-	m 5500-SF	Short Form Annua	al Return/Repor Benefit Plan	•	oyee	OMB Nos. 1210-0110 1210-0089
	rtment of the Treasury nal Revenue Service	This form is required to be filed	under sections 104 and	4065 of the Employee Re		2016
Employee B	epartment of Labor enefits Security Administration	Income Security Act of 1974	(ERISA), and sections 60 Revenue Code (the Cod		Internal	This Form is Open to Public Inspection
	enefit Guaranty Corporation	Complete all entries in a	ccordance with the ins	tructions to the Form 55	00-SF.	
For calenda	ar plan year 2016 or fisc	dentification Information	016	and ending 12	/31/2016	
		a single-employer plan	a multiple-employer	0	- ilers checl	king this box must attach a
A This ref	urn/report is for:	] a one-participant plan		employer information in ac		•
<b>B</b> This retu	urn/report is	the first return/report an amended return/report	the final return/report	t urn/report (less than 12 mo	onths)	
C Check	box if filing under:	Form 5558	automatic extension	[	DFVC p	rogram
Dort II	Decis Dien Inferr	special extension (enter descri				
Part II	•	mation—enter all requested info	ormation		16 Thur	a diala
<b>1a</b> Name UNICEN IMF	OF PIAN PEX INC. PENSION PLA	N			<b>1b</b> Thre plan (PN)	number
					1c Effect	tive date of plan 01/01/2014
Mailing	address (include room,	er, if for a single-employer plan) apt., suite no. and street, or P.O country, and ZIP or foreign posta		structions)	2b Empl (EIN)	oyer Identification Number 76-0379151
UNICEN IMF			2c Spor	nsor's telephone number 425-641-6168		
4822 155TH BELLEVUE,					2d Busir	ness code (see instructions) 561900
3a Plan a	dministrator's name and	address X Same as Plan Spon	sor.		<b>3b</b> Admi	nistrator's EIN
				-	3c Admi	nistrator's telephone number
name	, EIN, and the plan num	blan sponsor has changed since t per from the last return/report.	he last return/report filed	I for this plan, enter the	4b EIN	
	or's name				4C PN	
-		t the beginning of the plan year			5a	2
		t the end of the plan year count balances as of the end of t			5b 5c	2
	,	cipants at the beginning of the pla		F	5d(1)	2
			-		5d(2)	2
e Numb	per of participants that te	cipants at the end of the plan yea rminated employment during the	plan year with accrued b	penefits that were less	5e	C
		incomplete filing of this return			se is esta	blished.
SB or Sche		er penalties set forth in the instruc I signed by an enrolled actuary, a ete.				
SIGN	Filed with authorized/va	alid electronic signature.	09/25/2017	JENNY CHAO		
HERE	Signature of plan ad	ministrator	Date	Enter name of individu	al signing	as plan administrator
SIGN						
HERE	Signature of employe		Date			as employer or plan sponsor
Preparer's	name (including firm na	me, if applicable) and address (in	clude room or suite numl	ber)	Preparer's	s telephone number
		see the Instructions for Form 5500	<b>0</b> 5			Form 5500-SE (2016)

0

0

0

6a b c	<ul> <li>b 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.)</li></ul>												
Pa	rt III Financial Information		r										
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year									
а	Total plan assets	7a	330092	510497									
b	Total plan liabilities	7b	0	0									
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	330092	510497									
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total									
а	Contributions received or receivable from: (1) Employers	8a(1)	180000										
	(2) Participants	8a(2)	0										
	(3) Others (including rollovers)	8a(3)	0										
b	Other income (loss)	8b	405										
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		180405									

g	Other expenses	8g	0	
-	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		0
i	Net income (loss) (subtract line 8h from line 8c)	8i		180405
j	Transfers to (from) the plan (see instructions)	8j		
Pa	rt IV Plan Characteristics			
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Character	ristic Codes in the instructions.

8d

8e

8f

9a	If the	plan	provide	es pens	ion b	enefits,	enter th	ne applio	cable p	ension	feature o	odes fro	om the	List of Pl	an Ch	naracteris	tic Code	s in t	he inst	tructions	3:
	1A	3D																			

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

### Part V Compliance Questions

Benefits paid (including direct rollovers and insurance premiums

e Certain deemed and/or corrective distributions (see instructions).

f Administrative service providers (salaries, fees, commissions)...

d

to provide benefits) ....

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		
C	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 fidelity bond, that was caused by fraud or dishonesty?	10d		Х		
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 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				
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				

