## 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

2016

This Form is Open to Public Inspection

For calenda			110		0 10 1 10 0 1 0			
	ar plan year 2016 or	fiscal plan year beginning 01/01/20	)16 —	and ending 1	2/31/2016			
_		🔀 a single-employer plan	a multiple-employer pla					
A This ret	urn/report is for:			ployer information in a	ccordance with the fo	rm instructions.)		
		a one-participant plan	a foreign plan					
D			The final nature /nement					
<b>B</b> This retu	ırn/report is	the first return/report	the final return/report					
		an amended return/report	a short plan year return	n/report (less than 12 m	nonths)			
C Check b	oox if filing under:	X Form 5558	automatic extension		DFVC program			
	· ·	<b>-</b>			_ Bi vo piogiaiii			
Don't II	Dania Dian Inf	special extension (enter descrip						
Part II		formation—enter all requested info	ormation		46			
1a Name o		INC. PROFIT SHARING PLAN AND	TRUST		<b>1b</b> Three-digit plan number			
QUEST WILD	NOAL LOOK WENT,	INC. I KOITI SHAKING I LAN AND	TROOT		(PN) ▶	001		
					1c Effective date	of plan		
						01/2013		
2a Plan sp	oonsor's name (emp	loyer, if for a single-employer plan)			<b>2b</b> Employer Ider	ntification Number		
Mailing	address (include ro	om, apt., suite no. and street, or P.O.		at		8342005		
	town, state or provir	nce, country, and ZIP or foreign posta	ll code (if foreign, see instr	ructions)	2c Sponsor's tele	ephone number		
QUEST MED	NCAL EQUIFINENT,	inc.			412-4	45-4455		
					2d Business code	e (see instructions)		
662 FERNWA OSPREY, FL					54	1990		
OSPRET, FL	. 34229							
0					01			
3a Plan ad	dministrator's name	and address 🛛 Same as Plan Spons	sor.		<b>3b</b> Administrator's EIN			
					3c Administrator's	s telephone number		
					JC Administrator	s telephone number		
4 16.0					41			
		he plan sponsor has changed since th	he last return/report filed for	or this plan, enter the	4b EIN			
name,	EIN, and the plan n	he plan sponsor has changed since the umber from the last return/report.	he last return/report filed f	or this plan, enter the				
name, <b>a</b> Sponso	EIN, and the plan n or's name	umber from the last return/report.	·		4c PN	3		
a Sponso	EIN, and the plan nor's name	umber from the last return/report.  ts at the beginning of the plan year			4c PN 5a			
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Form 5500-SF 2016 Page **2** 

Part III Financial Information       7 Plan Assets and Liabilities     (a) Beginning of Year     (b) End of Year       a Total plan assets     7a     197463     2       b Total plan liabilities     7b     0	t determined
7         Plan Assets and Liabilities         (a) Beginning of Year         (b) End of Year           a Total plan assets         7a         197463         2           b Total plan liabilities         7b         0         0           c Net plan assets (subtract line 7b from line 7a)         7c         197463         2           8 Income, Expenses, and Transfers for this Plan Year         (a) Amount         (b) Total           a Contributions received or receivable from:	. determined
a Total plan assets       7a       197463         b Total plan liabilities       7b       0         c Net plan assets (subtract line 7b from line 7a)       7c       197463         8 Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a Contributions received or receivable from:	
b Total plan liabilities	56328
C Net plan assets (subtract line 7b from line 7a)         7c         197463           8 Income, Expenses, and Transfers for this Plan Year         (a) Amount         (b) Total           a Contributions received or receivable from:	0
a Contributions received or receivable from: (1) Employers 8a(1) 34621  (2) Participants 8a(2) 10631  (3) Others (including rollovers) 8a(3) 0  b Other income (loss) 8b 13613  C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c  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) 8f 0  g Other expenses (add lines 8d, 8e, 8f, and 8g) 8h  h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h	56328
(1) Employers       8a(1)       34621         (2) Participants       8a(2)       10631         (3) Others (including rollovers)       8a(3)       0         b Other income (loss)       8b       13613         c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c         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)       8f       0         g Other expenses       8g       0         h Total expenses (add lines 8d, 8e, 8f, and 8g)       8h	
(2) Participants	
(3) Others (including rollovers)	
b Other income (loss)	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	 58865
to provide benefits)	70003
f Administrative service providers (salaries, fees, commissions) 8f 0  g Other expenses	
g Other expenses (add lines 8d, 8e, 8f, and 8g) 8h  Total expenses (add lines 8d, 8e, 8f, and 8g) 8h	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	
Not income (loca) (cultivast line 9h from line 9c)	0
1 Net income (ioss) (subtract line on non-line oc)	58865
j Transfers to (from) the plan (see instructions)	
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 instructio 2E 2F 2G 2J 2K 3D	s:
<b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction	:
Part V Compliance Questions	
10	ount
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)	
reported on line 10a.)	
C Was the plan covered by a fidelity bond?	25000
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.)	
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.)	
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	

