Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans 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.**

OMB Nos. 1210-0110
1210-0089

2016

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
UNIPAC SHIPPING INC. 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1997

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
UNIPAC SHIPPING INC

1768 W. SECOND ST.
POMONA, CA 91766

2b Employer Identification Number (EIN) 95-3957551

2c Plan Sponsor's telephone number 909-595-8884

2d Business code (see instructions) 488510

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 accompanying schedules, statements and attachments, 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.

SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2017	JIMMY JIANG
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name	**4c** PN	
5 Total number of participants at the beginning of the plan year	**5**	111
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	105
a(2) Total number of active participants at the end of the plan year	**6a(2)**	99
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	9
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	108
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	108
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	62
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	3
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2F 2G 2J 2K 2T 3D 3H

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

9a Plan funding arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [ ] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 1 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
UNIPAC SHIPPING INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
UNIPAC SHIPPING INC

D Employer Identification Number (EIN)
95-3957551

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
01-0233346	65838	35073	64	01/01/2016	12/31/2016

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
13032	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
GLOBALINK SECURITIES, INC.
3452 E. FOOTHILL BLVD., #1040
PASADENA, CA 91107

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
11069		BROKER COMISSION	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
YANG'S PENSION CONSULTING, INC
2205 E. CHAPMAN AVENUE
FULLERTON, CA 92831

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1963		TPA FEES PAID, TPA COMISSION	5

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	**4**	0
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	3823060

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	0
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below) ▶	**7c(5)**			
	(6) Total additions			**7c(6)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below) ▶	**7e(4)**			
	(5) Total deductions			**7e(5)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2016** **This Form is Open to Public Inspection.**

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan	**B** Three-digit plan number (PN) ▶
UNIPAC SHIPPING INC. 401(K) PROFIT SHARING PLAN	002
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
UNIPAC SHIPPING INC	95-3957551

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions). . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

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(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2016

This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
UNIPAC SHIPPING INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
UNIPAC SHIPPING INC

D Employer Identification Number (EIN)
95-3957551

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER AGGRESSIVE LS

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
01-0233346-000	P	197146

a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER GROWTH LS

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
01-0233346-000	P	293311

a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER BALANCED LS

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
01-0233346-000	P	608856

a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER MODERATE LS

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
01-0233346-000	P	111981

a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER CONSERV LS

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
01-0233346-000	P	206422

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY HERITAGE

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
01-0233346-000	P	1805

a Name of MTIA, CCT, PSA, or 103-12 IE: FINANCIAL INDUSTRIES FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
01-0233346-000	P	63791

a Name of MTIA, CCT, PSA, or 103-12 IE: INTL EQUITY INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 52101
a Name of MTIA, CCT, PSA, or 103-12 IE: INTL SMALL CAP FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21459
a Name of MTIA, CCT, PSA, or 103-12 IE: JH DISCIPLINED VALUE INTL FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14340
a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP STOCK FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 69302
a Name of MTIA, CCT, PSA, or 103-12 IE: NATURAL RESOURCES FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 224798
a Name of MTIA, CCT, PSA, or 103-12 IE: REAL EST. SECURITIES FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16977
a Name of MTIA, CCT, PSA, or 103-12 IE: SCIENCE & TECHNOLOGY FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 101901
a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 48433
a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP VALUE FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2100
a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE HEALTH SCI		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 53807

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALL CAP GROW INDEX

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14474

a Name of MTIA, CCT, PSA, or 103-12 IE: 500 INDEX FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 225472

a Name of MTIA, CCT, PSA, or 103-12 IE: BLUE CHIP GROWTH FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13909

a Name of MTIA, CCT, PSA, or 103-12 IE: EQUITY INCOME FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 56584

a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP INDEX FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 92987

a Name of MTIA, CCT, PSA, or 103-12 IE: THE GROWTH FUND OF AMERICA

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29248

a Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL STOCK MARKET INDEX FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 507966

a Name of MTIA, CCT, PSA, or 103-12 IE: WASHINGTON MUTUAL INVESTORS

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8212

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK GLOBAL ALLOCATION

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13827

a Name of MTIA, CCT, PSA, or 103-12 IE: UTILITIES FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5022

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADVISOR TOTAL BOND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10958

a Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL BOND FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19774

a Name of MTIA, CCT, PSA, or 103-12 IE: HIGH YIELD FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 318600

a Name of MTIA, CCT, PSA, or 103-12 IE: STRATEGIC INCOME OPP FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3184

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK STABLE VAL

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 399514

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
UNIPAC SHIPPING INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
UNIPAC SHIPPING INC

D Employer Identification Number (EIN)
95-3957551

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reported on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	13
(2) Participant contributions	1b(2)	0	134
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	3525055	3823060
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		0
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	3525055	3823207
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	3525055	3823207

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	36106	
	(B) Participants	2a(1)(B)	354598	
	(C) Others (including rollovers)	2a(1)(C)	0	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		390704
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	568	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)	1259	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1827
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		330017
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		722548
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	424296	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		424296
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	100	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		100
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		424396
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		298152
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified **(2)** ☐ Qualified **(3)** ☒ Disclaimer **(4)** ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: HUANG & HUANG, CPAS **(2)** EIN: 95-4496990

