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).

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

 Complete all entries in accordance with the instructions to the Form 5500-SF. Annual Report Identification Information For calendar plan year 2016 or fiscal plan year beginning and ending X a single-employer 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.) **A** This return/report is for: a one-participant plan a foreign plan the final return/report B This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: DFVC program Form 5558 automatic extension special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit UNICEN IMPEX INC. RETIREMENT PLAN TRUST plan number 002 (PN) • 1c Effective date of plan 01/01/2014 2a Plan sponsor's name (employer, if for a single-employer plan) **2b** Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) 76-0379151 (EIN) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Sponsor's telephone number UNICEN IMPEX INC. 425-641-6168 2d Business code (see instructions) 4822 155TH AVE., SE 561900 BELLEVUE, WA 98006 **3a** Plan administrator's name and address X Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 5a 5a Total number of participants at the beginning of the plan year 5b **b** Total number of participants at the end of the plan year..... Number of participants with account balances as of the end of the plan year (only defined contribution plans 5c complete this item)..... 5d(1) d(1) Total number of active participants at the beginning of the plan year..... 5d(2) 2 d(2) Total number of active participants at the end of the plan year..... Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

bellet, it is t	rue, correct, and complete.			
31314	Filed with authorized/valid electronic signature.	09/25/2017	JENNY CHAO	
HERE	Signature of plan administrator	Date	Enter name of individ	ual signing as plan administrator
SIGN				
HERE	Signature of employer/plan sponsor	Date	Enter name of individ	ual signing as employer or plan sponsor
Preparer's i	name (including firm name, if applicable) and address (include	room or suite numbe	r)	Preparer's telephone number

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 Were all of the plan's assets during the plan year invested in eliginary Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan can 	f an indepe / and condi	ndent qualified public a	account	ant (IC	(PA)			Yes No	
C If the plan is a defined benefit plan, is it covered under the PBGC					_	-		Not determined	
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning	of Year				(b) End of Y	′ear	
a Total plan assets	7a		109407					166010	
b Total plan liabilities	7b		C)				0	
C Net plan assets (subtract line 7b from line 7a)	7c		109407	,				166010	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) Total	l	
a Contributions received or receivable from:	2 (4)		8400						
(1) Employers	8a(1)		48000	_					
(2) Participants	8a(2)		40000						
(3) Others (including rollovers)	8a(3)		203	_					
b Other income (loss)	8b							56603	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums	8c								
to provide benefits)	8d		C)					
e Certain deemed and/or corrective distributions (see instructions).	8e		C						
f Administrative service providers (salaries, fees, commissions)	8f		()					
g Other expenses	8g		C)					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0	
i Net income (loss) (subtract line 8h from line 8c)	8i							56603	
j Transfers to (from) the plan (see instructions)	8j		()					
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension 2D 2E 2J 2K 3D	n feature co	odes from the List of Pl	lan Cha	racteri	stic Co	odes in	the instructi	ions:	
b If the plan provides welfare benefits, enter the applicable welfare	feature cod	des from the List of Pla	n Char	acteris	tic Cod	des in t	he instructio	ons:	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A	Α	mount	
a Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary F	Fiduciary Correction	10a		X				
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
C Was the plan covered by a fidelity bond?			10c		X				
d Did the plan have a loss, whether or not reimbursed by the plan' by fraud or dishonesty?	•		10d		X				
Were any fees or commissions paid to any brokers, agents, or o carrier, insurance service, or other organization that provides so the plan? (See instructions.)	me or all of	the benefits under	10e		Х				
f Has the plan failed to provide any benefit when due under the pl	an?		10f		X				
g Did the plan have any participant loans? (If "Yes," enter amount	as 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 exceptions to providing the notice applied under 29 CFR 2520.1	the require	d notice or one of the	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	

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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

