For	m 5500-SF	Short Form Annual Return/Report of Small Employee OMB Nos. 1210-01 1210-00							
	tment of the Treasury nal Revenue Service	This form is required to be filed		065 of the Employee Reti	irement	2016			
Employee Be	epartment of Labor enefits Security Administration	Income Security Act of 1974 (7(b) and 6058(a) of the In			orm is Open to c Inspection		
	enefit Guaranty Corporation	Complete all entries in ad	ccordance with the instru-	uctions to the Form 550	0-SF.				
For calenda	Annual Report IC	Ientification Information	16	and ending 12/3	31/2016				
	urn/report is for:	a single-employer plan	a multiple-employer pla	an (not multiemployer) (Fil ployer information in acco	lers check	-			
B This return/report is in the first return/report in the final return/report in a mended return/report in a short plan year return/report (less than 12 months)									
C Check	box if filing under:	Form 5558	automatic extension		DFVC pr	ogram			
		special extension (enter descrip	,						
Part II		mation—enter all requested info	ormation	T .	41				
1a Name DEREK ROS	of plan SE USA, INC. 401(K) PR	OFIT SHARING PLAN			(PN)	number	001		
					1C Effec	tive date of 01/01			
Mailing	address (include room,	r, if for a single-employer plan) apt., suite no. and street, or P.O. country, and ZIP or foreign postal		uctions)	2b Employer Identification Number (EIN) 27-3459792				
DEREK ROS					2c Spon	sor's teleph 917-755	none number -4605		
5224 WILSON AVENUE SOUTH, SUITE 201 SEATTLE, WA 98118					2d Business code (see instructions) 424990				
3a Plan a	dministrator's name and	address 🛛 Same as Plan Spons	sor.			nistrator's E	IN elephone number		
name	EIN, and the plan numb	olan sponsor has changed since the per from the last return/report.	ne last return/report filed fo		4b ein				
a Sponse	or's name			4	4c PN				
		the beginning of the plan year			5a				
		the end of the plan year count balances as of the end of th			5b -		2		
				······	5c		1		
• • •		cipants at the beginning of the pla			5d(1)		2		
e Numb	per of participants that te	cipants at the end of the plan year rminated employment during the p	olan year with accrued ber	nefits that were less	5d(2) 5e		2		
Caution: A	penalty for the late or	incomplete filing of this return/	report will be assessed	unless reasonable caus					
SB or Sche		r penalties set forth in the instruct signed by an enrolled actuary, as ete.							
SIGN Filed with authorized/valid electronic signature. 06/23/2017 ANDREW CHOW				ANDREW CHOW					
HERE	Signature of plan adr	ministrator	Date	Enter name of individua	al signing a	as plan adm	ninistrator		
SIGN HERE									
	Signature of employe name (including firm nan	er/plan sponsor ne, if applicable) and address (inc	Date clude room or suite numbe	Enter name of individua r)		as employe telephone			

g Other expenses.....

Transfers to (from) the plan (see instructions)

h Total expenses (add lines 8d, 8e, 8f, and 8g).....

Part IV Plan Characteristics

Net income (loss) (subtract line 8h from line 8c).....

i

j

9a

b

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) X Yes b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes										
	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 use Form 5500-SF and must instead use Form 5500.									
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									
Pa	Part III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year						
а	Total plan assets	7a	46189	61360						
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	46189	61360						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total						
а	Contributions received or receivable from: (1) Employers	8a(1)	2850							
	(2) Participants	8a(2)	7600							
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	4721							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		15171						
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
e	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								