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. **(2)** ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		360000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n			
o	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 separated from service?	4o			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If "Yes," enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

Part V Trust Information

6a Name of trust	**6b** Trust's EIN

6c Name of trustee or custodian	**6d** Trustee's or custodian's telephone number

HUANG & HUANG
Certified Public Accountants

FRANK C. HUANG, C.P.A.
WENDY T. HUANG, C.P.A. (DEC'D.)
JOSHUA B. HUANG, PRINCIPAL

1199 S. Fairway Drive, Suite 109
Walnut, California 91789

Tel: (909) 598-6453
Fax: (909) 598-6471

INDEPENDENT AUDITORS' REPORT

To the Trustees of
Unipac Shipping Inc.
401(k) Profit Sharing Plan
1768 W. Second St.
Pomona, CA 91766

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Unipac Shipping, Inc., 401(k) Profit Sharing Plan, which comprise the Statements of Net Assets Available for Benefits as of December 31, 2016, and the related Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2016, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by John Hancock Life Insurance Company (USA), the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of December 31, 2016 and 2015, that the information provided to the Plan administrator by the trustee is complete and accurate.

HUANG & HUANG
Certified Public Accountants

FRANK C. HUANG, C.P.A.
WENDY T. HUANG, C.P.A. (DEC'D.)
JOSHUA B. HUANG, PRINCIPAL

1199 S. Fairway Drive, Suite 109
Walnut, California 91789

Tel: (909) 598-6453
Fax: (909) 598-6471

INDEPENDENT AUDITORS' REPORT (Cont.)

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter – Supplemental Schedules

The supplemental schedules that include Schedules of Return on Investments for the Year Ended December 31, 2016, and Schedule of Assets as of December 31, 2016 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules referred to above.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Huang & Huang, CPAs
Walnut, CA
October 3, 2017

UNIPAC SHIPPING, INC.

401(k) PROFIT SHARING PLAN

FINANCIAL STATEMENTS
AND
SUPPLEMENTARY FINANCIAL INFORMATION
WITH
INDEPENDENT AUDITORS' REPORT

DECEMBER 31, 2016 AND DECEMBER 31, 2015

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UNIPAC SHIPPING, INC.
401(k) PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31	
	2016	2015
ASSETS:		
INVESTMENTS:		
Cash	$ 2,566	$ 2,133
Investment at Contract Value	12,236	28,631
At Fair Value - Investment Contract with Insurance Company	3,808,258	3,494,291
Total Investments	3,823,060	3,525,055
RECEIVABLES:		
Employer Contributions	13	---
Participant Contributions	134	---
Total Receivables	147	---
Total Assets	$ 3,823,207	$ 3,525,055
LIABILITIES	$ ---	$ ---
Net Assets Available for Benefits	$ 3,823,207	$ 3,525,055

See Accompanying Notes and Independent Auditors' Report

UNIPAC SHIPPING, INC.
401(k) PROFIT SHARING PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	December 31	
	2016	2015
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment Income (Loss):		
Net Realized and Unrealized Change in Fair Value of Investments	$ 330,017	$ (41,609)
Interest Income	568	826
JH Credits to Participants	1,259	1,122
Total Investment Income (Loss)	331,844	(39,661)
Contributions:		
Employer	36,106	32,506
Participant	354,598	331,054
Rollovers	---	---
Other	---	---
Total Contributions	390,704	363,560
Total Additions	722,548	323,899
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Distributions to Participants	424,296	684,857
Administrative Expenses	100	200
Total Deductions	424,396	685,057
NET INCREASE IN NET ASSETS AVAILABLE FOR PLAN BENEFITS	298,152	(361,158)
BEGINNING NET ASSETS AVAILABLE FOR PLAN BENEFITS	3,525,055	3,886,213
ENDING NET ASSETS AVAILABLE FOR PLAN BENEFITS	$ 3,823,207	$ 3,525,055

See Accompanying Notes and Independent Auditors' Report

UNIPAC SHIPPING, INC.
401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2016 and DECEMBER 31, 2015

NOTE 1 – Description Of Plan

The following description of the Unipac Shipping Inc. (Employer) 401(k) Profit Sharing Plan (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General:

The Plan was adopted effective January 1, 1997, as a defined contribution plan covering all full-time employees of the Employer who have completed seven hundred and forty nine (749) hours of service in a nine-month period and are age twenty-one or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act (ERISA). Years of service will be treated as service with the Employer for eligibility purposes for the following Employer subject to any listed limitations: Continental Agency, Inc. for purposes of Elective Deferrals and Matching.

Contributions:

Participants may contribute pretax annual compensation not to exceed elective deferral limits imposed by the Internal Revenue Service (IRS), as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. The Participants may elect to defer up to 100% of the compensation on a pre-tax basis.