Page **3-** 1

11	VI	Pension Funding Compliance							
		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co n 5500) and line 11a below)	•					X Ye	es 🗌 No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				0
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co						Ye	es 🗙 No
		A? /es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					'	]	
а	lf a w	aiver of the minimum funding standard for a prior year is being amortized in this plan year, see instring the waiver.		, and e	enter tl Dav			letter ar	ruling
lf y	<u> </u>	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1			,				
b	Enter	the minimum required contribution for this plan year			12b				
		the amount contributed by the employer to the plan for this plan year			12c				
	Subti	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le tive amount)	ft of a		12d				
е		he minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	)	N/A
Part '	VII	Plan Terminations and Transfers of Assets							
		a resolution to terminate the plan been adopted in any plan year?				Yes	s )	No	
		es," enter the amount of any plan assets that reverted to the employer this year			13a			_	
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough	nt undei	the			Ye	s X	No
С	lf, du	ol of the PBGC? ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify							
		n assets or liabilities were transferred. (See instructions.) Name of plan(s):	13	a(2) E			1	20(2)	PN(s)
	36(1)		10	8 <b>c(2)</b> E	.111(5)		1	50(3)	FIN(5)
Part	VIII	Trust Information							
14a	Name	of trust			11h -		<b>.</b>		
					140	rust's E	IN		
440					140	rust's E	IN		
14C	Name	of trustee or custodian				rust's E		stodia	ın's
14C	Name				<b>14d</b> ⊺		s or cu		ın's
		of trustee or custodian			<b>14d</b> ⊺	rustee'	s or cu		in's
14C Part					<b>14d</b> ⊺	rustee'	s or cu		in's
Part	t IX	of trustee or custodian	🖵	/es	<b>14d</b> ⊺ t	rustee' elephoi	s or cu ne num	ber	
Part 15a 15b	t <b>IX</b> Is the How c	of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b		/es	<b>14d</b> T t	rustee' elephoi	s or cu ne num	ber	ar" ADP
Part 15a 15b	t <b>IX</b> Is the How c	of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b		/es resign- afe ha	<b>14d</b> ⊤ t	rustee' elephor	s or cu ne num	ber	
Part 15a 15b	t <b>IX</b> Is the How c 401(k) What	of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b lid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply: testing method was used to satisfy the coverage requirements under section 410(b) for the plan		Yes resign- afe ha DP tes Ratio	based rbor t year"	rustee' elephor	s or cu ne num ] No ] "Pri test ] N/A verage	ber or yea	ar" ADP
Part 15a 15b	t <b>IX</b> Is the How c 401(k) What	of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b lid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		/es esign- afe ha DP tes	based rbor t year"	rustee' elephor	s or cu ne num No Wri test	ber or yea	
Part 15a 15b 16a 16b	t IX Is the How c 401(k) What year? Did th	of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b lid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply: testing method was used to satisfy the coverage requirements under section 410(b) for the plan		Yes esign- afe ha Curren DP tes Ratio percen	based rbor t year"	rustee' elephor	s or cu ne num ] No ] "Pri test ] N/A verage	ber or yea	ar" ADP
Part 15a 15b 16a 16b	t IX Is the How c 401(k) What year? Did th for the	of trustee or custodian         IRS Compliance Questions         plan a 401(k) plan? If "No," skip b         tid the plan satisfy the nondiscrimination requirements for employee deferrals under section         (3) for the plan year? Check all that apply:         testing method was used to satisfy the coverage requirements under section 410(b) for the plan         Check all that apply:         te plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4)         a plan year by combining this plan with any other plan under the permissive aggregation rules?plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS complete the plan that p		Yes resign- afe ha Curren DP tes Ratio bercen est Yes	based rbor t year" st	rustee' elephor	s or cu ne num No "Pri- test N/A verage enefit te	ber or yea	ar" ADP
Part 15a 15b 16a 16b 17a	t IX Is the How c 401(k) What year? Did th for the If the the le	of trustee or custodian         IRS Compliance Questions         plan a 401(k) plan? If "No," skip b         tid the plan satisfy the nondiscrimination requirements for employee deferrals under section         (3) for the plan year? Check all that apply:         testing method was used to satisfy the coverage requirements under section 410(b) for the plan         Check all that apply:         te plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4)         a plan year by combining this plan with any other plan under the permissive aggregation rules?plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS complete the plan that p		Yes vesign- afe ha Curren DP tes Ratio bercen est Yes etter c	based rbor t year" tage	rustee' elephor	s or cu ne num ] No ] "Pri test ] N/A verage enefit te enefit te enefit te	ber or yea est	ar" ADP
Part 15a 15b 16a 16b 17a 17b 18	t IX Is the How of 401(k) What year? Did th for the If the letter Define Were	of trustee or custodian         IRS Compliance Questions         plan a 401(k) plan? If "No," skip b         tid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:         testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:         te plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4)         a plan year by combining this plan with any other plan under the permissive aggregation rules?         plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS or tter and the serial number	F F F t F t t ter the c	Yes vesign- afe ha Curren DP tes Ratio Dercen est Yes etter co date of	based rbor t year" tage	rustee' elephor	s or cu ne num ] No ] "Pri test ] N/A verage enefit te enefit te enefit te	ber or yea est	ar" ADP

