-	m 5500-SF	Short Form Annu	of Small Empl	oyee	OMB Nos. 1210-0110 1210-0089				
Inter	tment of the Treasury nal Revenue Service	This form is required to be file Income Security Act of 1974				2018			
Employee Be	enefits Security Administration		Revenue Code (the Code		internal	This Form is Open to Public Inspection			
	nefit Guaranty Corporation	Complete all entries in a		ructions to the Form 5	500-SF.	•			
For calenda	Annual Report I ar plan year 2018 or fisc	dentification Information cal plan year beginning 01/01/2		and ending 1	2/31/2018				
						king this box must attach a			
A This ret	urn/report is for:	X a single-employer plan				ith the form instructions.)			
B This retu	ırn/report is								
		the first return/report	the final return/report						
		an amended return/report	a short plan year retur	m/report (less than 12 m	onths)				
C Check b	box if filing under:	X Form 5558	automatic extension		DFVC p	rogram			
		special extension (enter descr	iption)						
Part II	Basic Plan Infor	mation—enter all requested inf	formation						
1a Name	•				1b Three				
GD INTERN	ATIONAL INC. RETIRE	MENT PLAN			plan (PN)	number 002			
					. ,	tive date of plan			
22 Dian au	onoor'o nomo (omnlou	er if for a single employer plan)				01/01/2013			
Mailing	address (include room	er, if for a single-employer plan) , apt., suite no. and street, or P.C country, and ZIP or foreign post		ructions)	(EIN)				
-	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) DEN PACIFIC INTERNATIONAL INC.					nsor's telephone number 206-375-8030			
						ness code (see instructions)			
	550TH AVE. NE TTLE, WA 98115				531390				
, .									
3a Plan a	dministrator's name and	l address 🛛 Same as Plan Spor	nsor.		3b Admi	nistrator's EIN			
					3c Admi	nistrator's telephone number			
A 16 th a m					4b EIN				
this pl	an, enter the plan spons	plan sponsor or the plan name ha sor's name, EIN, the plan name a				46-3345946			
•	or's name GD INTERNA				4d PN	002			
C Plan N	ameGDINTERNATION	NAL INC. RETIREMENT PLAN							
5a Total r	number of participants a	at the beginning of the plan year			5a	2			
		at the end of the plan year			5b	2			
		ccount balances as of the end of		•	5c	2			
d(1) Tota	al number of active parti	icipants at the beginning of the pl	an year		5d(1)	2			
d(2) Tota	al number of active part	icipants at the end of the plan yea	ar		5d(2)	2			
		erminated employment during the			5e	0			
Caution: A	penalty for the late or	r incomplete filing of this return	n/report will be assessed	unless reasonable ca					
SB or Sche	edule MB completed and	er penalties set forth in the instruct d signed by an enrolled actuary, a							
SIGN	rue, correct, and comple Filed with authorized/v	ete. alid electronic signature.	09/17/2019	YINGDONG WU					
HERE	Signature of plan ad	ministrator	Date	Enter name of individ	ual signing	as plan administrator			
SIGN	Filed with authorized/v	alid electronic signature.	09/17/2019	YINGDONG WU					
HERE	Signature of employ		Date	Enter name of individ	ual signing	as employer or plan sponsor			
For Paperwo	Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF. Form 5500-SF (2018)								

v.171027

6a	Were all of the plan's assets during the plan year invested in eligit	ole assets?	(See instructions.)		X Yes 🗌 No		
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.).							
If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.							
С	c 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	ne PBGC p	remium filing for this plan year		(See instructions.)		
Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End	of Year		