The Employer may make a matching contribution on Participants' behalf if Participants make a "matched employee contribution" during the Plan year. A "matched employee contribution" is any elective deferral contribution that Participants may make. If Participants make a "matched employee contribution", the Employer may contribute to Participants' matching contribution account in an amount equal to 10% of the matched employee contributions that are not in excess of 100% of Participants' compensations. The annual compensation of each Participant taken into account in determining allocation for any plan year will not exceed $265,000 adjusted for cost-of-living increases in accordance with Section 401(a)(17)(B) of the IRS Code. Contributions are limited to $53,000 per Participant adjusted for cost-of-living under Code Section 415(d).

Administrative Expenses:

Administrative expenses are paid by the Plan or directly by the Employer. Expenses paid by the Plan are allocated to Participant accounts in accordance with ERISA compliance guidance provided by the Plan's independent third party administrator.

NOTE 1 – Description Of Plan (Cont.)

Participant Accounts:

Each Participant's account is credited with the Participant's contribution and allocation of (a) the Employer's contribution and (b) Plan earnings, and charged with an allocation of administrative expenses.

Vesting:

Participants are immediately vested in elective deferral account, rollover contribution account, and qualified non-elective contribution account. Vesting in the Employer's contribution for other profit sharing contributions to their accounts is based on years of continuous service. A Participant is 100 percent vested after six years of credited service.

Participant Loans:

Loans are not permitted.

Payment of Benefits:

On termination of service due to death, disability, or retirement, a Participant may elect to receive a lump-sum amount equal to the value of the Participant's vested interest in his or her account.

Investment Options:

Contributions on behalf of the Participants are invested in accordance with the Participants' investment allocation. The Participants' investment choice is limited to in-house investments with John Hancock Life Insurance Company (USA), offered by the trustees. The Plan's investments are pooled. However, each Participant receives allocations of Plan earnings based on the Participant's investment allocation. Participants may change their investment options at any time.

Forfeited Accounts:

Participants' accounts are forfeited to the extent that the employer contribution portion has not fully vested at the time of withdrawal. Forfeited amounts are utilized to reduce employer contributions. As of December 31, 2016 and December 31, 2015, there were forfeited non-vested accounts in the amount of $2,566 and $2,133 available respectively.

Subsequent Events:

Management has evaluated subsequent events through October 3, 2017, the date on which the financial statements were available to be issued, and has determined that there were no subsequent events requiring disclosure, accruals, or adjustments to the carrying value of assets at the balance sheet dates, except that the third-party administrator was replaced on June 1, 2017.

NOTE 2 – Summary Of Accounting Policies

Basis of Accounting:

The financial statements of the Plan are prepared using the accrual method of accounting. The financial statements and notes are the representation of the Plan's trustees, who are responsible for the integrity and objectivity of the financial statements.

Use of Estimates:

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein. Estimates may also relate to the disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition:

The Plan's investments are stated at fair value except for its benefit-responsive investment contract, which is valued at contract value (Note 4). Quoted market prices are used to value investments. Shares of mutual funds are valued at the net asset value of shares held by the Plan at year-end. Participant's loans are valued at their outstanding balances, which approximate fair value. See Note 5 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest and dividend income is earned individually according to each Participants' investment allocation. Interest and dividends are reinvested in each account.

Payment of Benefits:

Benefits are recorded when paid.

NOTE 3 – Investment Contract With Insurance Company

In 2004, the Plan entered into a fully benefit-responsive variable investment contract with John Hancock Life Insurance Company (USA) (John Hancock). John Hancock maintains the contributions in a pooled account. The account is credited with earnings on the underlying investments and charged for Plan withdrawals and for administrative expenses most of which are charged by John Hancock. The contract is included in the financial statements at contract value measured by quoted market prices in an active market, which represents contributions made under the contract, plus earnings less Plan withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the investment contract at December 31, 2016 was $3,820,494. The average investment result was a gain of approximately nine percent (9%) in 2016. The fair value of the investment contract at December 31, 2015 was $3,522,922. The average (loss) was approximately one percent (1%) in 2015.

NOTE 4 - Investments

The following information included in the accompanying Statements of Net Assets Available for Plan Benefits and Statements of Changes of Net Assets Available for Plan Benefits, and Supplemental Schedules, was obtained from data that has been prepared and certified to as complete and accurate by John Hancock as of December 31, 2016 and December 31, 2015.