	SCH	EDULE SB	Single-Er	nploye	r Define	d Ber	nefit Plan		OME	3 No. 12	10-0110
	Depart	Drm 5500) ment of the Treasury	A	Actuaria	al Inform	natior	l			201	6
	Dep Employee Ben	al Revenue Service partment of Labor lefits Security Administration nefit Guaranty Corporation	This schedule is re Retirement Income	Security Act		SA) and	section 6059 of tl			n is Op Inspect	pen to Public tion
					nent to Form	5500 or					
		lan year 2016 or fisca		1/01/2016			and ending	12/3	31/2016		
		amounts to nearest		f this was and		-					
-			I be assessed for late filing o	i this report	uniess reason	lable cau	_			<u>т                                    </u>	
A	Name of pla UNICEN IM	PEX INC. PENSION	PLAN				B Three-dig plan numl		) 🕨	00	1
С	Plan sponso		n line 2a of Form 5500 or 550	00-SF			D Employer I	dentific 76-03	ation Number 79151	(EIN)	
Е	Type of plan	: 🗙 Single 🗌 Muli	tiple-A Multiple-B	F	Prior year pla	an size: D	× 100 or fewer	 ☐ 101-	500 🗌 More	e than 50	00
		Basic Informatio			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
1		valuation date:		Day <u>31</u>	Year_20	16					
2		valuation date.		Jay		/10				_	
-		value						2a			330497
								2b			330497
3		arget/participant cour				( )	Number of articipants	(2) Ve	sted Funding Target	(3)	) Total Funding Target
	<b>a</b> For reti	red participants and b	eneficiaries receiving payme	ent			0		0	0	0
	<b>b</b> For ter	minated vested partic	ipants				0			0	0
	C For act	ive participants	·				2		66422	9	664229
	<b>d</b> Total						2		66422	9	664229
4	If the plar	n is in at-risk status, c	heck the box and complete li	nes (a) and	(b)		1				
	<b>a</b> Fundin	g target disregarding	prescribed at-risk assumption	ns				. 4a			
	<b>b</b> Funding	g target reflecting at-ri	sk assumptions, but disregat secutive years and disregated	rding transiti	on rule for pla	ns that h	ave been in at-ris	<sup>*</sup> 4b			
5	Effective	interest rate						5			5.48%
6	Target no	ormal cost						6			49914
St	To the best of r accordance wit	h applicable law and regulati	n supplied in this schedule and accom ons. In my opinion, each other assump ipated experience under the plan.								
	SIGN HERE								09/12/2	.017	
			Signature of actuary						Date		
	HUNG HSU	N CHENG					_		17-067	′24	
		Ту	pe or print name of actuary					Most	recent enrolln	nent nur	mber
	ALLIED COM	NSULTANTS INC.							909-393-	4912	
	14768 PIPEL CHINO HILL	LINE AVE. S, CA 91709	Firm name				Tel	ephone	number (incl	uding a	.rea code)
			Address of the firm				_				
	ne actuary ha tructions	is not fully reflected ar	ny regulation or ruling promul	lgated under	r the statute in	complet	ing this schedule	, check	the box and	see	
F	or Paperwor	k Reduction Act Not	ice, see the Instructions fo	or Form 5500	0 or 5500-SF.				Schedule	SB (F	orm 5500) 2016 v. 160205

P	art II	Begir	nning of Year	Carryov	er and Prefunding Ba	alances						
							(a) C	Carryover balance		<b>(b)</b> P	refundir	ng balance
7		-	• • •		able adjustments (line 13 fro				0			0
8				,	nding requirement (line 35 fr				0			0
9	Amount	remaining	g (line 7 minus line	e 8)					0			0
10	Interest	on line 9 i	using prior year's	actual retu	rn of%				0			0
11	Prior yea	ar's exces	s contributions to	be added	to prefunding balance:							
	a Prese	nt value o	of excess contribut	ions (line 3	38a from prior year)							111340
	Sc	hedule SI	B, using prior year	's effective	a over line 38b from prior yea interest rate of <u>5.63</u> 9	%						0
	• •		•	•	edule SB, using prior year's a	actual						
					ar to add to prefunding balance	e						0 111340
	<b>d</b> Portio	n of (c) to	be added to pref	unding bala	ance							0
12	Other re	ductions i	in balances due to	elections	or deemed elections				0			0
13	Balance	at beginr	ning of current yea	r (line 9 + I	line 10 + line 11d – line 12) .				0			0
P	Part III	Fun	ding Percenta	ades								
				-							14	49.75%
<ul> <li>14 Funding target attainment percentage</li> <li>15 Adjusted funding target attainment percentage</li> </ul>									15	49.75%		
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									16	55.38%		
17					less than 70 percent of the f						17	49.75%
	art IV		tributions an								l	
18			-		ar by employer(s) and emplo	-		1				
(1	<b>(a)</b> Dat MM-DD-Y		(b) Amount p employer	•	(c) Amount paid by employees	• • •	Date D-YYYY)	(b) Amount p employer	-	(c	Amour (: emplo	nt paid by
· · · ·	)9/11/2017	,		180000	0	(		cp.oye.	(0)			.,
			•			Totals ►	18(b)		180000	18(c)		0
19	Discount	ed emplo	over contributions	– see instr	uctions for small plan with a	valuation d	ate after the	beginning of the	year:			
	<b>a</b> Contri	butions a	llocated toward ur	npaid minir	num required contributions f	rom prior ye	ears		19a			0
	<b>b</b> Contri	butions m	nade to avoid rest	ictions adj	usted to valuation date				19b			0
	<b>C</b> Contri	outions all	located toward min	imum requi	red contribution for current yea	ar adjusted t	o valuation d	late	19c			170660
20	Quarterl	y contribu	itions and liquidity	shortfalls:								
	<b>a</b> Did th	e plan ha	ive a "funding sho	rtfall" for th	e prior year?				<u>-</u>		X	Yes No
	<b>b</b> If line	20a is "Y	es," were required	l quarterly	installments for the current y	ear made ii	n a timely m	anner?				Yes X No
	C If line	20a is "Y	es," see instructio	ns and con	nplete the following table as	applicable:						
					Liquidity shortfall as of end		of this plan	year				
	(1) 1st (2) 2nd (3) 3rd									(4) 4th		
			0		0	1		0				0