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Page 3-	1	

Part	VI	Pension Funding Compliance					
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and constructions and constructions and constructions and constructions and constructions and constructions are supplied to the constructions and constructions are supplied to the constructions are supplied to the construction and construction are supplied to the construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the constru					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
lf	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	e 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	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	Wasa	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).

2016

This Form is Open to Public Inspection

OMB Nos. 1210-0110 1210-0089

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

		accordance with the instr	uctions to the Form 5	5500-SF.	
	t Identification Information				
For calendar plan year 2016 or t	liscal plan year beginning	01/01/2016	and ending	12/31/2	2016
_	X a single-employer plan	a multiple-employer pla		(Filers checking this	s box must attach a
A This return/report is for:	a one-participant plan	a foreign plan	nployer information in a	ccordance with the	form instructions.)
B 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 m	nonths)	
C Check box if filing under:	X Form 5558	automatic extension		DFVC program	ı
	special extension (enter descri		IRMA		
Part II Basic Plan Info	ormation—enter all requested in	formation			
1a Name of plan				1b Three-digit	
	ment, Inc. Profit Sha	ring Plan		plan numbe	r
and Trust	ITOTIC BII	ring riun		(PN) •	001
				1c Effective da	
				01/01/2	
	2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box)				
City or town, state or provin	ce, country, and ZIP or foreign post	tal code (if foreign, see instr	ructions)		-8342005 elephone number
Quest Medical Equipm	ment, Inc.			(412)44	
	•			i .	ode (see instructions)
662 Fernwalk Lane				541990	
Osprey		FL	34229		
3a Plan administrator's name a	and address 🏿 Same as Plan Spoi	nsor.		3b Administrate	or's EIN
				3c Administrate	or's telephone number
4 If the name and/or EIN of th	ne plan sponsor has changed since	the last return/report filed for	or this plan, enter the	4b EIN	
name, EIN, and the plan nu a Sponsor's name	umber from the last return/report.			4c PN	1 :
***************************************	s at the beginning of the plan year				3
	s at the end of the plan year				3
C Number of participants with	account balances as of the end of	the plan year (only defined	contribution plans	5c	3
	articipants at the beginning of the pl			5d(1)	3
	articipants at the end of the plan ye			5d(2)	3
	t terminated employment during the			5e	0
	or incomplete filing of his return	n/report will be assessed	unless reasonable ca		nt.
Under pegalties of perjuryland o	ther penalties set forth in the instru and signed by an enrolled actuary, a	ctions. I declare that I have	examined this return/n	eport including if a	policable a Schedule
belief, it is true, correct, and com	plete.		1		or my knowledge and
SIGN HERE		1/9/18	John P. Sobcz	zak	
Signature of plan	administrator	Date 1	Enter name of individ	dual signing as plar	n administrator
SIGN HERE	T.	11918		·····	
Signature of emplo	oyer/plan sponsor /	Date	Enter name of individ		ployer or plan sponsor
rieparer's name (including firm)	name, if applicable) and address (ir	naude room or suite numbe	er )	Preparer's telepl	hone number

