## 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

2018

This Form is Open to **Public Inspection** 

Part I	Annual Report	i Identification Information	1							
For calenda	r plan year 2018 or fi	iscal plan year beginning 01/01/2	2018		and ending 12	2/31/2018	3			
<b>A</b> This return/report is for:  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	_	oreign plan	,			,		
<b>B</b> This retu	rn/report is	the first return/report	the final return/report							
		an amended return/report	a s							
C Check b	ox if filing under:	Form 5558	au	tomatic extension		DFVC	program			
		special extension (enter desc	ription)							
Part II	Basic Plan Info	ormation—enter all requested in	nformatio	on						
1a Name of WHITNEY EC	•	NY, INC. 401(K) PLAN				pla	ree-digit an number N) •	001		
						1c Ef	fective date o	f plan 2/1973		
		oyer, if for a single-employer plan)	O D-11					fication Number		
		om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post		(if foreign, see instru	uctions)	(EIN) 91-0903172				
WHITNEY EC	QUIPMENT COMPAN	NY, INC.				<b>2c</b> Sponsor's telephone number 425-486-9499				
						<b>2d</b> Bu	siness code (	(see instructions)		
SUITE #3	DINVILLE-REDMONE	) RD NE				423800				
WOODINVILL	E, WA 98072									
3a Plan ad	lministrator's name a	ınd address 🛛 Same as Plan Spo	nsor.			<b>3b</b> Ac	ministrator's	EIN		
						<b>3c</b> Administrator's telephone number				
						710	miniotrator 5	totophone namber		
4 If the na	ama and/or EIN of th	ne plan sponsor or the plan name h	as chan	and since the last re	sturn/report filed for	<b>4b</b> EI	NI .			
this pla	an, enter the plan spo	onsor's name, EIN, the plan name a								
a Sponso						4d PN				
C Plan Na	ame									
<b>5a</b> Total n	umber of participants	s at the beginning of the plan year.				5a		38		
		s at the end of the plan year				5b		38		
		account balances as of the end of				5с		36		
<b>d(1)</b> Tota	I number of active pa	articipants at the beginning of the p	lan year			5d(1)		30		
` '	•	articipants at the end of the plan ye				5d(2)		32		
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested						5e		0		
		or incomplete filing of this retur								
SB or Sched		ther penalties set forth in the instru and signed by an enrolled actuary, a polete.								
0.0	Filed with authorized	d/valid electronic signature.		06/25/2019	J. MEENA					
HERE	Signature of plan a	administrator		Date	Enter name of individual signing as plan administrator					
SIGN										
HERE	Signature of emplo	oyer/plan sponsor		Date	Enter name of individ	ual signir	ig as employe	er or plan sponsor		

Form 5500-SF (2018) Page **2** 

_	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.  C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year									
Pa	rt III   Financial Information									
7	Plan Assets and Liabilities		(a) Beginning				(b) End	of Year		
	Total plan assets	7a	349	92193				3529964		
	Total plan liabilities	7b	0.44	20100				0500004		
	Net plan assets (subtract line 7b from line 7a)	7c		92193				3529964		
8_	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	<u> Fotal</u>		
а	Contributions received or receivable from: (1) Employers	8a(1)	-	78932						
	(2) Participants	8a(2)	15	52004						
	(3) Others (including rollovers)	8a(3)	1	18713						
b	Other income (loss)	8b	-1:	30904						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						218745		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1	58163						
e	Certain deemed and/or corrective distributions (see instructions) $\dots$	8e			_					
f	Administrative service providers (salaries, fees, commissions)	8f	2	22811						
g	Other expenses									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			180974					
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i						37771		
	Transfers to (from) the plan (see instructions)									
	t IV   Plan Characteristics									
9a 	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D									
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	acterist	ic Cod	les in the instr	uctions:		
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)	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			500000		
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?					Χ				
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.)					X				
f	Has the plan failed to provide any benefit when due under the pla	n?		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						

Form 5500-SF (2018)	Page <b>3-</b> 1
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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 (Form 5500) and line 11a below)			Yes 🛚 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 se ERISA?		of	Yes X No	
	(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, granting the waiver	and enter Da		e of the letter ruling Year	
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	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under control of the PBGC?	the		Yes X No	
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plant which assets or liabilities were transferred. (See instructions.)	n(s) to			
1	<b>3c(1)</b> Name of plan(s):	(2) EIN(s)	)	<b>13c(3)</b> PN(s)	