Page 3

Part V Assumptions Used to Determine Funding Target and Target Normal Cost											
21	Discount	rate:									
	<b>a</b> Segm	ent rates:	1st segment: 4.43%	2nd segment: 5.91%		3rd segment: 6.65 %		N/A, full yield curve used			
	<b>b</b> Applic	able month (er	nter code)				21b	0			
22	Weighted	d average retire	ement age				22	63			
23	Mortality	table(s) (see	instructions) X Pres	cribed - combined	Prescr	ibed - separate	Substitu	ute			
Pa	art VI	Miscellane	ous Items								
24		-	de in the non-prescribed actu								
25	Has a me	ethod change I	been made for the current pla	n year? If "Yes," see instru	ctions re	garding required attach	ment	Yes 🛛 No			
26	Is the pla	in required to p	provide a Schedule of Active F	Participants? If "Yes," see i	nstructio	ns regarding required a	ittachmen	itYes 🔀 No			
27	•		alternative funding rules, ente		nstructio	ns regarding	27				
Р	art VII										
28	Unpaid n	ninimum requir	ed contributions for all prior y	ears			28	0			
29			ontributions allocated toward				29	0			
30	Remainir	ng amount of u	npaid minimum required cont	ributions (line 28 minus line	9 29)		30	0			
Pa	art VIII	Minimum	<b>Required Contribution</b>	For Current Year							
31	Target n	ormal cost and	excess assets (see instruction	ons):							
	a Target	normal cost (li	ne 6)				31a	49914			
	<b>b</b> Excess	s assets, if app	licable, but not greater than li	ne 31a			31b	0			
32	Amortiza	tion installmen	ts:			Outstanding Bala	nce	Installment			
	a Net sh	ortfall amortiza	tion installment			3	333732	57495			
	<b>b</b> Waive	r amortization i	nstallment				0	0			
33			proved for this plan year, ente ay Year				33	0			
34	Total fun	ding requireme	ent before reflecting carryover	/prefunding balances (lines	31a - 31	b + 32a + 32b - 33)	34	107409			
				Carryover balance		Prefunding balar	ice	Total balance			
35			e to offset funding								
36	Additiona	al cash require	ment (line 34 minus line 35)				36	107409			
37			toward minimum required cor	•		```	37	170660			
38	Present	value of excess	s contributions for current yea	r (see instructions)							
	a Total (e	excess, if any,	of line 37 over line 36)				38a	63251			
	<b>b</b> Portion	n included in lir	ne 38a attributable to use of p	efunding and funding stand	dard carr	vover balances	38b	0			
39	Unpaid n	ninimum requir	ed contribution for current yea	ar (excess, if any, of line 36	over line	9 37)	39	0			
40	Unpaid n	ninimum requir	ed contributions for all years.				40	0			
Ра	rt IX	Pension	Funding Relief Under I	Pension Relief Act o	f 2010	(See Instructions	)				
41	If an elec	tion was made	to use PRA 2010 funding reli	ef for this plan:							
	a Schedu	ule elected						2 plus 7 years 15 years			
	<b>b</b> Eligible	e plan year(s) f	or which the election in line 4	1a was made			20	008 2009 2010 2011			
42	Amount o	of acceleration	adjustment				42				
43	Excess ir	stallment acce	eleration amount to be carried	over to future plan years			43				

Form 5500-SF Short Form Annual Return/Report of Small Employee Benefit Plan									
Department of the Treasury Internat Revenue Service	his form is required to be filed	l under sections 104 a	and 4065 of the Employee	е	2	2016			
Department of Labor Employee Benefits Security Administration	ement Income Security Act of		ection 6057(b) and 6058			s Open to Public spection			
	mplete all entries in accord	lance with the instru	ctions to the Form 5500	)-SF.					
Part I Annual Report Identific		01/01/0010	1	10	2/21/0016				
For calendar plan year 2016 or fiscal plan year		01/01/2016	and ending		2/31/2016				
A This return/report is for:	-participant plan		ilan (not multiemployer) ( employer information in a						
	· · · · · · · · · · · · · · · · · · ·		rn/report (less than 12 m	onths)					
C Check box if filing under:	5558	automatic extension		[	DFVC progra	m			
specia	al extension (enter descriptior	ו)							
Part II Basic Plan Information	enter all requested inform	mation							
1a Name of plan	onton an requestos men	() del del 1		1b	Three-digit				
Unicen Impex Inc. Pension	Plan				plan number (PN) ►	001			
					Effective date of 01/01/2014				
2a Plan sponsor's name (employer, if for a Mailing Address (include room, apt., su		(x)			Employer Identi (EIN) 76-03				
City or town, state or province, country Unicen Impex Inc.	tructions)	_	Sponsor's telepl						
ondeen imper iner				2d	(425) 641-6	5168 (see instructions)			
4822 155th Ave., SE				20	561900				
US Bellevue WA 98006									
3a Plan administrator's name and address	s 🔟 Same as Plan Sponsor	ŕ		3b	Administrator's I	EIN			
						elephone number			
4 If the name and/or EIN of the plan spor name, EIN, and the plan number from		ast return/report filed f	for this plan, enter the	4b	EIN				
a Sponsor's name				4c	PN				
5a Total number of participants at the beg	inning of the plan year			5a		2			
<b>b</b> Total number of participants at the end			1	<b>5</b> b		2			
C Number of participants with account ba complete this item)				5c					
d(1) Total number of active participants a	t the beginning of the plan ye	ar		5d(	1)	2			
d(2) Total number of active participants a Number of participants that terminated			and the second design of the s	5d(	2)	2			
				50	•	0			
Caution: A penalty for the late or incomp	plete filing of this return/rep	port will be assessed	d unless reasonable cau	use is	established.				
Under penalties of perjury and other penalt SB or Schedule MB completed and signed belief, it is true, correct, and complete.	ies set forth in the instruction by an enrolled actuary, as w	is, I declare that I have ell as the electronic ve	e examined this return/re ersion of this return/repor	port, ir t, and	ncluding, if applie to the best of my	cable, a Schedule y knowledge and			
SIGN X MM Vie		×9/25/11	Jenny Chao						
HERE Signature of plan administrator		Date	Enter name of individua	l siani	ng as plan admir	nistrator			
Kannol-	~	X9/25/11	Jenny Chao						
SIGN HERE Signature of employer/plan spo	ncor	Date	Enter name of individua	Lsiani		or plan sponsor			
Preparer's name (including firm name, if ap Skip this question				Prepa	arer's telephone p this questi	number			
				an feast o		mileonr assentation			
						na an teangraich. Marairtí Barairtí			