7	Plan Assets and Liabilities		(a) Beginning o	of Year			(b) End of Year			
а	Total plan assets	7a	28	39064			331057			
b	Total plan liabilities	7b		0			0			
C	Net plan assets (subtract line 7b from line 7a)	7c	28	39064			331057			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total			
а	Contributions received or receivable from: (1) Employers	8a(1)	1	13800						
	(2) Participants	8a(2)	4	47400						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b	-1	19207						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					41993			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0						
e	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	ative service providers (salaries, fees, commissions) 8f								
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				0				
i	Net income (loss) (subtract line 8h from line 8c)	8i					41993			
j	Transfers to (from) the plan (see instructions)	8j		0						
Pa	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension $2A$ $2E$ $2F$ $2G$ $2J$ $3D$	feature co	odes from the List of Pla	an Char	acteris	stic Co	des in the instructions:			
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	des from the List of Plar	n Chara	cterist	ic Cod	es in the instructions:			
Pa	rt V Compliance Questions									
10	During the plan year:				Yes	No	Amount			
a	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)					x				
k	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		x				
c	Was the plan covered by a fidelity bond?			10c		X				
C	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х				
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		x				

f	Has the plan failed to provide any benefit when due under the plan?	10f	X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	Х	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h	x	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i		

Page **3-** 1

Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and rm 5500) and line 11a below)			B		Yes	X No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the C SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		n 302 o	f 	[Yes	X No
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see institution the waiver.		l enter _ Da		e of the le		ing
lf	you o	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		-			
b	Ente	r the minimum required contribution for this plan year		12b				
С	Ente	r the amount contributed by the employer to the plan for this plan year		12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative 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	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou trol of the PBGC?	ght under the			Yes	X N	0
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.)	tify the plan(s)	to				
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13	:(3) PN	۱(s)

	1							
Form 5500-SF	Short Form Annual	Return/Report o Benefit Plan	f Small Emplo	oyee		OMB Nos. 1210-0110 1210-0089		
Internal Revenue Service	This form is required to be	filed under sections 104 a	nd 4065 of the Employ	yee	2	018		
Department of Labor Employee Benefits Security Administration	Retirement Income Security Ad the Inte	ct of 1974 (ERISA), and se ernal Revenue Code (the		58(a) of	This Form is Open to Public			
Pension Benefit Guaranty Corporation	► Complete all entries in acc	ordance with the instruc	tions to the Form 55	00-SE	Ins	spection		
Part I Annual Report Id	dentification Information							
For calendar plan year 2018 or fisca		01/01/2018	and ending	12/	31/2018			
	x a single-employer plan							
A This return/report is for:	a one-participant plan the first return/report	a multiple-employer pl a list of participating e a foreign plan	an (not multiemployer mployer information in	accordanc	ecking this box	(must attach n instructions.)		
	an amended return/report	the final return/report a short plan year retur	n/report (less than 12	months)				
C Check box if filing under:	x Form 5558	automatic extension			DFVC program	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
					Di ve piograf	11		
	special extension (enter descrip	,						
Part II Basic Plan Inform	mation enter all requested in	formation						
1a Name of plan				1b Th	ree-digit			
GD International Inc	. Retirement Plan				an number	002		
					N) ►			
					./01/2013	pian		
Mailing Address (include room	er, if for a single-employer plan) h, apt., suite no. and street, or P.O , country, and ZIP or foreign posta	Box)	(untione)	2b Employer Identification Number (EIN) 46-3345946				
		ii code (ii ioreigii, see iiisti	uctions)	2c Sponsor's telephone number				
Golden Pacific International Inc.					(206) 375-8030 2d Business code (see instructions)			
6816 50th Ave. NE	6816 50th Ave. NE							
US SEATTLE WA 98115								
3a Plan administrator's name and	l address 🗵 Same as Plan Spor	nsor		3b Ad	ministrator's E	IN		
				3c Ad	ministrator's te	elephone number		
4 If the name and/or EIN of the p this plan, enter the plan spons	plan sponsor or the plan name has or's name, EIN, the plan name an	s changed since the last re	eturn/report filed for	4b EIN	N 46-33459	946		
a Sponsor's name GD Inter			e last letuinnepolt.	Ad DN	002			
	onal Inc. REtirement P.	lan		4d PN 002				
5a Total number of participants at	t the beginning of the plan year			5a		2		
	t the end of the plan year					2		
c Number of participants with ac	count balances as of the end of th	e plan year (only defined	contribution plans	12-		2		
d(1) Total number of active partic						2		
d(2) Total number of active partic	ipants at the end of the plan year			5d(2)		2		
	rminated employment during the p			5e		0		
Caution: A penalty for the late or	r incomplete filing of this return	/report will be assessed	unless reasonable o	ause is est	ablished			
Under penalties of perjury and othe SB or Schedule MB completed and belief, it is true, correct, and compl	er penalties set forth in the instruct d signed by an enrolled actuary, as	tions, I declare that I have	examined this return/	report, inclu	uding, if applica	able, a Schedule knowledge and		
SIGN [2 //]	10	19/17/2018	YingDong Wu					
HERE Signature of plan admin	istrator		Enter name of individu	al signing	as nlan admini	strator		
10/	120		1	an arginnig e	us pian aunini	Strator		
SIGN	<u> </u>		YingDong Wu					
HERE Signature of employer/p	lan sponsor	Date /	Enter name of individu	ual signing a	as employer o	r plan sponsor		

