Form 5500-SF

Department of the Treasury

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Internal Revenue Service

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

2018

This Form is Open to Public Inspection

Part I Annual Report Identification Information								
For calend	lar plan year 2018 or fi	scal plan year beginning 01/01/2	2018	and ending 1:	2/31/2018			
A This re	turn/report is for:	a single-employer plan		olan (not multiemployer) (mployer information in ac				
D T U's		a one-participant plan	a foreign plan					
B This reti	urn/report is	the first return/report	the final return/report					
_		an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)			
C Check	box if filing under:	Form 5558	automatic extension		DFVC progra	am		
		special extension (enter descr	• ,					
Part II	Basic Plan Info	ormation—enter all requested inf	formation					
1a Name UNICEN IMI	of plan PEX INC. PENSION P	LAN			1b Three-dig plan num (PN) ▶	·		
					1c Effective	date of plan 01/01/2014		
		oyer, if for a single-employer plan)) Pov)			Identification Number		
		m, apt., suite no. and street, or P.O ce, country, and ZIP or foreign posta		tructions)	(EIN)	76-0379151		
UNICEN IMP						s telephone number 25-641-6168		
					2d Business	code (see instructions)		
4822 155TH BELLEVUE,						561900		
,								
3a Plan a	administrator's name ar	nd address 🏻 Same as Plan Spor	nsor.		3b Administr	ator's EIN		
					3c Administr	ator's telephone number		
					oo mariinisa	ator o telephone number		
4 If the	nama and/ar FINI of the	o plan anappar or the plan name he	an abangad aines the last	raturn/ranart filed for	4b EIN	_		
		e plan sponsor or the plan name ha onsor's name, EIN, the plan name a				_		
	sor's name				4d PN			
C Plan N	vame							
5a Total	number of participants	at the beginning of the plan year			5a	2		
b Total	number of participants	at the end of the plan year			5b	2		
		account balances as of the end of		•	5c			
d(1) Tot	al number of active pa	articipants at the beginning of the plant	an year		5d(1)	2		
		articipants at the end of the plan yea			5d(2) 2			
		terminated employment during the			5e	0		
Caution: A	A penalty for the late	or incomplete filing of this return	n/report will be assessed	d unless reasonable ca				
SB or Sche		ther penalties set forth in the instruction and signed by an enrolled actuary, a plete.						
SIGN	Filed with authorized	l/valid electronic signature.	05/15/2019	JENNY CHAO				
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual signing as pl	an administrator		
SIGN	Filed with authorized	I/valid electronic signature.	05/15/2019	JENNY CHAO				
HERE	Signature of emplo	over/plan sponsor	Date	Enter name of individ	ual signing as er	mplover or plan sponsor		

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6a	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)									
b	Are you claiming a waiver of the annual examination and report of								NI-	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cann							X Yes	No	
С	If the plan is a defined benefit plan, is it covered under the PBGC in						_	o Not determin	ned	
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (
D										
Pal				• • • •						
	Plan Assets and Liabilities		(a) Beginning (of Year 11250			(b) E	719640		
	Total plan assets	7a 7b	7	0				719040		
	Net plan assets (subtract line 7b from line 7a)	76 7c	7'	11250	+			719640		
8	Income, Expenses, and Transfers for this Plan Year	76	(a) Amoun				/h) Total		
	Contributions received or receivable from:		(a) Airiouii				()) Total		
	(1) Employers	8a(1)		0						
	(2) Participants	8a(2)		0						
	(3) Others (including rollovers)	8a(3)			_					
b	Other income (loss)	8b		8390						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						8390		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
е	Certain deemed and/or corrective distributions (see instructions)	8e								
	Administrative service providers (salaries, fees, commissions)	8f		0						
-	Other expenses	8g		0						
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						0		
	Net income (loss) (subtract line 8h from line 8c)	8i						8390		
j	Transfers to (from) the plan (see instructions)	8i								
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Pla	an Cha	racteri	stic Co	des in the i	nstructions:		
	If the plan provides welfare benefits, enter the applicable welfare fr	ooturo ood	les from the List of Dis	n Char	a at a ria	tio Cod	laa in tha in	atm ration or		
D	In the plan provides wellare benefits, enter the applicable wellare to	eature coo	les from the List of Plai	n Chara	acteris	iic Coo	ies in the in	Structions.		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Amount		
а	Was there a failure to transmit to the plan any participant contribu									
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)			10a		X				
b	Were there any nonexempt transactions with any party-in-interest			104						
	reported on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c		X				
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?									
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som									
	the plan? (See instructions.)	10e		X						
f	Has the plan failed to provide any benefit when due under the pla	10f		X						
g	Did the plan have any participant loans? (If "Yes," enter amount a	10g		X						
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)									
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne require	d notice or one of the	10h 10i						
	, ,				ı	ı				

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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 Sche (Form 5500) and line 11a below)		B 	X Yes	s No					
11a	11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40									
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?									
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver			of the letter r _ Year	uling					
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?		Yes	X No						
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a								
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?									
С	C 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.)									
1	13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)									