Money Type	December 31, 2016		December 31, 2015	
	Cost	Fair Value	Cost	Fair Value
Investment Funds:				
JH Lifestyle Conservative	$ 241,963	$ 206,422	$ 219,429	$ 173,839
JH Lifestyle Moderate	124,788	111,981	100,720	81,877
* JH Lifestyle Balanced	659,819	608,856	595,437	507,067
JH Lifestyle Growth	312,675	293,311	289,422	248,400
JH Lifestyle Aggressive	208,009	197,146	204,271	179,015
JH Stable Value	398,294	399,514	594,760	591,243
JH Disciplined Value Intl Fund	15,441	14,340	-	-
Active Bond Fund	-	-	4,484	4,445
Fidelity Advisor Total Bond	10,612	10,958	22,226	21,877
Global Bond Fund	19,668	19,774	36,976	36,179
Strategic Income Opp Fund	3,056	3,184	3,054	3,038
JH High Yield Fund	312,221	318,600	77,742	70,153
BlackRock Global Allocation	13,653	13,827	25,659	25,002
Washington Mutual Investors	6,885	8,212	5,783	6,221
* 500 Index Fund	295,734	225,472	277,127	185,207
Equity Income Fund	51,836	56,584	49,502	45,522
Utilities Fund	4,772	5,022	4,192	3,990
* Total Stock Market Index Fund	360,517	507,966	334,704	428,694
The Growth Fund of America	19,505	29,247	19,496	27,104
Blue Chip Growth Fund (VS)	12,592	13,909	9,810	10,951
Small Cap Value Fund	1,800	2,100	1,222	1,168
Mid Cap Index Fund	82,422	92,986	62,597	59,117
Financial Industries Fund	53,243	63,791	83,845	84,357
T. Rowe Price Health Sci	41,135	53,807	103,749	160,006
Real Est. Securities Fund	19,292	16,976	68,773	56,073
American Century Heritage	1,772	1,805	1,194	1,174
EuroPacific Growth Fund	-	-	10,605	10,703
Templeton World	-	-	13,196	11,091
Science & Technology Fund	77,673	101,901	62,938	79,365
Small Cap Index Fund	35,592	48,433	33,261	37,893
Mid Cap Stock Fund (VS)	56,829	69,302	51,264	63,130
Intl Equity Index Fund	54,107	52,101	75,811	69,433
Vanguard Small Cap Grow Index	13,793	14,474	56,007	53,566
Intl Small Cap Fund	22,066	21,459	20,294	20,247
International Core Fund	-	-	13,121	12,047
Natrual Resources Fund	226,958	224,798	188,813	125,097
Total Investment Funds	3,758,722	3,808,258	3,721,484	3,494,291

UNIPAC SHIPPING, INC.
401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2016 AND DECEMBER 31, 2015

Money Type	December 31, 2016		December 31, 2015	
	Cost	Fair Value	Cost	Fair Value
John Hancock:				
* JH 10 Year Compound	11,507	12,236	28,985	28,631
Total Group Annuity Accounts	11,507	12,236	28,985	28,631
TOTAL	$ 3,770,229	$ 3,820,494	$ 3,750,469	$ 3,522,922

* Denotes Party-In-Interest to the Plan

NOTE 4 – Investments (Cont.)

During 2016 and 2015, the Plan's investment funds appreciated (depreciated) in value by $330,017 and $(41,609), respectively. The Plan's Group Annuity Accounts earned interest of $568 and $826, respectively.

As of December 31, 2016, the investment of $206,422 in the JH Lifestyle Conservative, $608,856 in the JH Lifestyle Balanced Fund, $293,311 in the JH Lifestyle Growth Fund, $197,146 in the JH Lifestyle Aggressive Fund, $399,514 in the JH Stable Value Fund, $318,600 in the JH High Yield Fund, $225,472 in the 500 Index Fund and $507,966 in the Total Stock Market Index Fund each represented a greater than 5% interest of net assets available for benefits.

As of December 31, 2015, the investment of $507,067 in the JH Lifestyle Balanced Fund, $248,400 in the JH Lifestyle Growth Fund, $179,015 in the JH Lifestyle Aggressive Fund, $591,243 in the JH Stable Value Fund, $185,207 in the 500 Index Fund and $428,694 in the Total Stock Market Index Fund each represented a greater than 5% interest of net assets available for benefits

NOTE 5 – Fair Value Measurements

FASB ASC 820 provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 Fair Value Measurements:

Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Fair Value Measurements:

Inputs to the valuation methodology include

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability; and
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Fair Value Measurements:

Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

NOTE 5 – Fair Value Measurements (Cont.)

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2016 and December 31, 2015.

- ***Common Stocks***: Valued at the closing price reported on the active market on which the individual securities are traded.

- ***Corporate Bonds and U.S. Government Securities***: Valued using pricing models maximizing the use of observable inputs for similar securities. Corporate bonds include basing value on yields currently available on comparable securities of issuers with similar credit ratings.

- ***Mutual Funds***: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market Participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's fair value measurements at December 31, 2016 and December 31, 2015:

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Fair Value Measurements at December 31, 2016:				
Mutual Funds held in Sub-Accounts	$ 3,808,258	$ ---	$ ---	$ 3,808,258
Investments at Fair Value	$ 3,808,258	$ ---	$ ---	$ 3,808,258

NOTE 5 – Fair Value Measurements (Cont.)

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Fair Value Measurements at December 31, 2015:				
Mutual Funds held in Sub-Accounts	$ 3,494,291	$ ---	$ ---	$ 3,494,291
Investments at Fair Value	$ 3,494,291	$ ---	$ ---	$ 3,494,291

NOTE 6 – Group Annuity Investment Contract with John Hancock Life Insurance Company

In 2004, the Plan entered into a traditional fully benefit-responsive guaranteed investment contract with John Hancock Life Insurance Company (John Hancock) totaling $12,236 for 2016 and $28,631 for 2015. John Hancock maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer but may not be less than 4 percent. The crediting rate is reviewed on a quarterly basis for resetting. The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by John Hancock, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

NOTE 6 – Group Annuity Investment Contract with John Hancock Life Insurance Company (Cont.)