## 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.

2018

This Form is Open to **Public Inspection** 

OMB Nos. 1210-0110

1210-0089

Part I Annual	Report Ide	entification Information	1		10/21/	2010					
For calendar plan year	2018 or fiscal	l plan year beginning	01/01/2018	and ending	12/31/						
A This return/report is	i for:	a single-employer plan	a multiple-employer pla list of participating em	n (not multiemployer) ( ployer information in a	(Filers checking th ccordance with the	is box must attach a e form instructions.)					
21 1110 1010		a one-participant plan	a foreign plan								
<b>B</b> This return/report is		the first return/report	the final return/report								
		an amended return/report	a short plan year return/report (less than 12 months)								
C Check box if filing	under:	Form 5558	automatic extension		DFVC program	n					
		special extension (enter des	cription)			. <u></u>					
Part II Basic F	lan Inform	nation—enter all requested i	nformation								
1a Name of plan					1b Three-digit						
Whitney Equip	ment Com	pany, Inc. 401(k)	Plan		plan numb (PN) ▶	er   001					
					1c Effective d	ate of plan					
					07/02/						
2a Plan sponsor's na	me (employer	r, if for a single-employer plan) apt., suite no. and street, or P	O Box)			dentification Number 0903172					
City or town state	or province, o	country, and ZIP or foreign po	stal code (if foreign, see instr	uctions)							
Whitney Equip	ment Com	paný, Inc.			2c Sponsor's telephone number (425) 486-9499						
					2d Business code (see instructions)						
16120 Woodinv	ille-Red	mond Rd NE									
Suite #3 Woodinville			WA	98072	423800						
3a Plan administrator's name and address ☒ Same as Plan Sponsor.					3b Administrator's EIN						
					-						
					3C Administra	tor's telephone number					
4 If the name and/o	r EIN of the pl	lan sponsor or the plan name	has changed since the last re	turn/report filed for	4b EIN						
this plan, enter th	e plan sponso	or's name, EIN, the plan name	and the plan number from the	e last return/report.							
a Sponsor's name					4d PN						
C Plan Name											
5a Total number of a	participants at	the beginning of the plan yea			. 5a	38					
	•	the end of the plan year			. 5b	38					
11.1.10.00.5 94.5	>	count balances as of the end		contribution plans	5c	36					
•	•	ipants at the beginning of the			5d(1)	30					
	•	cipants at the end of the plan y	•		5d(2)						
e Number of partic	ipants who te	rminated employment during t	he plan year with accrued be		5e						
Caution: A consist for	or the late or	incomplete filing of this retu	un/report will be assessed	unless reasonable ca	 ause is establishe						
Under penalties of per SB or Schedule MB c	jury and other ompleted and	r penalties set forth in the instr signed by an enrolled actuary	uctions, I declare that I have	examined this return/r	eport, including, if	applicable, a Schedule					
belief, it is true, correct	a, and/comble	ie.	X 6/25/19	J. Meena							
SIGN //	e of plan adn	ninietrator	Date ,	Enter name of indivi	dual signing as old	an administrator					
17.	. 1/	Weiste	- 6/25/19	Mank	- کم نامل ا	ten					
I SIGN /////	MM. K	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ーニュレット・コート	. V~ \( <i>A V</i> ( <i>A</i> ) {	. илил	1 12/1 / 1					