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service Department of Labor

Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

Fo	or calendar plan year 2018 or fiscal plan year beginning 01/01/2018	and endir	ng 12/3	31/2018			
	Round off amounts to nearest dollar. Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonate.	ahla causa is astahlisho	d				
Α	Name of plan UNICEN IMPEX INC. PENSION PLAN	B Three-di	git	l) •	001		
	Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF UNICEN IMPEX INC.	D Employer	Identific 76-03	ation Number (E	EIN)		
E	Type of plan: X Single Multiple-A Multiple-B F Prior year plan	n size: X 100 or fewer	101-	-500 More th	an 500		
	Part I Basic Information						
1	Enter the valuation date: Month 12 Day 31 Year 201	18					
2	Assets:						
	a Market value		. 2a		719640		
	b Actuarial value		. 2b		719640		
3	Funding target/participant count breakdown	(1) Number of participants	` '	sted Funding Target	(3) Total Funding Target		
	a For retired participants and beneficiaries receiving payment	0		0	0		
	b For terminated vested participants	0		0	0		
	C For active participants	3		683968	683968		
	d Total	3		683968	683968		
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)						
	a Funding target disregarding prescribed at-risk assumptions		4a				
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plan at-risk status for fewer than five consecutive years and disregarding loading factor		4b				
5	Effective interest rate				4.74%		
6	Target normal cost		6		0		
	To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into accordance my best estimate of anticipated experience under the plan.						
	HERE			02/04/201	9		
	Signature of actuary			Date			
	HUNG HSUN CHENG			17-06724	<u> </u>		
ļ	Type or print name of actuary ALLIED CONSULTANTS INC.		Most recent enrollment number 909-393-4912				
1	Firm name 14768 PIPELINE AVE. CHINO HILLS, CA 91709	Te	elephone	number (includ			
	Address of the firm						
If the	e actuary has not fully reflected any regulation or ruling promulgated under the statute in	completing this schedul	e, check	the box and see	• [

Page 2	2 -	1
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Schedule SB (Form 5500) 2018	Page 2 - 1	

