Form 5500-SF Short Form Annual Return/Report of Small Emp Benefit Plan					OMB Nos. 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service	This form is required to be filed		065 of the Employee Re	etirement	2017			
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974 (E		7(b) and 6058(a) of the					
Pension Benefit Guaranty Corporation	Complete all entries in ac	cordance with the instru	uctions to the Form 55	00-SF.	Public Inspection			
	entification Information							
For calendar plan year 2017 or fisc	al plan year beginning 01/01/20			2/31/2017	the state is a second of the state of			
A This return/report is for:	a single-employer plan	list of participating em			king this box must attach a vith the form instructions.)			
B This return/report is	a one-participant plan	a foreign plan						
	the first return/report	the final return/report						
L	an amended return/report	a short plan year return	n/report (less than 12 mo	onths)				
C Check box if filing under:	Form 5558	automatic extension	[DFVC p	rogram			
	special extension (enter descrip							
	mation—enter all requested info	rmation						
1a Name of plan				1b Thre	e-digit number			
QUALITY CERTIFICATION ALLIANC	UALITY CERTIFICATION ALLIANCE 403(B) PLAN							
			-	(PN) 1c Effect	tive date of plan			
30 Dia ang d		01	01/01/2014					
	apt., suite no. and street, or P.O.			ZD Empl (EIN)	oyer Identification Number 35-2374657			
City or town, state or province, QUALITY CERTIFICATION ALLIANC	country, and ZIP or foreign postal CE	code (if foreign, see instru	uctions)	2c Sponsor's telephone number 800-722-7601				
			-	2d Business code (see instructions)				
P.O. BOX 446				541990				
SEATTLE, WA 98111								
3a Plan administrator's name and	address X Same as Plan Spons	or.		3b Administrator's EIN				
			-	3c Administrator's telephone number				
	plan sponsor or the plan name has or's name, EIN, the plan name and			4b EIN				
a Sponsor's name				4d PN				
C Plan Name								
5a Total number of participants at	t the beginning of the plan year			5a	2			
b Total number of participants at				5b	3			
	count balances as of the end of th			5c	2			
d(1) Total number of active partic	cipants at the beginning of the plar) year		5d(1)	1			
	cipants at the end of the plan year		E Contraction de la c	5d(2)	2			
	erminated employment during the p			5e	0			
Caution: A penalty for the late or	incomplete filing of this return/	eport will be assessed	unless reasonable cau					
Under penalties of perjury and othe SB or Schedule MB completed and belief, it is true, correct, and completed	signed by an enrolled actuary, as							
	alid electronic signature.	02/15/2018	DENISE E. FENTON					
HERE Signature of plan adr		Date	Enter name of individu	ual signing	as plan administrator			
SIGN								
HERE Signature of employe	er/plan sponsor	Date	Enter name of individu	ual signing	as employer or plan sponsor			

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

Form 5500-SF (2017) v.170203

6a b c									
Pa	Part III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year					
a	Total plan assets	7a	102702	136278					
b	Total plan liabilities	7b	0	0					
C	Net plan assets (subtract line 7b from line 7a)	7c	102702	136278					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total					
а	Contributions received or receivable from: (1) Employers	8a(1)	0						
	(2) Participants	8a(2)	24000						
	(3) Others (including rollovers)	8a(3)	0						
b	Other income (loss)	8b	10589						

	(3) Others (including rollovers)	8a(3)	0						
b	Other income (loss)		10589						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		34589					
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	1013						
g	Other expenses	8g	0						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		1013					
i	Net income (loss) (subtract line 8h from line 8c)	8i		33576					
j	Transfers to (from) the plan (see instructions)	8j	0						
Part IV Plan Characteristics									
92	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:								

9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
	2G 2M

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Par	V Compliance Questions			
10	During the plan year:	Yes	No	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) 10	1	x	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	,	х	
С	Was the plan covered by a fidelity bond?	:	Х	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	1	х	
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	•	x	
f	Has the plan failed to provide any benefit when due under the plan? 10		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10	1	Х	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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			

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Part	VIP	ension Funding Compliance						
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete 5500) and line 11a below)	Sche	edule S	SB	[Ye	s 🗌 No
11a	Enter	the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se ? 	ctior	n 302 c	of 	[Ye	s X No
а	lf a wa	iver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ig the waiver	enter _ Da		of the le		uling	
If y	you coi	npleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	-					
b	Enter th	e minimum required contribution for this plan year		12b				
С	Enter th	e amount contributed by the employer to the plan for this plan year		12c				
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ve amount)		12d				
е	Will th	e minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		N/A
Part	VII F	Plan Terminations and Transfers of Assets						
13a	Has a	resolution to terminate the plan been adopted in any plan year?			Ye	6 X	No	
	If "Yes	," enter the amount of any plan assets that reverted to the employer this year		13a				
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under th control of the PBGC?						Yes	X	No
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla assets or liabilities were transferred. (See instructions.)	n(s)	to				
1	3c(1) N	lame of plan(s): 13	c(2)	EIN(s))	13	c(3)	PN(s)