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	Form 5500-SF 2016		Page 2	_		ī.			
6a	Were all of the plan's assets during the plan year invested in eligibl	e assets?	(See instructions.)						X Yes No
	Are you claiming a waiver of the annual examination and report of a			untan	t (IQF	PA)			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	and conditi	ons.)						XYes No
	If you answered "No" to either line 6a or line 6b, the plan cann								
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA section	on 40	21)?	[	Yes	X No	Not determin
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning o	f Yea	r			(b) End	of Year
а	Total plan assets	. 7a	33	30,0	92				510,497
b	Total plan liabilities	. 7b			0				0
С	Net plan assets (subtract line 7b from line 7a)	. 7c	3:	30,0	92				510,497
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b) 1	Fotal
а	Contributions received or receivable from:	0-(4)	1	30,0	00	流言	2184	20.5	
<del>;</del>	(1) Employers		1.	50,0	0	300	Takia C		General Contraction of the second
2	(2) Participants				0	215241			
	(3) Others (including rollovers)			4	05	1000			
	Other income (loss)		NORMONAL ACTION FOR	4	03	1	2116112	Conversion by	100 405
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	. 8c		NÖ Öle	40 10	No.	1000	1 - 1 - 1 - 3 - 1	180,405
	to provide benefits)	. 8d			0	5580		反政制	
е	Certain deemed and/or corrective distributions (see instructions)	. 8e			0	343		5.18	
f	Administrative service providers (salaries, fees, commissions)	. 8f			0	18	a. 18 1	31 2 1 2	
g	Other expenses	. 8g			0	(CI)	湖路		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h				100			0
i	Net income (loss) (subtract line 8h from line 8c)	. 8i		1.5	in the	100			180,405
j	Transfers to (from) the plan (see instructions)	. 8j				A SAG		12313	
Pa	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension	feature coo	les from the List of Plan C	harad	cterist	ic Coc	les in th	e instruc	tions:
	1A 3D								
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature code	s from the List of Plan Ch	aract	eristic	: Code	s in the	instructi	ons
Pa	rt 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 contribution	utions with	in the time period						
	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary Fi	duciary Correction				111111 () 111111 () 111111 ()		
	Program)			10a		X			
b		•		10b		x	日本日		
	reported on line 10a.)			100	-	x			
- <del>C</del>	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's						Variation of		
d	by fraud or dishonesty?			10d		x			
e	Were any fees or commissions paid to any brokers, agents, or ot								
	carrier, insurance service, or other organization that provides sor			100		x			
f	the plan? (See instructions.)			10e 10f		x	11045.92 1		
							UNCLUS TOTAL		
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount a			10g		X	Wasel R		
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			10i			2010		

Form 5500-SF 2016

Page **3 -**

Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c	complete	Schedu	le SB	l interior	., г	
	(Form 5500 and line 11a below)				x	Yes	No
	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				0
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			ter the da )ay	te of the		ruling
lf_y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.			_		
b	Enter the minimum required contribution for this plan year		12b				
C	Enter the amount contributed by the employer to the plan for the plan year		12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)		12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		C	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	X	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug control of the PBGC?				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.)	ify the pla	an(s) to				
1:	Bc(1) Name of plan(s):	13c(2)	EIN(s)		13	c(3) PN	l(s)
Part	VIII Trust Information - Skip These Questions		1		_		
14a	Name of trust		141	) Trust's E	EIN		
14c	Name of trustee or custodian		140	Trustee telephor			
Part	IX IRS Compliance Questions - Skip These Questions						
15a	Is the plan a 401(k) plan? If "No," skip b.		Yes			No	
15b	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 har			"Prior y test	vear" ADP
			"Current ADP tes	-		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 percenta test	age 🗌	Avera benef	-	□ 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	
17a	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	6 opinion	letter or	advisory I	etter, er	nter the	date of
17b	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, er letter/	enter the o	date of th	ne most re	ecent de	etermina	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?			Yes		No	
19	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Yes	$\Box$	No	

### Schedule SB, line 32 -Schedule of Amortization Bases

Unicen Impex Inc. Pension Plan

76-0379151 / 001

### For the plan year 01/01/2016 through 12/31/2016

	Date Base Established	Original Base Amount	Type of Base	Present Value of Remaining Installments	Years Remaining Amortization Period	Amortization Installment
	12/31/2015	120,916	Shortfall	107,459	6	20,109
	12/31/2016	226,273	Shortfall	226,273	7	37,386
Totals:				\$333,732		\$57,495