Balanco at beginning of prior year after applicable adjustments (line 13 from prior year)	7 Salance at beginning of prior year after applicable adjustments (line 13 from prior year)	Pa	art II	Begin	ning of Year	Carryov	er and Prefunding Ba	lances							
Section Sect	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)				<u> </u>	, ,	<u> </u>		(a) C	arryover balance		(b) F	refundin	g balan	се
year) —	year) 0 0 0 10 10 10 10 10	7		Ū	0 , ,		,			0					0
10 Interest on line 9 using prior year's actual return of %	10 Interest on line 9 using prior year's actual return of %	8								0					0
11 Prior year's excess contributions to be added to prefunding balance: a Present value of excess contributions (line 38a from prior year) b(1) Interest on the excess, if any, of line 38a from prior year Schedule SB, using prior year's effective interest rate of 5.42%. b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return. c Total available at beginning of current plan year to add to prefunding balance. d Portion of (c) to be added to prefunding balance. 0 0 0 0 13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12). 0 0 0 0 0 0 13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12). 15 Adjusted funding target attainment percentage. 15 Adjusted funding target attainment percentage. 15 Adjusted funding target attainment percentage. 16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding percentage to the plan is less than 70 percent of the funding target, enter such percentage. 16 Portion year's funding percentage or purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding target, enter such percentage. 17 year's funding requirement. 18 Contributions made to the plan for the plan year by employer(s) and employees: 19 Discounted employer contributions and Liquidity Shortfalls 19 Discounted employer contributions and conducted toward unpaid minimum required contributions from prior years. 20 Cuarter	11 Prior year's excess contributions to be added to prefunding balance: a Present value of excess contributions (line 38a from prior year)	9	Amount r	emaining	ı (line 7 minus line	8)				0					0
a Present value of excess contributions (line 38a from prior year)	a Present value of excess contributions (line 38a from prior year)	10	Interest of	n line 9 ເ	using prior year's	actual retu	rn of%			0					0
b(1) Interest on the excess, if any, of line 38s over line 38b from prior year Schedule SB, using prior year's effective interest rate of	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of	11	Prior yea	r's exces	s contributions to	be added	to prefunding balance:								
Schedule SR, using prior year's effective interest rate of	Schedule SR, using prior year's effective interest rate of		a Preser	t value o	f excess contribut	ions (line 3	38a from prior year)							606	47
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return—retu	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual refurn		b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.42%												0
C Total available at beginning of current plan year to add to prefunding balance	C Total available at beginning of current plan year to add to prefunding balance. d Portion of (c) to be added to prefunding balance. 0 12 Other reductions in balances due to elections or deemed elections. 0 13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) 0 15 Adjusted funding larget attainment percentage. 14 Funding target attainment percentage. 15 Adjusted funding larget attainment percentage. 16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current. 16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current. 16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current. 17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. 17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. 18 Contributions made to the plan for the plan upwar by employer(s) and employees: (a) Date (b) Amount paid by employer(s) (c) Amount paid by employer(s) (d) Amount p		b(2) Inte	erest on I	ine 38b from prior	year Sche	edule SB, using prior year's a	ctual							0
d Portion of (c) to be added to prefunding balance	d Portion of (c) to be added to prefunding balance														0
12 Other reductions in balances due to elections or deemed elections. 0 0 0 13 Balance at beginning of current year (line 9 + line 10 + line 11d − line 12)	12 Other reductions in balances due to elections or deemed elections		_		0 0	. ,	, ,	-						606	47
Part III Funding Percentages 14 Funding target attainment percentage	13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)		d Portion	of (c) to	be added to prefu	unding bala	ance								0
Part III Funding Percentages 14 Funding target attainment percentage	Part III Funding Percentages 14 Funding target attainment percentage 15 Adjusted funding target attainment percentage 15 105.21% 15 105.21% 16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current 16 67.75% 17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage 17 % 7 % 7 7 7 7 7 7	12	Other red	luctions i	n balances due to	elections	or deemed elections			0					0
14 Funding target attainment percentage	14 105.21% 15 Adjusted funding target attainment percentage	13	Balance	at beginn	ing of current yea	r (line 9 +	line 10 + line 11d – line 12)			0					0
15 Adjusted funding target attainment percentage	15 105.21%	Р	art III	Fun	ding Percenta	ages									
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	14	Funding	target att	ainment percenta	ge							14	105	5.21%
year's funding requirement	year's funding requirement												15	105	5.21%
Part IV Contributions and Liquidity Shortfalls 18 Contributions made to the plan for the plan year by employer(s) and employees: (a) Date (MM-DD-YYYY)	Part IV Contributions and Liquidity Shortfalls 18 Contributions made to the plan for the plan year by employer(s) and employees: (a) Date (MM-DD-YYYY) (b) Amount paid by employer(s) (c) Amount paid by employer(s) (MM-DD-YYYY) (m) Employer(s) (m) Employees (MM-DD-YYYY) (m) Employer(s) (m) Employees (m) Empl	16											16	67	7.75%
18 Contributions made to the plan for the plan year by employer(s) and employees: (a) Date (MM-DD-YYYY)	18 Contributions made to the plan for the plan year by employer(s) and employees: (a) Date (MM-DD-YYYY)	17	If the cur	rent value	e of the assets of	the plan is	less than 70 percent of the f	unding targe	et, enter suc	ch percentage			17		%
(a) Date (MM-DD-YYYY)	(a) Date (MM-DD-YYYY) (b) Amount paid by employer(s) (c) Amount paid by employees (MM-DD-YYYY) (b) Amount paid by employees (c) Amount paid by employees (MM-DD-YYYY) (b) Amount paid by employees (c) Amount paid by employees (d) Amount paid by empl	Р	art IV	Con	tributions an	d Liquid	ity Shortfalls								
(MM-DD-YYYY) employer(s) employees (MM-DD-YYYY) employer(s) employees MM-DD-YYYY) employer(s) employees (MM-DD-YYYY) employer(s) employees	(MM-DD-YYYY) employer(s) employees (MM-DD-YYYY) employer(s) employees Totals ► 18(b) 0 18(c) 19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: a Contributions allocated toward unpaid minimum required contributions from prior years. 19a 0 b Contributions made to avoid restrictions adjusted to valuation date 19b 0 c Contributions allocated toward minimum required contributions from prior years 19c 0 20 Quarterly contributions and liquidity shortfalls: a Did the plan have a "funding shortfall" for the prior year? Yes No b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No c If line 20a is "Yes," see instructions and complete the following table as applicable: Liquidity shortfall as of end of quarter of this plan year (1) 1st (2) 2nd (3) 3rd (4) 4th	18													
Totals ► 18(b) 0 18(c) 19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: a Contributions allocated toward unpaid minimum required contributions from prior years. 19a 0 b Contributions made to avoid restrictions adjusted to valuation date 19b 0 c Contributions allocated toward minimum required contribution for current year adjusted to valuation date 19c 0 20 Quarterly contributions and liquidity shortfalls: a Did the plan have a "funding shortfall" for the prior year?	Totals ► 18(b) 0 18(c) 19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: a Contributions allocated toward unpaid minimum required contributions from prior years	(1)										(0	-		у
Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: a Contributions allocated toward unpaid minimum required contributions from prior years	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: a Contributions allocated toward unpaid minimum required contributions from prior years			,		(-)		(,		,			,	
Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: a Contributions allocated toward unpaid minimum required contributions from prior years	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: a Contributions allocated toward unpaid minimum required contributions from prior years														
Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: a Contributions allocated toward unpaid minimum required contributions from prior years	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: a Contributions allocated toward unpaid minimum required contributions from prior years														
Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: a Contributions allocated toward unpaid minimum required contributions from prior years	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: a Contributions allocated toward unpaid minimum required contributions from prior years														
Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: a Contributions allocated toward unpaid minimum required contributions from prior years	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: a Contributions allocated toward unpaid minimum required contributions from prior years														
Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: a Contributions allocated toward unpaid minimum required contributions from prior years	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: a Contributions allocated toward unpaid minimum required contributions from prior years														
a Contributions allocated toward unpaid minimum required contributions from prior years	a Contributions allocated toward unpaid minimum required contributions from prior years							Totals ►	18(b)		(18(c)			0
b Contributions made to avoid restrictions adjusted to valuation date	b Contributions made to avoid restrictions adjusted to valuation date	19		•	,		•			, , , , , , , , , , , , , , , , , , ,					
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	C Contributions allocated toward minimum required contribution for current year adjusted to valuation date											0			
20 Quarterly contributions and liquidity shortfalls: a Did the plan have a "funding shortfall" for the prior year?	Quarterly contributions and liquidity shortfalls: a Did the plan have a "funding shortfall" for the prior year?					-				_					0
a Did the plan have a "funding shortfall" for the prior year?	a Did the plan have a "funding shortfall" for the prior year?														
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	20													
C If line 20a is "Yes," see instructions and complete the following table as applicable: Liquidity shortfall as of end of quarter of this plan year	C If line 20a is "Yes," see instructions and complete the following table as applicable: Liquidity shortfall as of end of quarter of this plan year (1) 1st (2) 2nd (3) 3rd (4) 4th				_									_]]
Liquidity shortfall as of end of quarter of this plan year	Liquidity shortfall as of end of quarter of this plan year (1) 1st (2) 2nd (3) 3rd (4) 4th								a timely ma	anner?			X	Yes	No
	(1) 1st (2) 2nd (3) 3rd (4) 4th		C If line 2	20a is "Ye	es," see instruction	ns and con			of this miss	/00r					
(1) 1st (2) 2nd (3) 3rd (4) 4th				(1) 1st	<u> </u>			di quarter ((4) 4th		
0 0 0				.,					. , ,						