Certain events might limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited trans-action exemption under ERISA (5) premature termination of the contract. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Such events include (1) an uncured violation of the Plan's investment guidelines, (2) a breach of material obligation under the contract, (3) a material misrepresentation, (4) a material amendment to the agreement without the consent of the issuer..

NOTE 7 – Party-In-Interest Transactions

John Hancock Life Insurance Company provides substantially all of the brokerage services for the Plan investments and, as such, is a party-in-interest. The Plan administrator, Yang's Pension Consulting Inc., is also a party-in-interest. Fees paid by the Plan for administrative services amounted to $100 and $200 for the years ended December 31, 2016, and December 31, 2015, respectively. See Note 1 subsequent events for Plan administrator replacement.

NOTE 8 – Plan Termination

Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, Participants will receive a lump-sum amount equal to the value of their account.

NOTE 9 - Federal Income Taxes

On March 28, 1997, the Trustee received from the Internal Revenue Service a letter of determination stating that Unipac Shipping, Inc. 401(k) Profit Sharing Plan is exempt from Federal income taxes under Section 401(a) of the Internal Revenue Code for the Plan. The Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code.

NOTE 9 - Federal Income Taxes (Cont.)

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the tax authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 10 – Risks And Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonable possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect Participants' account balances and the amounts reported in the statement of net assets available for benefits.

SUPPLEMENTARY FINANCIAL INFORMATION

UNIPAC SHIPPING, INC.
401(k) PROFIT SHARING PLAN
SCHEDULES OF RETURN ON INVESTMENTS
For the Year Ending December 31, 2016

Investment	Balance at Beginning of Year	Balance at End of Year	Average Value of Investment	Investment Income (Loss) for Year	Return on Investment
JH Lifestyle Conservative	$ 173,839	$ 206,422	$ 190,131	$ 10,115	5.32%
JH Lifestyle Moderate	81,877	111,981	96,929	6,069	6.26%
* JH Lifestyle Balanced	507,067	608,856	557,962	37,596	6.74%
JH Lifestyle Growth	248,400	293,311	270,856	18,093	6.68%
JH Lifestyle Aggressive	179,015	197,146	188,081	13,855	7.37%
JH Stable Value	591,243	399,514	495,379	4,826	0.97%
JH Disciplined Value Intl Fund	-	14,340	7,170	-	0.00%
Active Bond Fund	4,445	-	2,223	137	6.16%
Fidelity Advisor Total Bond	21,877	10,958	16,418	1,400	8.53%
Global Bond Fund	36,179	19,774	27,977	2,716	9.71%
Strategic Income Opp Fund	3,038	3,184	3,111	146	4.69%
JH High Yield Fund	70,153	318,600	194,377	46,232	23.78%
BlackRock Global Allocation	25,002	13,827	19,415	1,066	5.49%
Washington Mutual Investors	6,221	8,212	7,217	891	12.35%
* 500 Index Fund	185,207	225,472	205,340	21,727	10.58%
Equity Income Fund	45,522	56,584	51,053	8,746	17.13%
Utilities Fund	3,990	5,022	4,506	454	10.08%
* Total Stock Market Index Fund	428,694	507,966	468,330	53,615	11.45%
The Growth Fund of America	27,104	29,247	28,176	2,144	7.61%
Blue Chip Growth Fund (VS)	10,951	13,909	12,430	181	1.46%
Small Cap Value Fund	1,168	2,100	1,634	354	21.66%
Mid Cap Index Fund	59,117	92,986	76,052	14,070	18.50%

See Accompanying Notes and Indepdent Auditors' Report

UNIPAC SHIPPING, INC.
401(k) PROFIT SHARING PLAN
SCHEDULES OF RETURN ON INVESTMENTS
For the Year Ending December 31, 2016

Investment	Balance at Beginning of Year	Balance at End of Year	Average Value of Investment	Investment Income (Loss) for Year	Return on Investment
Financial Industries Fund	84,357	63,791	74,074	7,643	10.32%
T. Rowe Price Health Sci	160,006	53,807	106,907	(11,180)	(10.46)%
Real Est. Securities Fund	56,073	16,976	36,525	7,424	20.33%
American Century Heritage	1,174	1,805	1,490	53	3.56%
EuroPacific Growth Fund	10,703	-	5,352	454	8.48%
Templeton World	11,091	-	5,546	292	5.27%
Science & Technology Fund	79,365	101,901	90,633	7,833	8.64%
Small Cap Index Fund	37,893	48,433	43,163	8,222	19.05%
Mid Cap Stock Fund (VS)	63,130	69,302	66,216	629	0.95%
Intl Equity Index Fund	69,433	52,101	60,767	3,697	6.08%
Vanguard Small Cap Grow Index	53,566	14,474	34,020	4,392	12.91%
Intl Small Cap Fund	20,247	21,459	20,853	(553)	(2.65)%
International Core Fund	12,047	-	6,024	(22)	(0.37)%
Natrual Resources Fund	125,097	224,798	174,948	57,851	33.07%
* JH 10 Year Compound	28,631	12,236	20,434	576	2.82%
	$3,522,922	$3,820,494	$3,671,719	$ 331,744	9.04%