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

Unicen Impex Inc. Pension Plan 76-0379151 / 001 For the plan year 01/01/2016 through 12/31/2016

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, line 19 -

### **Discounted Employer Contributions**

#### Unicen Impex Inc. Pension Plan 76-0379151 / 001 For the plan year 01/01/2016 through 12/31/2016 Valuation Date: 12/31/2016

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	Penalty Rate
Deposited Contribution	09/11/2017	\$180,000					
Applied to Quarterly Contribution	04/15/2016	15,493	13,987	0	15,493	5.48	10.48
Applied to Quarterly Contribution	07/15/2016	15,493	14,149	0	15,493	5.48	10.48
Applied to Quarterly Contribution	10/15/2016	15,493	14,315	0	15,493	5.48	10.48
Applied to Additional Contribution	12/31/2016	65,643	63,251	0	0	5.48	0
Applied to MRC	12/31/2016	52,385	50,476	0	0	5.48	0
Applied to Quarterly Contribution	01/15/2017	15,493	14,482	0	15,493	5.48	10.48
Totals for Deposited Contribution		\$180,000	\$170,660	\$0	\$61,972		

# Schedule SB, Part V

# Statement of Actuarial Assumptions/Methods

### Unicen Impex Inc. Pension Plan

76-0379151 / 001

For the plan year 01/01/2016 through 12/31/2016

	For the plan	year 01/0	J1/2016 tr	12/31/2	2016			
Valuation Date:	12/31/2016							
Funding Method:	As prescribed in IRC	s prescribed in IRC Section 430						
	- Eligibility age at last b	pirthday and	d other ages	at nearest birthda	у			
Retrospective Compensation	•	•						
Form of Payment	Assumed form of payment for funding is lump sum equivalent of normal form. Funding Target for lump sum is the greater of the present value of accrued benefit computed using funding segment rates and 417(e) Applicable Mortality Table or lump sum at the assumed retirement date of accrued benefit using plan actuaria equivalence discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will r 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							
Interest Rates	- Segment rates for the permitted under IRC 4		ate as	Segment rates as permitted under IF HATFA				
	Segment #	Year	Rate %	Segment #	Year	Rate %		
	Segment 1	0 - 5	1.55	Segment 1	0 - 5	4.43		
	Segment 2	6 - 20	3.76	Segment 2	6 - 20	5.91		
	Segment 3	> 20	4.73	Segment 3	> 20	6.65		
Pre-Retirement -	Mortality Table - Turnover/Disability - Salary Scale - Expense Load - Ancillary Ben Load -	None None None None None						
Post-Retirement -								
Asset Valuation Method:	Fair market value of a	assets adjus	sted for cont	ributions under IR	C 430(g)(4)			
Discrimination Test Assumptior	<u> 15:</u>							
HCE Determination -	Based on all employe	ees						
Otherwise Excludable -	Otherwise Excludable	e HCEs are	included wit	h the Not Otherwis	se Excludable	employees		
410(b)/401(a)(4) Testing:								
Pre-Retirement -	Interest - 8	3.5%						
Post-Retirement -	Interest - 8	3.5%						
	Mortality Table - U	J84 - 1984	Unisex					
Permissively Aggregated Plans -	Tested as a Single Pl	lan						
Compensation -	Use current compens	sation to cal	culate the b	enefit accrual rate	(annual metho	od)		
Testing Age -	Normal retirement ag	e or attaine	d age, if old	er				
Testing Service -	Separate benefiting s	service for D	DC and for D	B for Accrued-to-D	Date Method			
Normal Form for MVAR -	Joint with 50% Surviv	or Benefits						

# Schedule SB, Part V

### **Statement of Actuarial Assumptions/Methods**

Unicen Impex Inc. Pension Plan 76-0379151 / 001

For the plan year 01/01/2016 through 12/31/2016

#### 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, Part V Summary of Plan Provisions

# Unicen Impex Inc. Pension Plan

76-0379151 / 001

#### For the plan year 01/01/2016 through 12/31/2016

Employer: Type of Entity -	Unicen Impex Inc. S Corporation EIN: 76-0379151 TIN: 47-2571414 Plan #: 001 Plan Type: Defined Benefit					
Dates:	Effective - 01/01/2014 Year end - 12/31/2016 Valuation - 12/31/2016 Top Heavy Years - 2014, 2015, 2016					
Eligibility:	All employees excluding non-resident aliens, members of an excluded class and union					
	Minimum age - 21 Months of service - 24					
Hours Required for -	Eligibility - 1000 Benefit accrual - 1000 Vesting - 1000					
Plan Entry -	First day of 1st or 7th month of plan year on or next following eligibility satisfaction					
	Attainment of age 62 and completion of 5 years of participation Not provided					
Average Compensation: Top Heavy Minimum Benefit -	Highest 3 consecutive years of service Highest 5 consecutive top heavy years of participation					
Plan Benefits: Retirement -	Derived from the unit credit benefit formula below rounded to the nearest dollar:					
	2% of average monthly compensation per year of service beginning year 1					
Accrued Benefit -	Unit credit based on service					
	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:	2% of average compensation per top heavy year of participation excluding years prior to the adoption date of the plan and 1984 (if earlier), limited to 10 years					
IRS Limitations:	415 Limits - Percent: 100 Dollar: \$210,000					
	Maximum 401(a)(17) compensation - \$265,000					
Normal Form:	Life Annuity					
Optional Forms:	Lump Sum Life Annuity Guaranteed for 10 Years Joint with 50%, 75% or 100% Survivor Benefit					
Vesting Schedule:	100% Vested immediately Service is calculated using all years of service					