8g

8h

8i

8j

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2G 2J 3D 3H

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

15171

Part	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 contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х		
С	Was the plan covered by a fidelity bond?	10c	Х			10000
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		Х		
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	х			411
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х		
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						
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co m 5500) and line 11a below)						Yes 🗙 No
11a	Ente	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			
12		his a defined contribution plan subject to the minimum funding requirements of section 412 of the Co						Yes 🗙 No
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					-	
а	,	valver of the minimum funding standard for a prior year is being amortized in this plan year, see instr	uctior	ns, and	d enter t	he date	of the lett	er ruling
	gran	ting the waiver	onth _		_ Day		_ Year	
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.					
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		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le ative 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?				Yes	s XI	No
		es," enter the amount of any plan assets that reverted to the employer this year			13a			
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough rol of the PBGC?	nt und	er the			Yes	X No
c	lf, d	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)			to			
1		Name of plan(s):		13c(2)	EIN(s) 13c(3) PN(s)			
Part	VIII	Trust Information						
14a	Name	e of trust			14b ⊺	Frust's E	IN	
14c	Name	e of trustee or custodian					s or custo ne number	
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:		Desig safe h	n-basec arbor	ł	"Prior y test	ear" ADP
				"Curre ADP t	ent year est	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	N/A	
16a		t 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
16b		he plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No	
	the le		-			-		
	letter		er the	e date	of the m	nost rece	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 separce?		from	Ye	s	No	
19	Was	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Ye	s	No	

Form 5500-SF	of Small Employ	OMB Nos. 1210- 1210-							
Department of the Treasury Internal Revenue Service	This form is required to be	Benefit Plan e filed under sections 104 a	and 4065 of the Employe	e -	2	2016			
Department of Labor Employee Benefits Security Administration	Retirement Income Security /		ection 6057(b) and 6058		This Form i	s Open to Public			
Pension Benefit Guaranty Corporation	 Complete all entries in ac 			Inspection					
Part I Annual Report Ic	lentification Information		cuons to the Form 550	0-SF.					
For calendar plan year 2016 or fisca		01/01/2016	and ending	12/3	1/2016				
A This return/report is for:	Image: Non-participant plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) Image: Non-participant plan Image: Non-participant plan Image: Non-participant plan Image: Non-participant plan								
C Check box if filing under:] Form 5558] special extension (enter desci	automatic extension		[] (DFVC progra	m			
	nation enter all requested								
1a Name of plan	01(k) Profit Sharing Pl			pla (PN 1c Effe	ree-digit n number N) ► ective date o /01/2011	001 f plan			
Mailing Address (include room	er, if for a single-employer plan) , apt., suite no. and street, or P. country, and ZIP or foreign pos	O. Box) tal code (if foreign, see insi	tructions)	2b Employer Identification Number (EIN) 27-3459792					
Derek Rose USA, Inc.					2c Sponsor's telephone number (917) 755-4605				
5224 Wilson Avenue South, Suite 201					2d Business code (see instructions) 424990				
US Seattle WA 98118 3a Plan administrator's name and				25.4	ministrator's				
4 If the name and/or EIN of the p	olan sponsor has changed since	the last return/report filed t	for this plan, enter the	3c Adı		telephone number			
name, EIN, and the plan numb a Sponsor's name	· •			4c PN					
5a Total number of participants at	the beginning of the plan year			5a		2			
	the end of the plan year			5b		2			
c Number of participants with ac	count balances as of the end of	the plan year (only defined	contribution plans	5c		1			
d(1) Total number of active partic				5d(1)		2			
d(2) Total number of active partic	ipants at the end of the plan yea	17	19239186386986519918996658689329669 664	5d(2)		2			
P · · ·	minated employment during the			5e					
Caution: A penalty for the late of	incomplete filing of this retur	n/report will be assessed	l unless reasonable ca	use is est	tablished.	(
Under penalties of perjury and othe SB or Schedule MB completed and belief, it is true, correct, and compl	er penalties set forth in the instru I signed by an enrolled actuary,	ctions, I declare that I have	e examined this return/re	eport, inclu	iding, if appli				
sign C			Andrew Chow						
						nistrator			
HERE Signature of employer/p	lan sponsor	Date 23-6-17	Enter name of individua	al signing a	as employer	or plan sponsor			
Preparer's name (including firm na Skip this question	me, if applicable) and address (i	nclude room or suite numb	er)		's telephone his questi				
	ation soo the instructions for	500 ST				orm 5500-SE (2016)			