F	Part I Annual Report	Identification Information				
Fo	r calendar plan year 2016 or fi	scal plan year beginning	01/01/2016	and ending	12/31/2016	
Α	This return/report is for:			lan (not multiemployer) employer information in		
В	This return/report is:	the first return/report	the final return/report			
		an amended return/report	a short plan year retu	rn/report (less than 12 n	nonths)	
С	Check box if filing under:	x Form 5558 special extension (enter desc	automatic extension		DFVC pro	gram
	(U D D D	<u> </u>				
-	Name of plan	ormation enter all requested Retirement Plan Trust	information		1b Three-digit plan number (PN) ▶	002
					1c Effective dat	
					01/01/20	•
2 a	Mailing Address (include ro	loyer, if for a single-employer plan) iom, apt., suite no. and street, or P nce, country, and ZIP or foreign pos	.O. Box)	tructions)	2b Employer Ide (EIN) 76-	entification Number 0379151
	Unicen Impex Inc.				2c Sponsor's te	
	4000 455					de (see instructions)
	4822 155th Ave., S	5 E			561900	
_	US Bellevue WA 98006	F-1			26 4 1 1 1 1	I PIM
3 a	Plan administrator's name	and address 🗵 Same as Plan Sp	oonsor		3b Administrato	r's EIN
					3c Administrato	r's telephone number
4	If the name and/or EIN of the name, EIN, and the plan no	he plan sponsor has changed since umber from the last return/report.	e the last return/report filed	for this plan, enter the	4b EIN	
ě	Sponsor's name				4c PN	
5a	Total number of participant	s at the beginning of the plan year				2
b		s at the end of the plan year			5b	2
С	Number of participants with complete this item)	account balances as of the end of	f the plan year (only defined	d contribution plans	5c	2
d	(1) Total number of active page	articipants at the beginning of the p	lan year		5d(1)	2
d	(2) Total number of active pa	articipants at the end of the plan ye	ar		5d(2)	2
е	Number of participants that	t terminated employment during the	e plan year with accrued be	nefits that were	5e	0
_		e or incomplete filing of this retu			ause is established	
- S	Inder penalties of periury and	other penalties set forth in the instr and signed by an enrolled actuary	uctions, I declare that I have	e examined this return/i	eport, including, if a	pplicable, a Schedule
W.	SIGN STONE	mle	9/25/11	Jenny Chao		<u> </u>
	HERE Signature of plan ad	ministrator	Date	Enter name of individu	ial signing as plan a	dministrator
	1 222	1101	9/zHIn	Jenny Chao		
	SIGN HERE Signature of employ		Date	Enter name of individu	ral signing as emplo	ver or plan sponsor
F	-13/14 or -11/15/15/	n name, if applicable) and address			Preparer's telepho	one number

											_
 6a	Were all of the plan's assets during the plan year invested in eligible	assets? ((See instructions.)						XYes	s No	
	Are you claiming a waiver of the annual examination and report of a										
	under 29 CFR 2520,104-46? (See instructions on waiver eligibility at								X Yes	s No	
	If you answered "No" to either line 6a or line 6b, the plan canno								. □ Nat	datarmi	20 d
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA sectio	n 402	1)?		res		o Not	determin	—
Pa	rt III Financial Information										_
7	Plan Assets and Liabilities	OF TENSION	(a) Beginning of	Year				(b) End	of Year		_
a	Total plan assets	7a	10	9,40	07	-			160	6,010	_
b	Total plan liabilities	7b			0					0	_
С	Net plan assets (subtract line 7b from line 7a)	7c		9,40)7					6,010	_
8	Income, Expenses, and Transfers for this Plan Year	N-RESTUR	(a) Amount					(b)	Total		- 6
а	Contributions received or receivable from: (1) Employers	8a(1)		8,40	00	ALC:					
1	(2) Participants	8a(2)		8,00		100	01-70	TE IS	THE PLANT		
-	(3) Others (including rollovers)	8a(3)			0	Ho. I	luai 10	FUE		Rex III B	15
b	Other income (loss)	8b		20	03		1 69		- DE V		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		elo-pie	HIE				50	6,603	
d	Benefits paid (including direct rollovers and insurance premiums			-,	-	URIG		1781	OF VO	1 Sun	atty
_	to provide benefits)	8d			0						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e			0	11 X				10.25	
f	Administrative service providers (salaries, fees, commissions)	8f			0						Œ,
g	Other expenses	8g			0		VII E		88524		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	This was it is still a first to		1881					0	
Ĺ	Net income (loss) (subtract line 8h from line 8c)	8i		3 17					5	6,603	
<u>i</u>	Transfers to (from) the plan (see instructions)	8j			0		OWNER.		CE INTO		_U
Pa	art IV Plan Characteristics										_
9a	If the plan provides pension benefits, enter the applicable pension fe	eature cod	des from the List of Plan C	harac	terist	tic Cod	es in th	e instru	ctions:		
	2D 2E 2J 2K 3D										
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature code	es from the List of Plan Ch	aracte	eristic	c Code	s in the	instruct	tions:		
Pa	art V Compliance Questions										
10	During the plan year:				Yes	No	N/A		Amoun	t	
a											
	described in 29 CFR 2510 3-102? (See instructions and DOL's Vo	oluntary Fi	iduciary Correction			l					
_	Program)			10a		X					_
k	 Were there any nonexempt transactions with any party-in-interest reported on line 10a.) 	? (Do not	include transactions	10b		x					
- C				10c	_	x					
	Did the plan have a loss, whether or not reimbursed by the plan's			,,,,		+					
	by fraud or dishonesty?			10d		х					
E	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		x					
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		x					
·	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10g		х	/\3_E				
ŀ	If this is an individual account plan, was there a blackout period?	(See instr	ructions and 29 CFR	10h		x					
i	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he require		10ii				F. M			