### Schedule SB, Part V Summary of Plan Provisions

#### Unicen Impex Inc. Pension Plan 76-0379151 / 001 For the plan year 01/01/2016 through 12/31/2016

#### Present Value of Accrued Benefit: Based on the greater of 417(e) or Actuarial Equivalence

<u>417(e):</u>

Interest Rates -	Segment #	Years	Rate %	
	Segment 1	0 - 5	1.82	
	Segment 2	6 - 20	4.12	
	Segment 3	> 20	5.01	

Mortality Table - 16E - 2016 Applicable Mortality Table for 417(e) (unisex)

#### Actuarial Equivalence:

Pre-Retirement -	Interest -	5%
	Mortality Table -	None
Post-Retirement -	Interest -	5%
	Mortality Table -	I83F - 1983 Individual Annuity (female)

			Lesi				
SCH	EDULE SB	Single-Employer	Defined Be	nefit Plan OMB No. 1210-0110			
	orm 5500)		Actuarial Information				
						2016	
Do Employee Be	ment of the Treasury nal Revenue Service partment of Labor nefits Security Administration nefit Guaranty Corporation	This schedule is required to be fi Retirement Income Security Act o Internal Reven	This Fo	rm is Open to Public Inspection			
		File as an attachme	the second se	5500-SF, and ending	12/31/2010	5	
	r plan year 2016 or fiscal p ff amounts to nearest do		2010	and ending	12/31/2010		
		e assessed for late filing of this report	unless reasonable c	ause is established			
A Name of p		c assessed for face ming of the report		B Three-digit			
	pex Inc. Pension	Plan	plan number	(PN) 🕨	001		
OUTCOU IN	pox met remoton	Beach of the Basel	11367				
					a (an organ de		
C Plan spon	sor's name as shown on l	ine 2a of Form 5500 or 5500-SF		D Employer Iden	lification Numbe	er (EIN)	
Unicen Im	pex Inc.			76-	0379151		
E Type of pl	an: X Single Multiple	e-A Multiple-B	Prior year plan size:[	x 100 or fewer	101-500 🔲 M	ore lhan 500	
Part I	Basic Information						
1 Enter th	ne valuation date:	Month 12 Day 31	Year2016				
2 Assets:				_	1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -		
<b>a</b> Mark	et value				2a	330,497	
b Actua	arial value				2b	330,497	
3 Fundin	g target/participant count t	preakdown:	(1) Number of participants	(2) Vested F Targe		(3) Total Funding Target	
a Form	etired participants and ber	eficiaries receiving payment	(	D	0	0	
		nts	(	D	0	0	
			2	2	664,229	664,229	
			-	2	664,229	664,229	
		ck the box and complete lines (a) and	(b)	· 🔲		ž.	
		escribed at-risk assumptions			4a		
b Fund	ing target reflecting at-risk	assumptions, but disregarding transit five consecutive years and disregardin	ion rule for plans tha		4b		
5 Effectiv	e interest rate				5	5,48 %	
6 Target	normal cost				6	49,914	
To the best of r accordance wil	y Enrolled Actuary by knowledge, the information sup h applicable law and regulations, to fer my best estimate of anticipated	plied in this schedule and accompanying schedule n my opinion, each other assumption is reasonable axperience under the plan	is, statements and attachme e (taking into account the ex	ents, if any, is complete and sparience of the plan and re	l'accurate Each presi asonable expectation	ubed assumption was applied in 16) and such other assumptions, in	
SIGN HERE		2			09/12/2	2017	
		Signature of actuary			Date	e	
	Hung Hsun Cheng				17-0672	24	
	Туре	or print name of actuary		ľ,	lost recent enro	Ilment number	
	Allied Consulta	nts Inc.			(909) 393	-4912	
		Firm name		Telep	hone number (i	ncluding area code)	
	14768 Pipeline .	Ave.					
US	6 Chino Hills	CA 91709		2			
		Address of the firm					
If the actuary instructions	has not fully reflected any	regulation or ruling promulgated unde	er the statute in comp	pleting this schedule	check the box a	and see	

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Schedule SB (Form 5500) 2016 v. 160205