erwork Reduction Act Notice, see the instructions for Form 5500-SF. For Pape

	Form <u>5500-SF 2016</u>		Page_2			-				
	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)							
	Are you claiming a waiver of the annual examination and report of a			untan	it (IQF	PA)				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	ind conditi	ons.)			********		XYes No		
	If you answered "No" to either line 6a or line 6b, the plan canno									
С	If the plan is a defined benefit plan, is it covered under the PBGC in	isurance p	rogram (see ERISA section	on 40:	21)?	[Ye:	s 🗌 No 🗌 Not determined		
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning o	f Yea	г			(b) End of Year		
а	Total plan assets	7a		46,1	.89			61,360		
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c		46,1	.89			61,360		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	:				(b) Total		
а	Contributions received or receivable from:	8a(1)		2,8	50					
	(1) Employers	8a(2)		7,6						
		8a(3)		.,						
b	(3) Others (including rollovers) Other income (loss)	8b		4,7	' 7 1					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		• • •				16 171		
c d	Benefits paid (including direct rollovers and insurance premiums	00						15,171		
u	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					1. S. S. S. S.			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	- <u>-</u> 3 8h				14	·			
i	Net income (loss) (subtract line 8h from line 8c)	8i				2		15,171		
i	Transfers to (from) the plan (see instructions)	8i	(a) Annual prove A. A. and prove "Annual Control of the Control			1000 C				
P	nt IV Plan Characteristics		F							
	If the plan provides pension benefits, enter the applicable pension fe	esture cod	les from the List of Plan C	harad	terist	ic Cod	les in t	he instructions:		
50	2A 2E 2F 2G 2J 3D 3H						00 11 1			
							- : 444	- i		
۵	If the plan provides welfare benefits, enter the applicable welfare fea	ature code	is from the List of Plan Ch	aracti	eristic	Code	is in th	e Instructions:		
- -			· ·							
	rt V Compliance Questions				Vaa		a tre	Amount		
<u>10</u>	During the plan year: Was there a failure to transmit to the plan any participant contribu	tione withi	n the time period		Yes	No	N/A	Amount		
а	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo									
	Program)	•	•	10a		x				
b										
	reported on line 10a.)			10b		х				
C	Was the plan covered by a fidelity bond?			10c	х			10,000		
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 oth	er person	s by an insurance							
	carrier, insurance service, or other organization that provides som the plan? (See instructions.)			10e	x			411		
f	Has the plan failed to provide any benefit when due under the plan	n?	*****	10f		x				
g	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	10h		x				
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101	ne required	i notice or one of the	10i		t –				

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Form 5500-SF 2016

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Par	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c (Form 5500 and line 11a below)					Yes [X No		
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a						
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Co ERISA?				🗆	Yes [X No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst granting the waiver Mor			ter the d		e letter i ear	ruling		
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.							
b	Enter the minimum required contribution for this plan year		12b						
с	Enter the amount contributed by the employer to the plan for the plan year	12c							
d									
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		. [Yes	No No		N/A		
Par	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 employer this year			T					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug control of the PBGC?	ht unde	r the		Yes	X N	0		
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif which assets or liabilities were transferred. (See instructions.)			-					
1	3c(1) Name of plan(s):	13c(2) EIN(s)		13c(3) PN(s)				
Par	VIII Trust Information - Skip These Questions								
14a	Name of trust		14	b Trust's	EIN				
14c	Name of trustee or custodian		14	d Truste telepho	e or cust one num				
Par	IRS Compliance Questions - Skip These Questions								
15a	is the plan a 401(k) plan? If "No," skip b.		Yes			No			
	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:		Design- safe ha			"Prior y test	year" ADP		
			"Curren ADP te			N/A			
16a	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:		Ratio percent test	age 🗌	Aver bene	age fit test	□ N/A		
16b	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No			
	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS the letter/ / and serial number								
	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, en letter///	nter the	date of t	he most	recent d	etermin	ation		
18	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separate service?			C Ye	s 🗌	No			
19	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?	*********		🗌 Ye	s 🗌	No			