Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information				
For calend	ar plan year 2017 or fis	scal plan year beginning 01/01/20	17	and ending 12	2/31/2017	
A This ret	turn/report is for:	x a single-employer plan		plan (not multiemployer) (employer information in ac	•	
D	,	a one-participant plan	a foreign plan			
B This retu	urn/report is	the first return/report	the final return/repor	t		
		an amended return/report	a short plan year ret	urn/report (less than 12 m	onths)	
C Check	box if filing under:	Form 5558	automatic extension	1	DFVC progra	m
		special extension (enter descrip	otion)			
Part II	Basic Plan Info	rmation—enter all requested info	rmation			
1a Name GD INTERN	of plan ATIONAL INC. RETIRE	EMENT PLAN			1b Three-diging plan number (PN) ▶	
					1c Effective of	date of plan 01/01/2013
		yer, if for a single-employer plan) n, apt., suite no. and street, or P.O.	Box)			Identification Number
City or	town, state or province	e, country, and ZIP or foreign postal		structions)	(EIN) 2c Sponsor's	46-3345946 telephone number
GD INTERN	ATIONAL INC.				20	06-375-8030
6816 50TH <i>A</i>	WE NE				2d Business	code (see instructions)
SEATTLE, W						531390
3a Plan a	dministrator's name an	d address X Same as Plan Spons	sor.		3b Administra	ator's EIN
					3c Administra	ator's telephone number
		e plan sponsor or the plan name has nsor's name, EIN, the plan name an			4b EIN	
•	or's name	, , ,	·	·	4d PN	
C Plan N	lame					
5a Total i	number of participants	at the beginning of the plan year			5a	2
_		at the end of the plan year			5b	2
		account balances as of the end of th			5c	2
d(1) Tota	al number of active par	ticipants at the beginning of the plan	n year		5d(1)	2
d(2) Tot	al number of active par	rticipants at the end of the plan year			5d(2)	2
		terminated employment during the p			5e	0
Caution: A	A penalty for the late of	or incomplete filing of this return/	report will be assesse	ed unless reasonable cau		
SB or Sche		ner penalties set forth in the instructi nd signed by an enrolled actuary, as olete.				
SIGN	Filed with authorized/	valid electronic signature.	05/14/2018	YINGDONG WU		
HERE	Signature of plan ac	dministrator	Date	Enter name of individe	ual signing as pla	an administrator
SIGN	Filed with authorized/	valid electronic signature.	05/14/2018	YINGDONG WU		
HERE	Signature of employ	yer/plan sponsor	Date	Enter name of individual	ual signing as en	nployer or plan sponsor

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Part III Financial Information Financial Informa	b		an indeper and condit not use Fo nsurance p	ndent qualified public a iions.) rm 5500-SF and mus program (see ERISA se	account t instea ection 4	ant (IC ad use 021)?	QPA) • Form		X Yes	No No
7 Plan Assets and Liabilities 7 a 224151 289084 a Total plan assets	Da	rt III Financial Information								
a Total plan assets	_ <u> </u>			(a) Da utu u tu u	- ()/			(b) F::		
b Total plan liabilities 7b 0 0 c Net plan assets (subtract line 7b from line 7a) 7c 224151 289064 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total 9 Participants 8a(1) 13200 (2) Participants 8a(2) 40500 (3) Others (including rollovers) 8a(3) 0 b Other income (loss) 8a(3) 0 C Total income (add lines 8d(1), 8a(2), 8a(3), and 8b) 8b 11213 C Total income (add lines 8d(1), 8a(2), 8a(3), and 8b) 8c 64913 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 0 0 E Certain deemed and/or corrective distributions (see instructions) 8e 0 0 6 f Administrative service providers (salaries, fees, commissions) 8f 0 0 9 g Other expenses 8g 0 0 0 1 g Other exp			70					(D) Er		
C Net plan assets (subtract line 7b from line 7a)				2.						
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers		-		2						
a Contributions received or receivable from: (i) Employers (ii) Employers (iii) Employers (iiii) Employers (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii			1 10					(h		
(2) Participants		·		(a) Amour				(5)	, rotui	
(3) Others (including rollovers)		(1) Employers	. 8a(1)		13200					
b Other income (loss)		(2) Participants	. 8a(2)		40500					
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	. 8a(3)		0					
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	<u>b</u>	Other income (loss)	. 8b		11213					
e Certain deemed and/or corrective distributions (see instructions)			. 8c						64913	
f Administrative service providers (salaries, fees, commissions)	d		. 8d		0					
g Other expenses 8g 0 0 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 0 i Net income (loss) (subtract line 8h from line 8c) 8i 64913 j Transfers to (from) the plan (see instructions) 8j 0 Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2G 2J 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X c Was the plan covered by a fidelity bond? 10c X d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10c X d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10c X d Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions) 10c X f Has the plan failed to provide any benefit when due under the plan? (See instructions and 29 CFR 10h X	<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	. 8e		0					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	. 8f		0					
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	. 8g		0					
Transfers to (from) the plan (see instructions) 8j	<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						0	
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2G 2J 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan? 9 Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10	<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i						64913	
9a	j	Transfers to (from) the plan (see instructions)	8j		0					
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h	Pa	rt IV Plan Characteristics								
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	9a	1	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in the ir	structions:	
10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	des in the ins	tructions:	
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	Par	t V Compliance Questions								
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10	During the plan year:				Yes	No		Amount	
reported on line 10a.)	а	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	Fiduciary Correction	10a		X			
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? • Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) • Ide that the plan failed to provide any benefit when due under the plan? • Ide the plan have any participant loans? (If "Yes," enter amount as of year-end.) • If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	b				10b		X			
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	С	Was the plan covered by a fidelity bond?			10c		X			
Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	d						Х			
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som	her person ne or all of	s by an insurance the benefits under	10e		X			
7 Plan Assets and Liabilities										
2520.101-3.)	g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)			Х			
If 10h was answered "Yes." check the box if you either provided the required notice or one of the	h	2520.101-3.)	` ••••••		10h		X			
	i				10i					