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b c	Were all of the plan's assets during the plan year invested in eligible. 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 cannot lift the plan is a defined benefit plan, is it covered under the PBGC in	an indeper and condit ot use Fo	ndent qualified public accordings.)rm 5500-SF and must in	ountant (IQ stead use	PA) Form	5500.	X	Yes No Yes No determined
	rt III   Financial Information	r						
	Plan Assets and Liabilities		(a) Beginning of \			(	b) End of Year	055000
<u>a</u>	Total plan assets	7a	19	7,463				256,328
<u>b</u>		7b	1.0	0				0
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	7c		7,463				256,328
<u>8</u> a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	8a(1)	(a) Amount	34,621			(b) Total	,
	(2) Participants	8a(2)	1	0,631				
	(3) Others (including rollovers)	8a(3)		0		THE S		
b	Other income (loss)	8b	1	.3,613				
<u>C</u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						58,865
d 	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0				
f	Administrative service providers (salaries, fees, commissions)	8f	***************************************	0				
<u>g</u>	Other expenses	8g		0				
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						0
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i			·····		<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	58,865
<u>j</u>	Transfers to (from) the plan (see instructions)	8j		0				
L	rt IV Plan Characteristics					······		
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature co	des from the List of Plan	Characteri	stic Co	odes in	the instructions	:
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Plan C	Characterist	ic Cod	les in t	he instructions:	
Pai	t V Compliance Questions							
10	During the plan year:			Yes	No	N/A	Amo	unt
а	Was there a failure to transmit to the plan any participant contribu	itions withi	n the time period					

10	During the plan year:		Yes	No	N/A	Amount
а	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		Х		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х		
С	Was the plan covered by a fidelity bond?	10c	Х			25,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х		
е	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.).	10e		X		
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 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		Х		
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				

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1 age	•	

Part	t VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirem (Form 5500) and line 11a below)					Yes	No No
	a Enter the unpaid minimum required contributions for all years from	Schedule SB (Form 5500) line 40		11a			
12						Yes	X No
	ERISA?(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below						
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.			d enter t Day		of the letter ri Year	uling
If	If you completed line 12a, complete lines 3, 9, and 10 of Schedule						······································
	<b>b</b> Enter the minimum required contribution for this plan year			12b			***************************************
	C Enter the amount contributed by the employer to the plan for this pl			12c			
	Subtract the amount in line 12c from the amount in line 12b. Enter negative amount)	the result (enter a minus sign to the	left of a	12d			
е	e Will the minimum funding amount reported on line 12d be met by t	he funding deadline?			Yes	No	N/A
Part	t VII Plan Terminations and Transfers of Assets						
13a	a Has a resolution to terminate the plan been adopted in any plan year?				Yes	⊠ No	
	If "Yes," enter the amount of any plan assets that reverted to the e	mployer this year		13a			
b	Were all the plan assets distributed to participants or beneficiaries control of the PBGC?	•	•		[	Yes 🛛	No
С	If, during this plan year, any assets or liabilities were transferred fr which assets or liabilities were transferred. (See instructions.)	om this plan to another plan(s), iden	tify the plan(s	) to			
	13c(1) Name of plan(s):		13c(2)	EIN(s)		<b>13c(3)</b> F	N(s)
<b>-</b>							
	rt VIII Trust Information						
14a	a Name of trust			140	Trust's E	IIN	
14c	C Name of trustee or custodian			i .		s or custodiar ne number	ı's
Par	art IX IRS Compliance Questions			1			
	a Is the plan a 401(k) plan? If "No," skip b		Yes			No '	
15b	b How did the plan satisfy the nondiscrimination requirements for em 401(k)(3) for the plan year? Check all that apply:		☐ safe i	gn-based harbor	L	Prior year test	" ADP
			☐ "Curr ADP	ent year test	<u>"</u>	N/A	
16a 	a What testing method was used to satisfy the coverage requiremen year? Check all that apply:		Ratio	o entage	☐ Av	verage enefit test	□ N/A
	b Did the plan satisfy the coverage and nondiscrimination requireme for the plan year by combining this plan with any other plan under the plan that is a plan with any other plan under the plan that is a plan with any other plan under the plan that is a plan with any other plan under the plan that is a	he permissive aggregation rules?	П тез			No	
	<b>a</b> If the plan is a master and prototype plan (M&P) or volume submitt the letter and the serial number						
	b If the plan is an individually-designed plan that received a favorabletter	e determination letter from the IRS,	enter the date	of the n	nost rece	ent determina	tion
18	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee service?			☐ Ye	es [	No	
19	Was any plan participant a 5% owner who had attained at least ag	e 70 ½ during the prior plan year?		Ye	es [	No	