F	art V	Assumpti	ons Used	to Determine	Funding 1	Target and Tai	get Norm	al Cost					
21	Discount	rate:											
	a Segm	ent rates:	1st s	segment: 3.92%	2nd	d segment: 5.52%	3	rd segment: 6.29 %		N/A, full yi	eld curve used		
	b Applic	able month (er	nter code)						21b		0		
22	Weighted	d average retir	ement age						22		63		
23	Mortality	table(s) (see	instructions)	Prior regulation	n:	Prescribed - com	bined	Prescribed	l - separat	e Subs	stitute		
				Current regula	tion:	Prescribed - com	bined	Prescribed	l - separat	e Subs	stitute		
Pa	Part VI Miscellaneous Items												
24	Has a ch	ange been ma	ade in the non-	-prescribed actua	irial assumptio	ons for the current	plan year? If	"Yes," see ir	nstructions	s regarding requi	red		
	attachment												
25	Has a m	ethod change l	been made fo	r the current plan	year? If "Yes	s," see instructions	regarding red	quired attach	ment		Yes X No		
26	Is the pla	n required to p	provide a Sch	edule of Active P	articipants? If	"Yes," see instruc	tions regardir	g required a	ttachmen	L	Yes X No		
27		•		nding rules, enter		de and see instruc	tions regardir	ng	27				
P	art VII	Reconcili	ation of Ur	npaid Minimu	ım Require	d Contributio	ns For Pri	or Years	•				
28	Unpaid n	ninimum requii	red contributio	ns for all prior ye	ars				28		0		
29					•	m required contrib	•	-	29		0		
30	,					28 minus line 29)			30		0		
Pa	art VIII	Minimum	Required	Contribution	For Curre	nt Year							
31				ts (see instruction									
					-				31a		0		
	b Excess	s assets, if app	olicable, but no	ot greater than lin	e 31a				31b	0			
32	Amortiza	tion installmen	nts:	-			Outst	anding Bala	nce	Insta	allment		
	a Net sh	ortfall amortiza	ation installme	nt					0		0		
	b Waive	r amortization	installment						0		0		
33						ne ruling letter gran waived amount			33				
34	Total fun	ding requireme	ent before refl	ecting carryover/	prefunding bal	ances (lines 31a -	31b + 32a +	32b - 33)	34		0		
					Carryo	ver balance	Prefu	unding balan	ice	Total	balance		
35		s elected for us		-									
36	Additiona	al cash require	ment (line 34	minus line 35)					36		0		
37						rrent year adjuste		,	37		0		
38	Present	value of exces	s contributions	s for current year	(see instruction	ons)			I				
	a Total (excess, if any, of line 37 over line 36)								0				
	b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances							38b	0				
39									39	0			
40	40 Unpaid minimum required contributions for all years												
Pa	Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)												
41	41 If an election was made to use PRA 2010 funding relief for this plan:												
									Г	2 plus 7 years	15 years		
										• •			