* Denotes Party-In-Interest to the Plan

Financial Statement Elements:

Net Realized and Unrealized Appreciation in Fair Value of Investments	$ 330,017
Interest Income	568
Credits to Participants	1,259
Administrative Expenses	(100)
Total	$ 331,744

See Accompanying Notes and Indepdent Auditors' Report

UNIPAC SHIPPING, INC.
401(k) PROFIT SHARING PLAN
SCHEDULES OF RETURN ON INVESTMENTS
For the Year Ending December 31, 2015

	Investment	Balance at Beginning of Year	Balance at End of Year	Average Value of Investment	Investment Income (Loss) for Year	Return on Investment
	JH Lifestyle Conservative	$ 227,422	$ 173,839	$ 200,631	$ (2,460)	(1.23)%
	JH Lifestyle Moderate	105,732	81,877	93,805	(665)	(0.71)%
*	JH Lifestyle Balanced	460,229	507,067	483,648	(7,708)	(1.59)%
	JH Lifestyle Growth	216,456	248,400	232,428	(3,262)	(1.40)%
	JH Lifestyle Aggressive	176,126	179,015	177,571	(2,331)	(1.31)%
	JH Stable Value	444,320	591,243	517,782	5,702	1.10%
	Active Bond Fund	-	4,445	2,223	(38)	(1.71)%
	Fidelity Advisor Total Bond	-	21,877	10,939	(347)	(3.17)%
	Total Return Fund	37,795	-	18,898	549	2.91%
	Global Bond Fund	35,401	36,179	35,790	(1,356)	(3.79)%
	Strategic Income Opp Fund	3,008	3,038	3,023	29	0.96%
	JH High Yield Fund	320,457	70,153	195,305	(2,500)	(1.28)%
	BlackRock Global Allocation	19,196	25,002	22,099	(428)	(1.94)%
	Washington Mutual Investors	5,322	6,221	5,772	(60)	(1.04)%
*	500 Index Fund	241,441	185,207	213,324	2,370	1.11%
	Equity Income Fund	154,533	45,522	100,028	(4,007)	(4.01)%
	Utilities Fund	4,087	3,990	4,039	(674)	(16.69)%
*	Total Stock Market Index Fund	414,447	428,694	421,571	(4,066)	(0.96)%
	The Growth Fund of America	25,857	27,104	26,481	1,247	4.71%
	Blue Chip Growth Fund (VS)	7,352	10,951	9,152	888	9.70%
	Small Cap Value Fund	613	1,168	891	(22)	(2.47)%
	Mid Cap Index Fund	41,571	59,117	50,344	(2,254)	(4.48)%

See Accompanying Notes and Indepdent Auditors' Report

UNIPAC SHIPPING, INC.
401(k) PROFIT SHARING PLAN
SCHEDULES OF RETURN ON INVESTMENTS
For the Year Ending December 31, 2015

Investment	Balance at Beginning of Year	Balance at End of Year	Average Value of Investment	Investment Income (Loss) for Year	Return on Investment
Financial Industries Fund	101,322	84,357	92,840	(3,210)	(3.46)%
T. Rowe Price Health Sci	137,112	160,006	148,559	16,632	11.20%
Real Est. Securities Fund	68,724	56,073	62,399	1,595	2.56%
American Century Heritage	604	1,174	889	(8)	(0.90)%
EuroPacific Grwoth Fund	9,541	10,703	10,122	(195)	(1.93)%
Templeton World	10,493	11,091	10,792	(759)	(7.03)%
Science & Technology Fund	221,956	79,365	150,661	16,606	11.02%
Small Cap Index Fund	37,745	37,893	37,819	(1,975)	(5.22)%
Mid Cap Stock Fund (VS)	56,711	63,130	59,921	1,399	2.33%
Intl Equity Index Fund	66,776	69,433	68,105	(4,916)	(7.22)%
Vanguard Small Cap Grow Index	54,842	53,566	54,204	(1,853)	(3.42)%
Intl Small Cap Fund	18,710	20,247	19,479	(9)	(0.05)%
International Core Fund	10,655	12,047	11,351	(703)	(6.19)%
International Value Fund	94	-	47	(7)	(14.89)%
Natrual Resources Fund	117,345	125,097	121,221	(41,896)	(34.56)%
* JH 10 Year Compound	31,129	28,631	29,880	834	2.79%
	$3,885,124	$3,522,922	$3,704,033	$ (39,858)	(1.08)%

* Denotes Party-In-Interest to the Plan

Financial Statement Elements:

