## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee **Benefit Plan** 

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

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

Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to **Public Inspection** 

Part I									
For calenda	r plan year 2016 or	- Dognining	2016 	and ending 1	2/31/2016				
_		🛚 a single-employer plan							
A This retu	urn/report is for:	a one participant plan	_ ' ' '	employer information in a	ccordance with the	form instructions.)			
		a one-participant plan	a foreign plan						
<b>B</b> This retu	rn/report is	the first return/report	The final return/repor	t					
<b>D</b> This fold	m/report is	· 片			nonths)				
•				a,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_				
C Check b	ox if filing under:	Form 5558	automatic extension	1	☐ DFVC program	1			
			. ,						
Part II		ormation—enter all requested in	formation		T 41 =				
1a Name o		INC 401/K) PROFIT SHARING PL	AN AND TRUST		_				
QUALITIEQ	OIFMENT SOFFET	, INC 401(K) FROFIT SHAKING FL	AN AND TRUST			001			
						ate of plan			
-					(	)1/01/2010			
	, ,		) Pov)						
				structions)	(=::1)				
QUALITY EQ	UIPMENT SUPPLY	, INC							
	H AVE., SUITE 275					,			
VANCOUVER	K, WA 9866∠								
20 Dlan as		and address V Carra as Disa Cras			2h Administrat	- Ja FINI			
<b>Ja</b> Plan ad	iministrator's name a	and address Same as Plan Spo	nsor.		<b>3D</b> Administrat	OF S EIN			
					<b>3c</b> Administrat	or's telephone number			
			the last return/report filed	for this plan, enter the	<b>4b</b> EIN				
name, <b>a</b> Sponso	•	umber from the last return/report.			Ac DN				
		to at the hadinaing of the plan year			F -				
_									
		' '							
					5c				
<b>d(1)</b> Tota	I number of active p	articipants at the beginning of the pl	an year		5d(1)	2			
<b>d(2)</b> Tota	al number of active p	participants at the end of the plan ye	ar		5d(2)	-			
<b>e</b> Numb	er of participants tha	at terminated employment during the	e plan year with accrued b	penefits that were less	5e	(			
than 1	00% vested	or incomplete filing of this return	n/report will be assesse	d unless reasonable ca					
SB or Schee	dule MB completed	and signed by an enrolled actuary, a							
			10/12/2017	SHANE MCCORMICK	<u> </u>				
HERE									
	Signature of plan	administrator	Date	Enter name of individ	lual signing as plai	ı administrator			
SIGN HERE									
		a single-employer plan   a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)   a one-participant plan   a foreign plan   the final return/report   the final return/report (less than 12 months)   the first return/report   a short plan year return/report (less than 12 months)   DFVC program   special extension (enter description)							
Preparer's r	name (including firm	name, if applicable) and address (in	nclude room or suite num	per)	Preparer's telep	none number			
-									

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	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	an indepe and condit	ndent qualified public a	account	ant (IQ	PA)			X Ye	
С	If the plan is a defined benefit plan, is it covered under the PBGC in					_		_	Not de	termined
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year			(	(b) End	of Year	
а	Total plan assets	7a		363785	1				4404	73
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c		363785					4404	73
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt				(b) T	otal	
а	Contributions received or receivable from:	90(4)		4320						
	(1) Employers	8a(1)		42000	$\dashv$					
	(2) Participants	8a(2)		0	_					
	(3) Others (including rollovers)	8a(3) 8b		30368						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							766	38
d	Benefits paid (including direct rollovers and insurance premiums	00								
	to provide benefits)	8d								
е	Certain deemed and/or corrective distributions (see instructions).	8e								
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							700	0
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i							766	38
J	Transfers to (from) the plan (see instructions)	8j								
	rt IV Plan Characteristics									
9a 	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2F 2G 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	des in	the inst	ructions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acterist	ic Coc	les in t	he instru	uctions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amoun	t
a	described in 29 CFR 2510.3-102? (See instructions and DOL's \ Program)	/oluntary F	iduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
С	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 by fraud or dishonesty?			10d		X				
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.)	ne or all of	the benefits under	10e		X				
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X				
g				10g		X				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		X				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i						