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

2018

This Form is Open to Public Inspection

Part I Annual Repor	t Identification Information	Coordance with the Instr	ictions to the Form Sauu	-SF.]	·	
For calendar plan year 2018 or	fiscal plan year beginning	01/01/2018	and ending	12/31/20	18	
A This return/report is for: B This return/report is:	x a single-employer plan a one-participant plan the first return/report an amended return/report	a list of participating a foreign plan the final return/repor	plan (not multiemployer) (f employer information in ad i	cordance with	this box must attach the form instructions:)	
C Check box if filing under:	Form 5558 special extension (enter desc	automatic extension		rien.	program	
	formation enter all requested	information				
1a Name of plan Unicen Impex Inc.	Pension Plan			1b Three-dig plan num (PN) ▶ 1c Effective	date of plan	
Mailing Address (include r	oloyer, if for a single-employer plan; oom, apt., suite no. and street, or F noe, country, and ZIP or foreign po	O. Box)	structions)	(EIN) 7.	2014 Identification Number 6-0379151 Idelephone number 641-6168	
4822 155th Ave.,	4822 155th Ave., SE					
US Bellevoe WA 98006 Ba Plan administrator's name	and address X Same as Plan S			3b Administr		
If the name and/or EIN of this plan, enter the plan sp a Sponsor's name C Plan Name	the plan sponsor or the plan name lonsor's name, EIN, the plan паme	has changed since the last and the plan number from	return/report filed for the last return/report.	4b EIN 4d PN	ator's telephone number	
5a. Total number of participan	ts at the beginning of the plan year	· magnification and a second	***************************************	5a	2	
C Number of participants wit	is at the end of the plan year h account balances as of the end o	f the plan year (only define	d contribution plans	5b 5c	2	
	articipants at the beginning of the p			5d(1)	2	
d(2) Total number of active p	articipants at the end of the plan ye	er	***************************************	5d(2)	2	
e Number of participants wh	o terminated employment during th	e plan year with accrued b	enefits that were	5e	0	
Under penalties of perjury and SB or Schedule MB completed belief, it is true, correct, and co	te or incomplete filing of this retu other penalties set forth in the instr d and signed by an enrolled actuary complete.	ructions. I declare that I ha	ve examined this return/report	ort including i	f applicable, a Schedule	
HERE Signature of plan as	Iministrator	Date Elithia	Jenny Chao	elector1	s stellanted at the second	
SIGN 1	C/E	Date >/ 12/17	Jenny Chao	signing as plan	administrator	
HERE Signature of employ	er/plan sponsor	Date5/15/19	Enter name of individual	signing as emp	ployer or plan sponsor	

a	ae	2
a	uc	-

6a	Were all of the plan's assets during the plan year invested in eligible	assets? (See instructions.)					XYes No
b	Are you claiming a waiver of the annual examination and report of aunder 29 CFR 2520.104-46? (See instructions on waiver eligibility and	nd conditio	ons.)	•••••	•••••	•••••		XYes No
	If you answered "No" to either line 6a or line 6b, the plan canno							
С	If the plan is a defined benefit plan, is it covered under the PBGC ins	surance pr	rogram (see ERISA sectio	on 40	21)?	[Yes	X No Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the	PBGC pr	emium filing for this year					(See instructions.)
0	art III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of	f Yea	г			(b) End of Year
a	Total plan assets	7a		1,2				719,640
b	Total plan liabilities	7b			0			-
C	Net plan assets (subtract line 7b from line 7a)	7c	71	1,2	50			719,640
8	Income, Expenses, and Transfers for this Plan Year	\$ 20 EXP	(a) Amount	•				(b) Total
a	Contributions received or receivable from:				_	3 3		
_	(1) Employers	8a(1)			0	HANK.		
-	(2) Participants	8a(2)				1000	SECTION 1	
_	(3) Others (including rollovers)	8a(3)		0 2	00			
b	Other income (loss)	8b 8c	M. D. D. Cale of the Market of the	8,3	90	SAN S		2 200
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	00	MENULPHIA DAMES BY AND		anjst.	PROS.	Walles	8,390
	to provide benefits)	8d	V					
е	Certain deemed and/or corrective distributions (see instructions)	8e						PARAMETER STATE
f	Administrative service providers (salaries, fees, commissions)	8f			0	1		
g	Other expenses	8g			0	3		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			Shaxa			0
L	Net income (loss) (subtract line 8h from line 8c)	8i		The P				8,390
<u>j</u>	Transfers to (from) the plan (see instructions)	8j						
P	art IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension fe 1A 3D	eature cod	es from the List of Plan C	harac	teristi	ic Cod	es in tl	he instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fea	iture code	s from the List of Plan Ch	aract	eristic	Code	s in the	e instructions:
Pa	art V Compliance Questions							
10	During the plan year:				Yes	No	N/A	Amount
а	Was there a failure to transmit to the plan any participant contribut	tions withi	n the time period					
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	luntary Fid	duciary Correction					
	Program)			10a		Х	37.2	
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)			10b		x	\$ m	ē.
				10c		х	1500	
d						1		
	by fraud or dishonesty?			10d		х	C Bas	
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some the plan? (See instructions.)	the benefits under	10e		х			
f	Has the plan failed to provide any benefit when due under the plan	10f		х				
g	Did the plan have any participant loans? (If "Yes," enter amount as	10g		х				
h		10h						
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required	I notice or one of the	10i			0000 0000	

_				
Form	5500	-SF	2018	í

Dogg	2 -		1
Page	J -	l .	