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Parl		Pension Funding Compliance				-		
11	(Form 5	a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions ar 5500 and line 11a below)		Schedule	SB		Yes X	No
11a		ne unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a		т		
12	ERISA'	a defined contribution plan subject to the minimum funding requirements of section 412 of the? 2s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	e Code or sec	tion 302	of 		Yes X	No
a	If a wai	iver of the minimum funding standard for a prior year is being amortized in this plan year, see	instructions,			e of the	letter ruli	ng
		g the waiver	Month	Da	у	Yea	ſ	
lfy b		pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line minimum required contribution for this plan year		12b				
		he amount contributed by the employer to the plan for the plan year		12¢				
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to	the left of a	12d				
		e minimum funding amount reported on line 12d be met by the funding deadline?			Yes] No		4
A STATE OF								
Par		Plan Terminations and Transfers of Assets		Г	7 Yes	x	No	
13a		resolution to terminate the plan been adopted in any plan year?		40-	res		110	
		" enter the amount of any plan assets that reverted to the employer this year		13a				
b	control	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or br of the PBGC?				Yes [X No	
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), id assets or liabilities were transferred. (See instructions.)						
1	3c(1) Na	ame of plan(s):	13c(2) [EIN(s)		130	(3) PN(s)
	t VIII	Trust Information - Skip These Questions		146	Trust's E	INI		
	t VIII	it.		14b	Trust's E	IN		
14a	Name	it.		14d	Trust's E	or custo		
140	Name	of trust of trustee or custodian		14d	Trustee (or custo		
14a	Name Name	of trust		14d	Trustee (or custo e numb		
14a	Name Name Name I Name Name How did not be seen to be se	of trust of trustee or custodian IRS Compliance Questions - Skip These Questions		14d	Trustee of telephon	or custo	er	ar" ADP
14a 14a 14a 15a 15a 16a	Name Name Name Name Name Name Name Name	of trustee or custodian IRS Compliance Questions - Skip These Questions plan a 401(k) plan? If "No," skip b. id 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:	an	14d Yes Design-bsafe hart	Trustee of telephon	or custo	No "Prior ye test N/A	ar" ADP
14a 14a 14a 15a 15a 16a	Name Name Name Name Name Name Name Name	of trustee or custodian IRS Compliance Questions - Skip These Questions plan a 401(k) plan? If "No," skip b. id 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	an	Yes Design-bsafe hart 'Current ADP test Ratio percenta	Trustee of telephon	or custo e numb	No "Prior ye test N/A	
14a 14a 14a 15a 15a 16a 16a	Name Name Name Name Name Name Name Name	of trustee or custodian IRS Compliance Questions - Skip These Questions plan a 401(k) plan? If "No," skip b. id 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 year by combining this plan with any other plan under the permissive aggregation rules of the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable ter/	an	Yes Design-bsafe hart 'Current ADP test Ratio percentatest Yes etter or a	Trustee of telephon assed por year" ge advisory le	Avera beneficetter, er	No "Prior ye test N/A ge it test No	N/A
14a 14a 14a 15a 15a 16a 16a	Name Name Name Name Name Name Name Name	of trustee or custodian IRS Compliance Questions - Skip These Questions plan a 401(k) plan? If "No," skip b. id 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) plan year by combining this plan with any other plan under the permissive aggregation rules of the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable	an	Yes Design-bsafe hart 'Current ADP test Ratio percentatest Yes etter or a	Trustee of telephon assed por year" ge advisory le	Avera beneficetter, er	No "Prior ye test N/A ge it test No	N/A
14a 14a 14a 15a 15a 16a 16a	Name Name Name Name Name Name Name Name	of trustee or custodian IRS Compliance Questions - Skip These Questions plan a 401(k) plan? If "No," skip b. id 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 year by combining this plan with any other plan under the permissive aggregation rules of the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable ter/	an (4) Proposition (4) (5) (6) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	Yes Design-bsafe hart 'Current ADP test Ratio percentatest Yes etter or a	Trustee of telephon assed por year" ge advisory le	Avera beneficecent de	No "Prior ye test N/A ge it test No	N/A