Net Realized and Unrealized Appreciation in Fair Value of Investments	$ (41,609)
Interest Income	826
Credits to Participants	1,122
Rounding	3
Administrative Expenses	(200)
Total	$ (39,858)

See Accompanying Notes and Indepdent Auditors' Report

UNIPAC SHIPPING, INC.
401(k) PROFIT SHARING PLAN
Form 5500
Schedule H, Line 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN: 95-3957551
Plan Number 002
December 31, 2016

(a)	(b) Identify of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
	Investment Funds:			
	JH Lifestyle Conservative	Pooled Separate Accounts	$ 241,963	$ 206,422
	JH Lifestyle Moderate	Pooled Separate Accounts	124,788	111,981
*	JH Lifestyle Balanced	Pooled Separate Accounts	659,819	608,856
	JH Lifestyle Growth	Pooled Separate Accounts	312,675	293,311
	JH Lifestyle Aggressive	Pooled Separate Accounts	208,009	197,146
	JH Stable Value	Pooled Separate Accounts	398,294	399,514
	JH Disciplined Value Intl Fund	Pooled Separate Accounts	15,441	14,340
	Active Bond Fund	Pooled Separate Accounts	-	-
	Fidelity Advisor Total Bond	Pooled Separate Accounts	10,612	10,958
	Global Bond Fund	Pooled Separate Accounts	19,668	19,774
	Strategic Income Opp Fund	Pooled Separate Accounts	3,056	3,184
	JH High Yield Fund	Pooled Separate Accounts	312,221	318,600
	BlackRock Global Allocation	Pooled Separate Accounts	13,653	13,827
	Washington Mutual Investors	Pooled Separate Accounts	6,885	8,212
*	500 Index Fund	Pooled Separate Accounts	295,734	225,472
	Equity Income Fund	Pooled Separate Accounts	51,836	56,584
	Utilities Fund	Pooled Separate Accounts	4,772	5,022
*	Total Stock Market Index Fund	Pooled Separate Accounts	360,517	507,966
	The Growth Fund of America	Pooled Separate Accounts	19,505	29,247
	Blue Chip Growth Fund (VS)	Pooled Separate Accounts	12,592	13,909
	Small Cap Value Fund	Pooled Separate Accounts	1,800	2,100
	Mid Cap Index Fund	Pooled Separate Accounts	82,422	92,986
	Financial Industries Fund	Pooled Separate Accounts	53,243	63,791
	T. Rowe Price Health Sci	Pooled Separate Accounts	41,135	53,807
	Real Est. Securities Fund	Pooled Separate Accounts	19,292	16,976
	American Century Heritage	Pooled Separate Accounts	1,772	1,805
	EuroPacific Growth Fund	Pooled Separate Accounts	-	-
	Templeton World	Pooled Separate Accounts	-	-
	Science & Technology Fund	Pooled Separate Accounts	77,673	101,901
	Small Cap Index Fund	Pooled Separate Accounts	35,592	48,433
	Mid Cap Stock Fund (VS)	Pooled Separate Accounts	56,829	69,302
	Intl Equity Index Fund	Pooled Separate Accounts	54,107	52,101
	Vanguard Small Cap Grow Index	Pooled Separate Accounts	13,793	14,474
	Intl Small Cap Fund	Pooled Separate Accounts	22,066	21,459
	International Core Fund	Pooled Separate Accounts	-	-
	Natrual Resources Fund	Pooled Separate Accounts	226,958	224,798
	Total Investment Funds		3,758,722	3,808,258
	John Hancock:			
*	JH 10 Year Compound	Group Annuity Accounts	11,507	12,236

See Accompanying Notes and Independent Auditors' Report

UNIPAC SHIPPING, INC.
401(k) PROFIT SHARING PLAN
Form 5500
Schedule H, Line 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN: 95-3957551
Plan Number 002
December 31, 2016

(a)	(b) Identify of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
	Total Group Annuity Accounts		11,507	12,236
	Total		$ 3,770,229	$ 3,820,494

* Denotes Party-In-Interest to the Plan

See Accompanying Notes and Independent Auditors' Report

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans 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.**

OMB Nos. 1210-0110
1210-0089

2016

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A This return/report is for: ☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)

B This return/report is: ☒ a single-employer plan; ☐ a DFE (specify) ___
☐ the first return/report; ☐ the final return/report;
☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here . . . . . ▶ ☐

D Check box if filing under: ☒ Form 5558; ☐ automatic extension; ☐ the DFVC program;
☐ special extension (enter description)

Part II Basic Plan Information --- enter all requested information

1a Name of plan
Unipac Shipping Inc. 401(k) Profit Sharing Plan

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1997

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)

Unipac Shipping Inc

1768 W. Second St.

Ui Pomona CA 91766

2b Employer Identification Number (EIN)
95-3957551

2c Plan Sponsor's telephone number
(909) 595-8884

2d Business code (see instructions)
488510

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 accompanying schedules, statements and attachments, 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.