Par	Pension Funding Compliance							
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500 and line 11a below)								No
_11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	********	11a					0
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the CERISA?					Yes	х	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
a 	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins granting the waiver		nd ente Da		of the		ruling	g
lf y	ou 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 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)								
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes _	No		N/A	
Pari	Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?			Yes	х	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a					
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?							
C 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.)								
1:	3c(1) Name of plan(s):	13c(2) El	N(s)		13	c(3) Pl	V(s)	

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

Unicen Impex Inc. Pension Plan 76-0379151 / 001 For the plan year 01/01/2019 through 12/31/2019

The age reported is the weighted average of the assumed retirement ages for all active participants as of the valuation date based on their funding target or target normal cost should the funding target of the plan be zero rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

Schedule SB, line 32 - Schedule of Amortization Bases

Unicen Impex Inc. Pension Plan 76-0379151 / 001 For the plan year 01/01/2019 through 12/31/2019

	Date Base Established	Original Base Amount	Type of Base	Present Value of Remaining Installments	Years Remaining Amortization Period	Amortization Installment
	01/01/2019	686,213	Shortfall	686,213	7	111,501
Totals:				\$686,213		\$111.501

Due to the Plan's termination as of 01/01/2019, each amortization installment has been prorated for a resulting charge of \$305.

Schedule SB, Part V Summary of Plan Provisions

Unicen Impex Inc. Pension Plan 76-0379151 / 001

For the plan year 01/01/2019 through 12/31/2019

Employer: Unicen Impex Inc.

Type of Entity - S Corporation

EIN: 76-0379151 TIN: 47-2571414 Plan #: 001 Plan Type: Defined Benefit

Dates: Effective - 01/01/2014 Year end - 12/31/2019 Valuation - 01/01/2019

Top Heavy Years - 2014, 2015, 2016, 2017, 2018, 2019

Eligibility: All employees excluding non-resident aliens, members of an excluded class and union

Minimum age - 21 Months of service - 24

Hours Required for - Eligibility - 1000 Benefit accrual - 1000 Vesting - 1000

Plan Entry - First day of 1st or 7th month of plan year on or next following eligibility satisfaction

Retirement: Normal - Attainment of age 62 and completion of 5 years of participation

Early - Not provided

Average Compensation: Highest 3 consecutive years of service

Top Heavy Minimum Benefit - Highest 5 consecutive top heavy years of participation

Plan Benefits: Retirement - Frozen benefit formula

Accrued Benefit - Frozen accrued benefit

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or

b) plan actuarial equivalence interest and mortality

Early Retirement - None

Death Benefit - Present Value of Accrued Benefit

Disability Benefit - None

<u>Top Heavy Minimum:</u> Frozen Top-Heavy benefit

IRS Limitations: 415 Limits - Percent: 100 Dollar: \$225,000

Maximum 401(a)(17) compensation - \$280,000

Normal Form: Life Annuity

Optional Forms: Lump Sum

Life Annuity Guaranteed for 10 Years

Joint with 50%, 75% or 100% Survivor Benefit

Vesting Schedule: 100% Vested immediately

Service is calculated using all years of service

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

417(e):

Interest Rates -

3.38
4.32
4.69

Mortality Table - 19E - 2019 Applicable Mortality Table for 417(e) (unisex)

Schedule SB, Part V Summary of Plan Provisions

Unicen Impex Inc. Pension Plan 76-0379151 / 001

For the plan year 01/01/2019 through 12/31/2019

Actuarial Equivalence:

Pre-Retirement - Interest - 5%

Mortality Table - None

Post-Retirement - Interest - 5%

Mortality Table - 183F - 1983 Individual Annuity (female)

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

, , , , , , , , , , , , , , , , , , , ,	File as an atta	achment to Form 5500 or	5500-SF.				
For calendar plan year 2018 or fisca		1/01/2018	and ending	12/31/2	018		
▶ Round off amounts to nearest dollar,							
Caution: A penalty of \$1,000 will	Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established,						
A Name of plan			B Three-digit				
Unicen Impex Inc. Pension	n Plan		plan numbe	er (PN)	001		
C Plan sponsor's name as shown o	n line 2a of Form 5500 or 5500-SF		D Employer Ide	ntification Nur	nbėr (EIN)		
Unicen Impex Inc.			76	-0379151			
E Type of plan: X Single Mult	iple-A Multiple-B	F Prior year plan size:	x 100 or fewer]101-500 [More than 500		
Part Basic Information							
1 Enter the valuation date:	Month 12 Day	31 Year 2018	<u>.</u>				
2 Assets:							
a Market value				2a	719,640		
b Actuarial value				2b	719,640		
3 Funding target/participant cour	nt breakdown:	(1) Number of participants	(2) Vested Targ	- 1	(3) Total Funding Target		
a For retired participants and b	eneficiaries recelving payment	0		0	0		
	pants	0		0	0		
·		2		683,968	683,968		
G200 55 00 00				683,968	683,968		
	heck the box and complete lines (a		<u>' </u>	15.00			
	prescribed at-risk assumptions		-	4a	ACT PERCALDINAL AND MORNING HARD		
b Funding target reflecting at-ri	isk assumptions, but disregarding in five consecutive years and disre	transition rule for plans that		4b	***************************************		
		-MARIE PRODUCTION OF THE PROPERTY OF THE PROPE		5	4.74 %		
4000000000000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			6	0		
Statement by Enrolled Actuary To the best of my knowledge, the Information s accordance with applicable law and regulation combination, other my best estimate of enticipal	supplied in this schedula and accompanying s s. In my opinion, each other assumption is rea	chedules, statements and attachme	nts, if any, is complete an	id accurate. Each pressonable expect	orestibed assumption was applied in alions) and such other assumptions, in		
SIGN	/			02/04	4/2019		
	Signature of actuary			0	Date		
Hung Hsun Cher	ıg			17-06	5724		
Тур	be or print name of actuary			Most recent er	nrollment number		
Allied Consult	ants Inc.			(909) 3	93-4912		
14768 Pipeline	Firm name		Tele	phone numbe	r (including area code)		
US Chino Hills	CA 91709						
	Address of the firm						
If the actuary has not fully reflected a	ny regulation or ruling promulgated	d under the statute in comp	leting this schedule	e, check the bo	ox and see		