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Part	VI	Pension Funding Compliance					
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500) and line 11a below)					es No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		. 11a			
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co			f		es X No
	ERIS (If "\	A?				🖰	
а		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ing the waiver		nd enter t Day		of the lette Year _	r ruling
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.				
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			
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the letive amount)	eft of a	12d			
е	Will t	he minimum funding amount reported on line 12d be met by the funding deadline?		. 🔲	Yes	No	N/A
Part	VII	Plan Terminations and Transfers of Assets					
13a	Has a	a resolution to terminate the plan been adopted in any plan year?			Yes	s X N	0
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year		. 13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug		e 		Yes X	No
С		rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif h assets or liabilities were transferred. (See instructions.)	fy the plan(	s) to			
	13c(1)	Name of plan(s):	13c(2	<b>2)</b> EIN(s)		13c(3	<b>)</b> PN(s)
Part	VIII	Trust Information					
14a	Name	of trust		14b	Trust's E	ΞIN	
14c	Name	of trustee or custodian				s or custodi ne number	an's
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan? If "No," skip b	Yes			No	
15b		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		gn-based harbor	d [	Prior ye test	ar" ADP
			Gur ADP	rent year test	,"	N/A	
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	Rat perd test	centage		verage enefit test	□ N/A
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes			No	
	the le		<u>'</u>				
	letter		nter the date	e of the n	nost rec	ent determi	nation
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa		Ye	s [	No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?	•••••	. Ye	s	No	

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee **Benefit Plan** 

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

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

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to **Public Inspection** 

Part l Annu	al Report l	dentification Informatio	n		10/01/00	1.0		
For calendar plan ye	ear 2016 or fisc	cal plan year beginning	01/01/2016	and ending	12/31/20			
A This return/repor		a single-employer plan	a multiple-employer plar list of participating emp	n (not multiemployer) (l loyer information in ac	Filers checking this cordance with the f	box must attach a form instructions.)		
		a one-participant plan	a foreign plan					
<b>B</b> This return/report	is	the first return/report	•					
		an amended return/report	a short plan year return/	report (less than 12 m	onths)			
C Check box if filin	g under:	X Form 5558	automatic extension		DFVC program			
	·-··	special extension (enter des						
Part II Basic	: Plan Infor	rmation—enter all requested	information		46 99 82.32			
1a Name of plan Quality Equip	oment Sup	ply, Inc 401(k) Pro	ofit Sharing Plan	and Trust	1b Three-digit plan number (PN) ▶	r 001		
					1c Effective dat 01/01/20	•		
0- 8		yer, if for a single-employer plan	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			entification Number		
Mailing address	: (include room	n, ant., suite no, and street, or P	'.O. Box)		(EIN)27-3			
City or town, sta Quality Equi	ate or province	e, country, and ZIP or foreign po	stal code (if foreign, see instru	uctions)	2c Sponsor's to 503-544-	•		
4400 NE 77th	a Ave., S	uite 275				de (see instructions)		
Vancouver		WA 98662			3b Administrato	wa EIN		
3a Plan administra	itor's name an	id address 🏻 Same as Plan Sp	oonsor.		SD Administrate	N S EIN		
						or's telephone number		
4 If the name an	d/or EIN of the	e plan sponsor has changed sind	ce the last return/report filed fo	or this plan, enter the	4b EIN			
name, EIN, an	d the plan nun	mber from the last return/report.			4c PN			
5a Total number	of participants	at the beginning of the plan yea	r	***************************************	. 5a	2		
		at the end of the plan year				2		
c Number of par	ticipants with a	account balances as of the end	of the plan year (only defined	contribution plans	. 5c	2		
•		rticipants at the beginning of the			5d(1)	2		
		rticipants at the end of the plan			5d(2)	2		
e Number of pa	rticipants that	terminated employment during	the plan year with accrued ber	nefits that were less	5e	0		
Caution: A nanalt	v for the late of	or incomplete filing of this ret	urn/report will be assessed	uniess reasonable ca	ause is establishe	d.		
Under penalties of SB or Schedule ME belief, it is true, cor	3 completed ar	her penalties set forth in the insind signed by an enrolled actuar	tructions, I declare that I have y, as well as the electronic ver	examined this return/repo	eport, including, if a ort, and to the best o	pplicable, a Schedule of my knowledge and		
sign 4	1-1	1	10-12-17	Shane McCormi	ck	·		
ucae /	ture of plan a	edministrator	Date	Enter name of individ	dual signing as plat	administrator		
	ture or plan a	diffiliation	- Date					
SIGN HERE			D-t-	Enter name of individ	dual signing as emi	ployer or plan sponsor		
la Signa	ture of emplo	oyer/plan sponsor name, if applicable) and address	Date Linclude room or suite numbe		Preparer's telep			
Preparer's name (i	ncluding iliti il	laine, il applicable) and address	A (Molade Footh of Sales Harmes	. ,				