SIGN HERE		10/10/17	Jimmy Jiang
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/10/17	Jimmy Jiang
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number)
Skip this question

Preparer's telephone number
Skip this question

3a Plan administrator's name and address [x] Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN	
	4c PN	
5 Total number of participants at the beginning of the plan year	5	111
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	105
a(2) Total number of active participants at the end of the plan year	6a(2)	99
b Retired or separated participants receiving benefits	6b	0
c Other retired or separated participants entitled to future benefits	6c	9
d Subtotal. Add lines 6a(2), 6b, and 6c.	6d	108
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	0
f Total. Add lines 6d and 6e	6f	108
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	62
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	3
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2F 2G 2J 2K 2T 3D 3H

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

9a Plan funding arrangement (check all that apply)		9b Plan benefit arrangement (check all that apply)	
(1) [x]	Insurance	(1) [x]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	(2) [ ]	Code section 412(e)(3) insurance contracts
(3) [x]	Trust	(3) [x]	Trust
(4) [ ]	General assets of the sponsor	(4) [ ]	General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules		b General Schedules		
(1) [ ]	R (Retirement Plan Information)	(1) [x]		H (Financial Information)
(2) [ ]	MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) [ ]		I (Financial Information - Small Plan)
		(3) [x]	1	A (Insurance Information)
		(4) [x]		C (Service Provider Information)
(3) [ ]	SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(5) [x]		D (DFE/Participating Plan Information)
		(6) [ ]		G (Financial Transaction Schedules)

Part II Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) . . . . . ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) . . ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

Schedule H, line 4i

Schedule of Assets (Acquired and Disposed of Within Year).

For the plan year beginning **01/01/2016** and ending **12/31/2016**

Name of plan

Unipac Shipping Inc. 401(k) Profit Sharing Plan

Employer Identification Number

95-3957551

Three-digit plan number ► **002**

(a) Identity of issue, borrower, lessor, or similar party	(b) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(c) Costs of acquisitions	(d) Proceeds of dispositions
JOHN HANCOCK LIFE INSURANCE	LS-CONSERV		206,422
JOHN HANCOCK LIFE INSURANCE	LS-MODERAT		111,981
JOHN HANCOCK LIFE INSURANCE	LS-BALANCE		608,856
JOHN HANCOCK LIFE INSURANCE	LS-GROWTH		293,311
JOHN HANCOCK LIFE INSURANCE	LS-AGGRESS		197,146
JOHN HANCOCK LIFE INSURANCE	10 YR COMP		12,236
JOHN HANCOCK LIFE INSURANCE	STBL VALUE		399,514
JOHN HANCOCK LIFE INSURANCE	VS STR INC		3,184
JOHN HANCOCK LIFE INSURANCE	VS HIYLD		318,600
JOHN HANCOCK LIFE INSURANCE	VS GL BD		19,774
JOHN HANCOCK LIFE INSURANCE	FID TOTAL		10,958
JOHN HANCOCK LIFE INSURANCE	VS ACTIVE		0
JOHN HANCOCK LIFE INSURANCE	VS UTILIT		5,022
JOHN HANCOCK LIFE INSURANCE	BRGLBALL		13,827
JOHN HANCOCK LIFE INSURANCE	AF WASHMUT		8,212
JOHN HANCOCK LIFE INSURANCE	IDX TOTAL		507,966
JOHN HANCOCK LIFE INSURANCE	GROWTH		29,248
JOHN HANCOCK LIFE INSURANCE	WORLD		0
JOHN HANCOCK LIFE INSURANCE	IDX MID		92,987
JOHN HANCOCK LIFE INSURANCE	EUROPAC		0
JOHN HANCOCK LIFE INSURANCE	VS EQINC		56,584
JOHN HANCOCK LIFE INSURANCE	VS BLUCP		13,909
JOHN HANCOCK LIFE INSURANCE	IDX 500		225,472
JOHN HANCOCK LIFE INSURANCE	SMCP GR IN		14,474
JOHN HANCOCK LIFE INSURANCE	HEALTH SCI		53,807
JOHN HANCOCK LIFE INSURANCE	VS SML VAL		2,100
JOHN HANCOCK LIFE INSURANCE	IDX SMALL		48,433
JOHN HANCOCK LIFE INSURANCE	VS SCTEC		101,901
JOHN HANCOCK LIFE INSURANCE	VS RESTS		16,977
JOHN HANCOCK LIFE INSURANCE	VS NAT RES		224,798
JOHN HANCOCK LIFE INSURANCE	VS MC ST		69,302
JOHN HANCOCK LIFE INSURANCE	VS IT CO		14,340
JOHN HANCOCK LIFE INSURANCE	VS INTSM		21,459
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JOHN HANCOCK LIFE INSURANCE	VS FINANCL		63,791
JOHN HANCOCK LIFE INSURANCE	HERITAGE		1,805

Schedule H, line 4i

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Schedule H, line 4i
Schedule of Assets (Held At End of Year)

For the plan year beginning **01/01/2016** and ending **12/31/2016**

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Employer Identification Number
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Three-digit plan number ► **002**

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	JOHN HANCOCK LIFE INSURANCE			
	JOHN HANCOCK LIFE INSURANCE			