Page	2
1 ugo	-

0 1 1 00	·		0040
Schedule SB	(Form	5500)	2018

Pai	f II Bed	ginning of Year	Carryov	er and Prefunding Bala	ances						,
NAME OF THE OWNER, OWNE	Ement Do	jiiiiiig or rou.	ourry o	or and Frontalianing Dan		(a)	Carryover balance		(b) l	Prefundi	ng balance
7				licable adjustments (line 13 fro				0			0
8				funding requirement (line 35 f							•
_								0			0
9								0			0
10				turn of0_00% d to prefunding balance:		S180/2 A108	Many State of State	0			0
• • •	•								-100 A -07		60,647
				ne 38a from prior year)							00,047
			-	38a over line 38b from prior ye live interest rate of5 . 42							0
	b(2) Interes	t on line 38b from pr	ior year So	chedule SB, using prior year's	actual						
											0
				an year to add to prefunding b			Fire Markon Sa				60,647
42				palance		TE TOWN	u ne kisanalan bar				0
12 13				+ line 10 + line 11d - line 12).				0			0
CARROW.				Time 10 Time 110 - line 12).							
4		unding Percent								44	105.01.0/
14			0 (0.10)///2//							14	105.21 %
				ges of determining whether carry							105.21 %
10	current year's	funding requirement	nt	s of determining whether carry	·····		······		******	16	67.75 %
17	If the current	value of the assets	of the plan	is less than 70 percent of the	funding ta	arget, enter	such percentage			17	%
Pa	rt IV C	ontributions an	d Liquid	lity Shortfalls							
18	Contributions	made to the plan fo	r the plan	year by employer(s) and empl	oyees:		4				
(1)/11)	(a) Date //-DD-YYYY)	(b) Amount p employer((c) Amount paid by employees) Date D-YYYY)	(b) Amount p employer				unt paid by oyees
(1411)	100 11717	Cimpioyer	<u> </u>	ompioy occ	(S.II.p.ioye.	(-)		Jp	-
										Λ	
											-
					l.						
	in the state of th				Totals	► 18(b)			0 18(c)		0
19	Discounted e	mployer contribution	s see in	structions for small plan with a	valuation	date after	the beginning of the	year:			
	a Contributio	ons allocated toward	unpaid mi	nimum required contributions	from prior	years		19a			0
	b Contribution	ns made to avoid re	strictions a	djusted to valuation date				19b			0
	C Contributio	ns allocated toward	minimum	required contribution for currer	nt year ad	justed to va	aluation date '	19c			0
	•	tributions and liquid	•					I	A SERVICE		
				the prior year?					• • • • • • • • • • • • • • • • • • • •	<u>x</u>	_
	b If line 20a i	is "Yes," were requir	ed quarter	y installments for the current	year made	e in a timely	y manner?			<u>x</u>	Yes No
	C If line 20a	is "Yes," see instruc	tions and d	complete the following table as							
	(4)	1st		Liquidity shortfall as of end (2) 2nd	of quarte	r of this pla (3)	n year 3rd			(4) 4tl	1
	(1)	100		(E) 2110		(0)				1	