Pa	rt II Be	ginning of Year	Carryov	er and Prefunding Bal	ances						
						(a) (	Carryover balance		(b)	Prefundin	g balance
7				icable adjustments (line 13 fro				o			0
8											
0	8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)							0			0
9	Amount rem	aining (line 7 minus l	ine 8)							0	
10 Interest on line 9 using prior year's actual return of0.00%								0			0
11	Prior year's e	excess contributions	to be adde	d to prefunding balance:			alter and a state	n en s		而出版	
	a Present v	alue of excess contri	butions (lin	e 38a from prior year)				11			111,340
	b(1) Interes	st on the excess, if ar	ny, of line 3	8a over line 38b from prior ye	ear	Shot 1		25-1			
	Sched	ule SB, using prior ye	ear's effect	ive interest rate of 5.63	3 %	A set in					0
	b(2) Interes	st on line 38b from pr	ior year Sc	hedule SB, using prior year's	actual	「「「「「」」		Stati			
	return										0
	<b>c</b> Total avai	ilable at beginning of	current pla	in year to add to prefunding b	alance "						111,340
	<b>d</b> Portion of	(c) to be added to p	refunding b	alance		Adding at					0
12	Other reduct	ions in balances due	to election	s or deemed elections				0			0
_13	Balance at b	eginning of current y	ear (line 9	+ line 10 + line 11d - line 12)				0			0
Pa	irt III 🛛 🛛 F	unding Percent	ages								
14	Funding targ	et attainment percen	tage							14	49.75 %
	and the second			ge	14 1 - 14					15	49.75 %
16				of determining whether carry						16	55.38 %
17				is less than 70 percent of the						17	49.75 %
<u> </u>		ontributions an									
				vear by employer(s) and empl	ovees:						
	(a) Date	(b) Amount p	aid by	(c) Amount paid by	(a	) Date	(b) Amount	paid by	/		nt paid by
	M-ÓD-YYYY) /11/2017	employer(	s) 80,000	employees	(MIM-D	D-YYYY)	employe	er(s)		emplo	yees
097	11/2017	<u>_</u>	80,000								
									_		
<u> </u>											
1104	a tv i				Totals	► 18(b)		180,0	000 18(c)		0
19	Discounted e	employer contribution	is see ins	structions for small plan with a	a valuatior	n date after	the beginning of th	ne year:			
	a Contributio	ons allocated toward	unpaid mir	nimum required contributions	from prior	years		19a			0
	<b>b</b> Contributio	ons made to avoid re	strictions a	djusted to valuation date				19b			0
	c Contributio	ons allocated toward	minimum r	equired contribution for curre	nt year ad	justed to va	aluation date 🕠	19c			170,660
20		ntributions and liquidi						8			
				the prior year?						X	
	<b>b</b> If line 20a	is "Yes," were requir	ed quarterl	y installments for the current	year made	e in a timel	y manner?	• • • • • • • •	• • • • • • • • • •		Yes X No
	c If line 20a	is "Yes," see instruc	tions and c	omplete the following table as						11	
	(1)	1st		Liquidity shortfall as of end (2) 2nd	ot quarte	r of this pla (3)	n year 3rd			(4) 4th	
		, , , , , , , , , , , , , , , , , , , ,				(0)	5.4			<u> </u>	

Page 3

Pa	art V	Assumptio	ons Used To Determine	Funding Target and Targ	et Normal Cost		
21	Disco	ount rate:					
	<b>a</b> Se	egment rates:	1st segment: 4.43 %	2nd segment: 5.91 %	3rd segment: 6.65 %	b	N/A, full yield curve used
<i>4</i>	b Ap	plicable month	(enter code)			21b	0
22	Weig	hted average re	etirement age			22	63
23	Morta	ality table(s) (se	e instructions) X Pr	escribed - combined Pre	scribed - separate	] Substitu	te
Pa	rt VI	Miscellane	eous items				
24		-	-	tuarial assumptions for the current			
25	Has a	a method chang	e been made for the current p	an year? If "Yes," see instructions	regarding required atta	chment .	Yes 🗴 No
26	Is the	e plan required t	o provide a Schedule of Active	Participants? If "Yes," see instruc	ctions regarding required	attachme	nt Yes 🗶 No
27			•	ter applicable code and see instru		27	
Pa	rt VII	Reconcili	ation of Unpaid Minimu	Im Required Contribution	s For Prior Years		
28	Unpa	id minimum req	uired contributions for all prior	years		28	0
29				d unpaid minimum required contril		29	0
30	Rema	aining amount o	f unpaid minimum required co	ntributions (line 28 minus line 29)		30	0
Pa	rt VIII	Minimum	<b>Required Contribution</b>	For Current Year			
31	Targe	et normal cost a	nd excess assets (see instruct	ions):			
-	<b>a</b> Tar	get normal cost	: (line 6)			31a	49,914
	<b>b</b> Exc	cess assets, if a	pplicable, but not greater than	line 31a	<u> </u>	31b	0
32		tization installm			Outstanding Bala	ance	Installment
					3	333,732	57,495
	<b>b</b> Wa	iver amortizatio	n installment	*******************		0	0
33	If a w (Moni			iter the date of the ruling letter gra ) and the waived amount .		33	0
34	Total	funding requirer	ment before reflecting carryover	/prefunding balances (lines 31a - 3	1b + 32a + 32b - 33)	34	107,409
				Carryover balance	Prefunding Bala	ince	Total balance
35			use to offset funding				
36	Addit	ional cash requi	irement (line 34 minus line 35)			36	107,409
37				ontribution for current year adjuste		37	170,660
38	Prese	ent value of exce	ess contributions for current ye	ear (see instructions)			
	<b>a</b> Tot	al (excess, if an	y, of line 37 over line 36)			38a	63,251
	<b>b</b> Por	tion included in	line 38a attributable to use of	prefunding and funding standard	carryover balances	38b	0
39	Unpa	id minimum req	uired contribution for current y	ear (excess, if any, of line 36 over	line 37)	39	0
40	Unpa	id minimum req	uired contributions for all years	· · · · · · · · · · · · · · · · · · ·		40	0
Pa	rt IX	Pension	Funding Relief Under F	Pension Relief Act of 2010	(See Instructions)	)	
41	lf an e	lection was mad	de to use PRA 2010 funding re	lief for this plan			
	a Sch	nedule elected .					2 plus 7 years 🔲 15 years
	b Elig	jible plan year(s	) for which the election in line	41a was made		. 200	08 2009 2010 2011
42	Amour	nt of acceleratio	n adjustment		•30•3000 0 0 0 0 0 00000	42	
43	Exces	s installment ac	celeration amount to be carrie	d over to future plan years		43	