	Form 5500-SF 2016		Page <b>2</b>			_				
b c	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in the plan can in the plan can in the plan is a defined benefit plan, is it covered under the PBGC in the plan can in the plan	an indeper and condit n <b>ot use Fo</b>	ndent qualified public actions.) rm 5500-SF and must	instea	nt (IQI d use	PA)  Form	5500.	🛚	Yes Tes determ	No No No nined
<u>га</u> 7	Plan Assets and Liabilities	Activities (Co.)	(a) Beginning o	f Year			(b)	End of Year	,	
_	Total plan assets	7a		363,	785				440	<b>,</b> 473
	Total plan liabilities	. 7b								
	Net plan assets (subtract line 7b from line 7a)	7c		363 <b>,</b>	785				440	,473
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	:				(b) Total		
a	Contributions received or receivable from:	. 8a(1)		4,3	320		on spiritus Spiritus Antonio			
	(1) Employers	8a(2)		42,0	000					
	(2) Participants	· · · · · · · · · · · · · · · · · · ·			o			510 W 2 4 K 2		1
b	Other income (loss)			30,3	368	\$15757777 (410 - 100		d one may be not	rajinda siya sa Kristinda	ercapion Propinsi
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	<del> </del>			8/50 KG 82/010				76	688
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)				6					
е	Certain deemed and/or corrective distributions (see instructions)					anne de		200 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		(A) (E) (A)
f	Administrative service providers (salaries, fees, commissions)	. 8f								
	Other expenses	. 8g		er i va svenenom		CONTRACT COMPLETO				31. 33. 34. 35. 31. 31. 31.
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h								
ī	Net income (loss) (subtract line 8h from line 8c)	. 8i			(1445) (1445)	5089.000.000	gajarte ja kiel	55506.80 MUSUUS	76	5,688
j	Transfers to (from) the plan (see instructions)	- 8j				19 19 11 1	rafinalisti Laukiasi		41 (15 (15) 4) 14 (16) 4	Ann F
Pa	art IV Plan Characteristics									
9a	2E 2J 2K 2F 2G 3D									
b	If the plan provides welfare benefits, enter the applicable welfare	feature co	des from the List of Pla	n Chara	acteris	tic Cod	les in the	instructions	:	
Pa	irt V Compliance Questions									
10	During the plan year:				Yes	No	N/A	Am	ount	
	Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary	Fiduciary Correction	10a		Х				
	<b>b</b> Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	st? (Do no	t include transactions	10b		Х				
	c Was the plan covered by a fidelity bond?			10c		Х				
	d Did the plan have a loss, whether or not reimbursed by the plan' by fraud or dishonesty?	's fidelity b	ond, that was caused	10d		Х				
					1		Annual Contract of the			

Χ

Х

Х

Х

10e

10f

10g

10h

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

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

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.....

the plan? (See instructions.).....

⊃age <b>3</b> -			
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Form 5500-SF 2016

Part VI	Pension Funding Compliance				r=1	
(Fo	nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co rm 5500) and line 11a below)		dule SE	3	∐ Yes	∐ No
<b>11a</b> Ent	er 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 Coc ISA?	le or section	302 of		Yes	No 🛚 🔻
(If	"Yes." complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				7.11 . 1.44	-11
gra	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction thing the waiver.	nth	enter ti Day	ne date o	Year	Hing
If you	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	3.				
<b>b</b> Ente	er the minimum required contribution for this plan year		12b			
C Ente	er the amount contributed by the employer to the plan for this plan year		12c			
d Su	otract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the legative amount)	ftofa	12d			
e Wi	I 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					
	s a resolution to terminate the plan been adopted in any plan year?			Yes	⊠ No	
	Yes," enter the amount of any plan assets that reverted to the employer this year		13a			
b W	ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough	nt under the			Yes 🛚	No
C If.	during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify ich assets or liabilities were transferred. (See instructions.)	y the plan(s)	to			
	1) Name of plan(s):	13c(2)	EIN(s)		13c(3) l	PN(s)
Part VI	Trust Information					
<b>14a</b> Nar	ne of trust		14b '	Trust's Ei	iN	
14c Na	ne of trustee or custodian				or custodia e number	n's
Part IX	IRS Compliance Questions					
15a le f	he plan a 401(k) plan? If "No," skip b	Yes			No	
15b Ho	w did the plan satisfy the nondiscrimination requirements for employee deferrals under section		n-base arbor	d [	"Prior yea	r" ADP
401	(k)(3) for the plan year? Check all that apply:	"Cume	ent year est	r [	] N/A	
<b>16a</b> Wi	nat testing method was used to satisfy the coverage requirements under section 410(b) for the plan ar? Check all that apply:	Ratio	entage		rerage nefit test	□ N/A
for	the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) the plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes			No	
17a If t	he plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS and the serial number					
17b If 1	he plan is an individually-designed plan that received a favorable determination letter from the IRS, er ter	nter the date	of the r	nost rece	ent determin	ation
W	fined Benefit Pian or Money Purchase Pension Plan Only: ere any distributions made during the plan year to an employee who attained age 62 and had not separvice?	arated from	[] Ye	es [	No	
	as any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		Ye	es [	No	