	_		
- 1	บก	~	0
- 1		u	

P	art V Assumption	ons Used To Determine	Funding Target and Targ	et Normal Cost			
21	Discount rate:						
	a Segment rates: 1st segment: 2nd segment: 3rd segment: N/A, full yield curv						
		3.92 %	5.52 %	6.29 %			
			* * * * * * * * <u>* * * * * * * * * * * </u>		21b	0	
22	William Street Street Street		<u> </u>		22	63	
23	Mortality table(s) (see	•	=	==	bed - sepai	<u>=</u>	
		Current reg	gulation X Prescribed - cor	nbined Prescri	bed - sepai	rate Substitute	
Pa	rt VI Miscellane	ous items					
24	Has a change been r	made in the non-prescribed ac	tuarial assumptions for the current	plan year? If "Yes," see	e instruction	ns regarding required	
	attachment					Yes 🕱 No	
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment Yes X No						
26	Is the plan required to	o provide a Schedule of Active	Participants? If "Yes," see instruc	ctions regarding required	d attachme	nt Yes 🗓 No	
27	If the plan is subject to	to alternative funding rules, en	ter applicable code and see instru	ctions regarding	27		
	AND THE RESIDENCE OF THE PARTY.		***********		41		
Pa	rt VII Reconcilia	ation of Unpaid Minimu	ım Required Contribution	s For Prior Years			
28	Unpaid minimum req	uired contributions for all prior	years		28		
29	Discounted employer	r contributions allocated toward	d unpaid minimum required contrib	outions from prior years	29		
×	(line 19a)					C	
30	Remaining amount of	f unpaid minimum required co	ntributions (line 28 minus line 29)		30		
Pa	rt VIII Minimum	Required Contribution	For Current Year				
31	Target normal cost as	nd excess assets (see instruct	ions):				
	a Target normal cost	(line 6)	444444444		31a	C	
			line 31a		31b	C	
32	Amortization installme	ents:		Outstanding Bala	ance	Installment	
	a Net shortfall amorti	zation installment			0		
	b Waiver amortization	n installment	*****		0	C	
33			ter the date of the ruling letter gra	nting the approval			
) and the waived amount.		33		
34			/prefunding balances (lines 31a - 3		34	0	
	rotarianang requirem	north botoro rondouring durry over	Carryover balance	Prefunding Bala		Total balance	
25	5.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1						
ათ	Balances elected for requirement	use to offset funding					
36					36	C	
37			ontribution for current year adjuste				
٠.					37	c	
38	Present value of exce	ess contributions for current ye	ar (see instructions)				
	WS-16-2-1	The state of the s		#2003000000 of 00 or 00 MINUSE	38a	0	
			prefunding and funding standard of		38b	0	
			ear (excess, if any, of line 36 over	2000	39	0	
40	7-11 77-2				40	0	
1000			Pension Relief Act of 2010				
Starchie	COMPANIE OF THE PROPERTY OF TH	le to use PRA 2010 funding re		(00000000000000000000000000000000000000			
					[2 plus 7 years 15 years	
_			41a was made			08	
	Engine plan year(S	Y 101 ANTHON THE EVERTION IN HINE	TIG Was Hade Sees F F F F				

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Unicen Impex Inc. Pension Plan 76-0379151 / 001

For the plan year 01/01/2019 through 12/31/2019

Valuation Date: 01/01/2019

Funding Method: As prescribed in IRC Section 430

Age - Eligibility age at last birthday and other ages at nearest birthday

New participants are not included in current year's valuation

Retrospective Compensation - Highest 3 consecutive years of service

Form of Payment - Assumed form of payment for funding is lump sum equivalent of normal form. Funding Target for lump sum is

the greater of the present value of accrued benefit computed using funding segment rates and 417(e) Applicable Mortality Table or lump sum at the assumed retirement date of accrued benefit using plan actuarial equivalence discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and

the Applicable Mortality Table or b) plan actuarial equivalence interest and mortality

Interest Rates -

Segment rates for the Valuation Date as permitted under IRC 430(h)(2)(C)

Segment #	Year	Rate %
Segment 1	0 - 5	2.55
Segment 2	6 - 20	3.93
Segment 3	> 20	4.49

Segment rates as of September 30, 2018 As permitted under IRC 430(h)(2)(C)(iv)(II) - HATFA

Segment # Year Rate %

Segment #	Year	Rate %
Segment 1	0 - 5	3.74
Segment 2	6 - 20	5.35
Segment 3	> 20	6.11

Pre-Retirement - Mortality Table - None

Early Retirement Table - None
Turnover Table - None
Disability Table - None
Salary Scale - None
Expense Load - None
Ancillary Ben Load - None

Post-Retirement - Mortality Table - 19C - 2019 Combined

Cost of Living - None

Lump Sum - I83F - 1983 Individual Annuity (female) at 5%

or

19E - 2019 Applicable Mortality Table for 417(e) (unisex)

Asset Valuation Method: Fair market value of assets adjusted for contributions under IRC 430(g)(4)

Discrimination Test Assumptions:

HCE Determination - Based on all employees

Otherwise Excludable - Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Unicen Impex Inc. Pension Plan 76-0379151 / 001

For the plan year 01/01/2019 through 12/31/2019

410(b)/401(a)(4) Testing:

Pre-Retirement - Interest - 8.5%

Post-Retirement - Interest - 8.5%

Mortality Table - U84 - 1984 Unisex

Permissively Aggregated Plans - Tested as a Single Plan

Compensation - Use current compensation to calculate the benefit accrual rate (annual method)

Testing Age - Normal retirement age or attained age, if older

Testing Service - Separate benefiting service for DC and for DB for Accrued-to-Date Method

Normal Form for MVAR - Joint with 50% Survivor Benefits

401(a)(26) Testing:

Compensation - Use current compensation to calculate the benefit accrual rate for 401(a)(26)

Testing Age - Normal retirement age or attained age, if older