For Paperwork Reduction Act Notice, see the instructions for Form 5500-SF.

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions,)

Page 2

.....

X Yes No

	Are you claiming a waiver of the annual examination and report of ar under 29 CFR 2520,104-46? (See instructions on waiver eligibility ar						XYes No			
	If you answered "No" to either line 6a or line 6b, the plan canno	t use Form	5500-SF and must ins	tead us	e Form	5500.				
с	If the plan is a defined benefit plan, is it covered under the PBGC ins	surance pro	gram (see ERISA sectio	on 4021)	?[Yes	No Not determined			
	If "Yes" is checked, enter the My PAA confirmation number from the									
			.				,			
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning o	f Year		(b) End of Year			
a	Total plan assets	7a	28	39,064			331,057			
b	Total plan liabilities	7b		0			0			
С	Net plan assets (subtract line 7b from line 7a)	7c	28	89,064			331,057			
8	Income, Expenses, and Transfers for this Plan Year	1915-191	(a) Amount				(b) Total			
а	Contributions received or receivable from:	0-(4)		2 800	10.1					
	(1) Employers	8a(1)		13,800	and the second second					
÷	(2) Participants	8a(2)	4	17,400						
-	(3) Others (including rollovers)	8a(3)		0	101					
-	Other income (loss)	8b	(19	9,207)	105398	wieres;				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		Art and	-River		41,993			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0						
е	Certain deemed and/or corrective distributions (see instructions)	8e			PIL.	ALC: NO	Description and the second			
	Administrative service providers (salaries, fees, commissions)	8f		0	-	Construction and the second second				
100				0	1000	ALCOLUM				
g		ther expenses					0			
-	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h 8i		Ante			41,993			
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	and the first these	0		LICE ST	41,993				
1	Transfers to (from) the plan (see instructions)	8j		0		Like Land				
	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension fe	eature code	s from the List of Plan C	haracter	ristic Coc	les in the	e instructions:			
	2A 2E 2F 2G 2J 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature codes	from the List of Plan Ch	aracteris	stic Code	s in the	instructions:			
Pa	art V Compliance Questions									
10	During the plan year:			Y	es No	N/A	Amount			
a		tions within	the time period		_	100				
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo					14-16				
	Program)			10a	x	<u>1000</u>				
b	Were there any nonexempt transactions with any party-in-interest	? (Do not in	clude transactions			87.14				
	reported on line 10a.)			10b	X	120				
C	Was the plan covered by a fidelity bond?			10c	x	115				
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d	x					
e	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 plan	n?		10f	x					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year en	nd.)	10g	x	lita).				
h				10h	x		A State of the second			
i	If 10h was answered "Yes," check the box if you either provided th	ne required	notice or one of the							
	exceptions to providing the notice applied under 29 CFR 2520-101	1-3		10i		12464				

Form 5500-SF 2018

Page 3 -

Par	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete S (Form 5500 and line 11a below)			T Ye	s 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 sec ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			🗌 Ye	s X	No
a	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 Month	and ente		of the le Year	tter ruling	3
lfy	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)	12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes 🗌	No [] N/A	
Par	VII Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?	Γ	Yes	x	lo	
	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 which assets or liabilities were transferred. (See instructions.)	(s) to				
1	3c(1) Name of plan(s): 13c(2) E	IN(s)		13c(3) PN(s)	
		_				