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Part	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below)	nedule S	B	Y	′es X No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?	n 302 o	f 	Y	′es X No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an granting the waiver			of the lette Year _	r ruling
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b	Enter the minimum required contribution for this plan year	12b			
С	Enter the amount contributed by the employer to the plan for this plan year	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	. [Yes	No	N/A
Part '	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?		Ye	s X N	0
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			Yes X	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.)) to			
1	3c(1) Name of plan(s): 13c(2) EIN(s)		13c(3) PN(s)

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

► Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

_		t identification information				
For	calendar plan year 2017 or		01/01/2017	and ending	12/31/201	
Α	This return/report is for:	x a single-employer plan	a list of participating er	an (not multiemployer) (f mployer information in ac		
_		a one-participant plan	a foreign plan			
В	This return/report is:	the first return/report	the final return/report			
		an amended return/report	a short plan year return	n/report (less than 12 mo	onths)	
С	Check box if filing under:	Form 5558	automatic extension		DFVC pr	ogram
_			<u> </u>			
_		formation enter all requested	information		Ala wa na na	
1a	Name of plan				1b Three-digit plan number	er
	GD International	Inc. Retirement Plan			(PN) ▶	002
					1c Effective da 01/01/20	•
2a	Mailing Address (include r	ployer, if for a single-employer plan) oom, apt., suite no. and street, or P. ince, country, and ZIP or foreign pos	O. Box)	ructions)	2b Employer lo (EIN) 46-	dentification Number -3345946
	GD International		tar code (ii foreign, see insti			elephone number
					(206) 3	
	6816 50th Ave. NE				20 Business of 531390	ode (see instructions)
	0010 0000 11101 112					
2-	US SEATTLE WA 98115	and address X Same as Plan Sp	ongor		3b Administrat	or's FIN
sa	Plan administrator's name	and address A Same as Plan Sp	Olisoi		SD Administrati	013 2114
					0	
					3C Administrat	or's telephone number
4	If the name and/or FIN of	the plan sponsor or the plan name h	as changed since the last re	eturn/report filed for	4b EIN	
7	this plan, enter the plan s	ponsor's name, EIN, the plan name a	and the plan number from th	ne last return/report.		
а	Sponsor's name				4d PN	
C	Plan Name					
5a		nts at the beginning of the plan year			5a	2
b		nts at the end of the plan year			5b	2
C		th account balances as of the end of			5c	2
Ч		participants at the beginning of the p			5d(1)	2
					5d(2)	2
a		participants at the end of the plan ye ho terminated employment during the		nefits that were	Ju(2)	
е	less than 100% vested	no terminated employment during the			5e	0
C	aution: A penalty for the la	ate or incomplete filing of this retu	rn/report will be assessed	l unless reasonable ca	use is establishe	d.
11	nder penalties of periup, an	d other penalties set forth in the instr	uctions. I declare that I have	e examined this return/re	port, including, if	applicable, a Schedule
S	B or Schedule MB complete	ed and signed by an enrolled actuary,	as well as the electronic ve	ersion of this return/repor	rt, and to the best	of my knowledge and
	elief, it is true, correct, and c					
	sign U//Im	*	105/14/2018	YingDong Wu		
	HERE Signature of plan a	dministrator	Date ,	Enter name of individua	al signing as plan	administrator
8	V1/1	1	05/14/2018	YingDong Wu		
	SIGN Signature of emplo	ver/plan sponsor	Date	Enter name of individua	al signing as empl	oyer or plan sponsor
100	- Joignature or empre	.) b				