	n 5500-SF	Short Form Annu	al Return/Repor Benefit Plan	t of Small Emp	loyee	OMB Nos. 1210-0110 1210-0089		
Internal	Revenue Service	This form is required to be file	ed under sections 104 and	4065 of the Employee I	Retirement	2017		
Employee Bene	rtment of Labor fits Security Administration	Income Security Act of 1974	Revenue Code (the Cod	057(b) and 6058(a) of th le).	e Internal	This Form is Open to		
Pension Bene	fit Guaranty Corporation	Complete all entries in a second s	accordance with the inst	tructions to the Form	5500-SE	Public Inspection		
Part I	Annual Report	t Identification Information			5500-51.			
For calendar	plan year 2017 or f	fiscal plan year beginning	01/01/2017	and ending	12/2	1/2017		
A This return		X a single-employer plan	a multiple-employer p	olan (not multiemployer)	(Filers check	ing this box must attach a ith the form instructions.)		
	•	a one-participant plan	a foreign plan	mpioyer mormation in a	iccordance w	In the form instructions.)		
B This return	/report is	the first return/report	the final return/report					
-		an amended return/report	a short plan year retu	rn/report (less than 12 n	nonths)			
C Check box	(if filing under:	Form 5558	automatic extension		DFVC pr	ogram		
	1	special extension (enter descr						
Part II I	Basic Plan Info	prmation—enter all requested inf	formation	4. XXX				
1a Name of					1b Three	-digit		
Quality C	ertification		plan r	number 001				
			(PN)	Vive date of plan				
20 Dia			01/03	1/2014				
Mailing ad	dress (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.O). Box)			over Identification Number 35-2374657		
Quality	Certificatio	ce, country, and ZIP or foreign posta on Alliance	al code (if foreign, see inst	tructions)	2c Spons	sor's telephone number		
					800-722-7601 2d Business code (see instructions)			
P.O. Box	446				541990			
Seattle		WA 98111						
3a Plan adm	inistrator's name ar	nd address X Same as Plan Spon	nsor.		3b Administrator's EIN			
					3c Admin	istrator's telephone number		
4 If the nam	e and/or EIN of the	e plan sponsor or the plan name ha	is changed since the last r	eturn/report filed for	4b EIN			
a Sponsor's		nsor's name, EIN, the plan name ar	nd the plan number from t	he last return/report.	4d PN			
C Plan Nam	e				-u m			
5a Total num	ber of participants	at the beginning of the plan year		-	5a	2		
		at the end of the plan year			5b	2		
C Number of Contract Number o	f participants with a	account balances as of the end of the	he plan year (only defined	contribution plans	5c			
		rticipants at the beginning of the pla			5d(1)	2		
		rticipants at the end of the plan year			5d(2)	2		
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested								
Caution: A pe	nalty for the late o	or incomplete filing of this return/	report will be assessed	unless reasonable car	use is establ	0 O		
Under penaltie SB or Schedul	s of perjury and oth	ner penalties set forth in the instruct ad signed by an enrolled actuary as	tions. I declare that I have	examined this return/re-	nort including	if applicable a Schodula		
SIGN (1 Atta	enters	15 Fred 2018	Denise E. Fent	con			
HERE	gnature of plan ac	dministrator	Date	Enter name of individ	1000 per 100 - 100	plan administrator		
SIGN					aar orgining do	pan auministratur		
HERE	gnature of employ	ver/plan sponsor	Date	Enter name of individu		employer or plan sponsor		
		e, see the Instructions for Form 5500-	SF.		uai siyniny as	Form 5500-SF (2017) v.170203		

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6a b	Are yo under	all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ou claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	X Yes No
C	If the p	olan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No "is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year	Not determined . (See instructions.)
Pa	rt III	Financial Information	

7	Plan Assets and Liabilities		(a) Beginning	of Yea	r		(b) End of Year	
a	Total plan assets	7a		102,	702		136	5,278
b	Total plan liabilities	7b			0			0
C	Net plan assets (subtract line 7b from line 7a)	7c		102,	702		136	5,278
_8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	nt			(b) Total	
a 	Contributions received or receivable from: (1) Employers	8a(1)		0				
	(2) Participants	8a(2)		24,	000			
-	(3) Others (including rollovers)	8a(3)			0			
b	Other income (loss)	8b		10,	589			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					34	1,589
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		1,	013			
g	Other expenses	8g		1970-1	0			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					1	1,013
i	Net income (loss) (subtract line 8h from line 8c)	8i					33	3,576
j	Transfers to (from) the plan (see instructions)	8j			0			
Pa	rt IV Plan Characteristics							
b Par	If the plan provides pension benefits, enter the applicable pension 2G 2M If the plan provides welfare benefits, enter the applicable welfare fer t V Compliance Questions				-			
10	During the plan year:				Yes	No	Amount	
-	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fic	luciary Correction	10a	163	x	Amount	
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		х		
С	Was the plan covered by a fidelity bond?			10c		х		
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bond	d, that was caused	10d		х		
e	 Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.). 					x		
f						х		
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)					х		
h		See instruc	tions and 29 CFR	10g 10h		х		
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101	e required r	notice or one of the	10i				

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Part	VI	Pension Funding Compliance							
11	ls th (For	his a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and m 5500) and line 11a below)	complete Sch	hedule SB				No	
11a		er 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.)									
	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver.								
lf	you c	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					
C	Enter	the amount contributed by the employer to the plan for this plan year		12c					
d	Sub nega	tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)	left of a	12d					
e		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?			Y	es X	No		
-	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a					
b	Wer cont	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug rol of the PBGC?	ght under the	e 🗌 Yes 🛛 No				10	
с	lf, du	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident h assets or liabilities were transferred. (See instructions.)	ify the plan(s)	to					
1	3c(1)	Name of plan(s):	13c(2)	EIN(s)	13	13c(3) PN(s)		