the plai	n year (only define	d contr	ibution plans	5c		2
d(participants at the beginning of the pla							2
			participants at the end of the plan yea							
e	Number	of participants that	at terminated employment during the	e plan ve	ear with accrued be	enefits '	that were	5d(2)		2
_	less tha	n 100% vested						5e		0
Ca	ution: A	penalty for the la	te or incomplete filing of this retur	rn/repo	rt will be assesse	d unle	ss reasonable	cause is esta	ablished.	
SB	or Sched	lties of perjury and dule MB completed rue, correct, and co	l other penalties set forth in the instru d and signed by an enrolled actuary, omplete.	uctions, as well	I declare that I hav as the electronic v	/e exar /ersion	nined this return of this return/rep	/report, include oort, and to the	ding, if applicate best of my	able, a Schedule knowledge and
SI	IGN	VIII	7	1	23/30/2017	Yin	gDong Wu			
	Design The Control of	nature of plan ac	dministrator		Date		r name of individ	lual signing o	o plan oderici	intento.
C	50340	10 1/10			03/30/2017)	gDong Wu	iuai signing a	s pian admini	strator
	GN Sic	10	yer/plan sponsor		Date			lual aignine a		
Pre	eparer's n	ame (including fire	n name, if applicable) and address (ii			ber)	r name of individ		s telephone nu	
Sk	tip this	question				,		Skip th	is questio	n

_	Form 5500-SF 2016		Page 2							
6a	Were all of the plan's assets during the plan year invested in eligible	lo 0000to2 (6	2							
b	Are you claiming a waiver of the annual examination and report of a	e assets? (s	ont qualified public sees					XYes No		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	and condition	ns.)	ounta	πε (IQ	PA)		XYes No		
	If you answered "No" to either line 6a or line 6b, the plan cannot	ot use Forn	n 5500-SF and must ins	stead	d use	Form	5500.	<u>V</u> 162 140		
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pro	ogram (see ERISA sectio	on 40	021)?		Yes	No Not determine		
	art III Financial Information				-					
7	Plan Assets and Liabilities		(a) Beginning o	f Yea	ar	1		(b) End of Year		
а	Total plan assets	. 7a		59,2		+-				
b	Total plan liabilities		_	,,,	0	+-		224,151		
С	Net plan assets (subtract line 7b from line 7a)		11	59,2	_	+		224 151		
8	Income, Expenses, and Transfers for this Plan Year	ALL MOTES	(a) Amount			_		224,151 (b) Total		
а	Contributions received or receivable from:					-	(de 3.1)	ALL AND		
-	(1) Employers	8a(1)		13,2		2.	111	and Studing at the		
******	(2) Participants	8a(2)	4	10,5		1157.0				
b	(3) Others (including rollovers) Other income (loss)	8a(3) 8b			0	955		THE SALE PROPERTY OF THE		
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		11,2	206	10011				
d	Benefits paid (including direct rollovers and insurance premiums	00			24.5			64,906		
7	to provide benefits)	8d			0					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e	0				William William Buttle Franchist			
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f	0				AND THE PERSON NAMED IN			
g	Other expenses	8g			0	N. P.	TAN			
h ·	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			6.	0	0			
	Net income (loss) (subtract line 8h from line 8c)	8i			1827		64,906			
	Transfers to (from) the plan (see instructions)	8j			0					
	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension fe	eature codes	from the List of Plan Ch	harac	cterist	ic Cod	les in th	e instructions:		
-	2A 2E 2F 2G 2J 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes f	from the List of Plan Cha	aracte	eristic	Code	s in the	instructions:		
Pa	rt V Compliance Questions									
10	During the plan year:				Van	No	NIZA	A		
-	Was there a failure to transmit to the plan any participant contribut	tions within t	the time period		Yes	MO	N/A	Amount		
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vol									
-	Program)			10a		х				
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	P (Do not inc	lude transactions	10b		х	100			
C	Was the plan covered by a fidelity bond?	***************************************		10c		х				
d		idelity bond,	that was caused	10d		х				
е		er persons be or all of the	by an insurance benefits under	10e		х				
f	Has the plan failed to provide any benefit when due under the plan			10f		х				

10g

10h

10i

Х

X

g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)

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

h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)

Form	5500-SF	2016
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ı	Pa	ne.	3	_
- 1	ra	ue	J	_

Part VI	Pension Funding Compliance							
(Form	a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions an 5500 and line 11a below)		Schedul	e SB		Yes	x	No
11a Enter t	ne unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a					
ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the	Code or se	ction 302	2 of		Yes	х	No
a If a wai	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) ver of the minimum funding standard for a prior year is being amortized in this plan year, see i	instructions	and ante		10 - C 11:	1-11-		
grantin	g the waiver	Month		ay <u> </u>	te or the		ruling	l
	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line							
	ne minimum required contribution for this plan year		12b					
	ne amount contributed by the employer to the plan for the plan year		12c					
d Subtrac negativ	t the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the amount)	he left of a	12d					
And the second s	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							
	esolution to terminate the plan been adopted in any plan year?	***************************************		Yes	х	No		
	enter the amount of any plan assets that reverted to the employer this year		13a					
control	I the plan assets distributed to participants or beneficiaries, transferred to another plan, or bro of the PBGC?				Yes	1 X	lo	
C If, durin which a	g this plan year, any assets or liabilities were transferred from this plan to another plan(s), ider ssets or liabilities were transferred. (See instructions.)	ntify the plar	n(s) to					
13c(1) Na	ne of plan(s):	13c(2) E	EIN(s)		130	(3) PI	V (s)	
Part VIII 14a Name o	Trust Information - Skip These Questions f trust		14b	Trust's E	IN			
14c Name o	f trustee or custodian			Trustee o				
Part IX	IRS Compliance Questions - Skip These Questions							-
	an a 401(k) plan? If "No," skip b.		es			No.		
15b How did	the plan satisfy the nondiscrimination requirements for employee deferrals under section) for the plan year? Check all that apply:		esign-ba afe harbo Current y DP test	or		'Prior y est N/A	/ear" <i>F</i>	ADP
16a What tes year? Cl	sting method was used to satisfy the coverage requirements under section 410(b) for the plan neck all that apply:	R	atio ercentagest	e 🔲	Averag benefit			N/A
16b Did the p	olan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) an year by combining this plan with any other plan under the permissive aggregation rules?		es			No		
	n is a master and prototype plan (M&P) or volume submitter plan that received a favorable IR:		ter or ad	visory le	tter, ent	er the	date o	of
letter _	n is an individually-designed plan that received a favorable determination letter from the IRS, e	enter the da	te of the	most red	ent det	ermina	ition	
Were an	Benefit Plan or Money Purchase Pension Plan Only: y distributions made during the plan year to an employee who attained age 62 and had not se	parated from	ı 🗀	Yes		10		
19 Was any	plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		E	Yes		lo		