6a	Were all of the plan's assets during the plan year invested in eligibl	e assets? (S	See instructions.)					X Yes No
b	Are you claiming a waiver of the annual examination and report of a	an independ	ent qualified public acc	ounto	nt /10	DAY		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	and condition	ns.)					X Yes No
С	If the plan is a defined benefit plan is it covered under the DDOO in	ot use Form	1 5500-SF and must in	stea	d use	Form	_	_
	If "Yes" is checked ontor the My DAA confirmation much as for the	isurance pro	gram (see ERISA sect	ion 40	021)?	*******	Yes	☐ No ☐ Not determine
	The second cities the My PAA confirmation number from the	e PBGC pre	mium filing for this year	_				(See instructions.)
P	No analyse of the plan is a define benefit plan, is to worse under the PRGC insurance program (see REINS) section 4021?							
7_	Plan Assets and Liabilities		(a) Beginning (of Ye	ar		(i	o) End of Year
a	Total plan assets	7a	2	24,:	151			289,064
b					0			
C		7c	2	24,	L51			289,064
8 a	Contributions received or received from:		(a) Amoun	t				(b) Total
-		8a(1)		13.2	200			
	7000 B V W							
b	Other income (loss)			11,2	213			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	MARKET WAR	12		//		64 913
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	0.4				100	J. Fairst	E LAURE S I CON
e								
f							12001	
g					_	1000	70.0	
h			19.13. NA VIOL	101	_		(F) (9) (88)	
i			in the Salestan					
j				- 2 - 2	0	-CLC	8,970	64,913
Pa		1 1			Ť	100		
9a		ature codes	from the List of Plan C	hara	rtariet	ic Coc	los in the i	notruations:
	2A 2E 2F 2G 2J 3D			, iiu iu	Jense	10 00C	ies iii tiie i	ristructions,
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes f	rom the List of Plan Ch	aract	orietio	Codo	s in the in	ofrustiana
			Tom the List of Flam on	aract	CHSUC	Code	5 111 (116 111	structions.
Pa	rt V Compliance Questions							
10	During the plan year:				Yes	No	N/A	Amount
а								, invodite
b	Were there any panerous transactions with a second side of the second			10a		Х	DAS.	
D	reported on line 10a.)	(Do not inc	lude transactions	10h		x		
Ç							f=327	
d	Did the plan have a loss, whether or not reimbursed by the plan's f	idelity bond,	that was caused				Mg	
е	Were any fees or commissions paid to any brokers, agents, or other	er persons b	v an insurance	100				
	carrier, insurance service, or other organization that provides some	or all of the	benefits under	,		v		
f				-			DAGE OF	
				_		X	141	
<u>g</u> h				10g		Х		
	If this is an individual account plan, was there a blackout period? (\$ 2520.101-3.)	See instructi	ons and 29 CFR	10h		х	THE I	
i	If 10h was answered "Yes," check the box if you either provided the	e required no	otice or one of the					Zanian textoril castin
	exceptions to providing the notice applied under 29 CFR 2520 101-	-3		10i				

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Form	5500-SF	2017

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raue	J	-	ı

Par	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete So (Form 5500 and line 11a below)	chedule	e SB	☐ Yes 🗓] No
_11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sect ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	ion 302	2 of	Yes X] No
а 	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, a granting the waiver	nd ente		of the letter rul Year	ing
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	- 1000			
b	Enter the minimum required contribution for this plan year	12b			
С	Enter the amount contributed by the employer to the plan for the plan year	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes 🗍	No 🗍 N/A	4
Pari	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?	Г	Yes	X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☐ Y	es 🗓 No	
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)				
13	c(1) Name of plan(s): 13c(2) El	N(s)		13c(3) PN(s)