Form 5500-SF (2018)		Page 2					
				_			
6a Were all of the plan's assets during the plan year invested in eligib	ole assets?	(See instructions.)			 2A\		M les [] No
b Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	gent qualified public ac ons.)	COUNTA	it (icer	·~)		X Yes No	
If you answered "No" to either line 6a or line 6b, the plan cann	not use For	m 5500-SF and must	ınstead	use	rorm sou	, o	
C If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA sec	ction 40	21)?	🗌 Ye	s ∐No ∐	
If "Yes" is checked, enter the My PAA confirmation number from the	ne PBGC pr	emium filing for this pla	an year_			(	See instructions.)
		_ <del></del>					
Part III Financial Information	Т					(b) End of	Voar
7 Plan Assets and Liabilities	<u> </u>	(a) Beginning o	1 <b>Year</b> 192,1	93		(D) Elia ol	3,529,964
a Total plan assets	. 7a		192,1	75			<u> </u>
<b>b</b> Total plan liabilities	. 7b	· · · · · · · · · · · · · · · · · · ·	192,1	03	·		3,529,964
C Net plan assets (subtract line 7b from line 7a)	7c			93		437.4	
8 Income, Expenses, and Transfers for this Plan Year	ļ	(a) Amount			<del></del>	(b) Tot	aı
a Contributions received or receivable from:     (1) Employers	. 8a(1)		78,9	_			
(2) Participants	. 8a(2)		152,0	_			
(3) Others (including rollovers)	. 8a(3)		118,7	_			
<b>b</b> Other income (loss)			130,9	04			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)					_		218,745
d Benefits paid (including direct rollovers and insurance premiums			158,1	63			
to provide benefits)	1 1		100,1	0.0			<del>.</del>
<ul> <li>Certain deemed and/or corrective distributions (see instructions)</li> </ul>			22 011				
f Administrative service providers (salaries, fees, commissions)	. 8f		22,8	1 1		<u> </u>	
g Other expenses	. 8g			-			180,974
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			$\dashv$			37,77
i Net income (loss) (subtract line 8h from line 8c)	8i			$\dashv$			31,111
j Transfers to (from) the plan (see instructions)	. 8j						<u> </u>
Part IV Plan Characteristics							
9a If the plan provides pension benefits, enter the applicable pensio 2E 2F 2G 2J 2K 2T 3D	n feature co	des from the List of Pla	an Char	acteri	stic Codes	s in the instru	ictions:
b If the plan provides welfare benefits, enter the applicable welfare	feature coo	les from the List of Pla	n Chara	cterist	ic Codes	in the instruc	tions:
Part V Compliance Questions				-			
10 During the plan year:				Yes	No	Aı	mount
a Was there a failure to transmit to the plan any participant contrib	outions withi	n the time period			1		
described in 29 CFR 2510.3-102? (See instructions and DOL's	Voluntary F	iduciary Correction	10a		Х		
Program)      Were there any nonexempt transactions with any party-in-interest.	et2 (Do not	include transactions	100				
reported on line 10a.)	317 (DO 1101		10b		Х		
C Was the plan covered by a fidelity bond?			10c	Χ			500,00
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					х		
Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides so the plan? (See instructions.)	ome or all of	the benefits under	10e		Х	<u>.                                    </u>	
g Did the plan have any participant loans? (If "Yes," enter amount			10g		Х		<u></u>
h If this is an individual account plan, was there a blackout period 2520.101-3.)	? (See instr	uctions and 29 CFR	10h		х		
i if 10h was answered "Yes," check the box if you either provided	I the require	d notice or one of the	10i				

Page 2

	Form 5500-SF (2018)		Page 3-				<u>-</u> -	
Part V	Pension Funding Compliance							
11 (	s this a defined benefit plan subject to minimum fundi Form 5500) and line 11a below)	ng requirements? (If "Ye	s," see instructions	and complete Sch	edule S	В	Yes	No X
11a I	Enter the unpaid minimum required contributions for a	all years from Schedule S	B (Form 5500) line	40	11a			
12	Is this a defined contribution plan subject to the minim	num funding requirement	s of section 412 of t	he Code or section	n 302 of	f	Yes	s 🛛 No
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, an f a waiver of the minimum funding standard for a prior granting the waiver.	r year is being amortized	in this plan year, se	ee instructions, and	d enter t Day	the date of	the letter ri Year	uling
if vo	ou completed line 12a, complete lines 3, 9, and 10	of Schedule MB (Form	5500), and skip to	line 13.				
	nter the minimum required contribution for this plan y			1	12b			
	nter the amount contributed by the employer to the pl				12c		·	·
d	Subtract the amount in line 12c from the amount in lin	e 12b. Enter the result (e	enter a minus sign to	the left of a	12d	<u> </u>	. —	
	Will the minimum funding amount reported on line 120					Yes	No 📗	N/A
Part V			<del></del> -					
	Has a resolution to terminate the plan been adopted in ar					Yes	X No	
	If "Yes," enter the amount of any plan assets that reve				13a			
b	Were all the plan assets distributed to participants or control of the PBGC?	beneficiaries, transferred	to another plan, or	brought under the			Yes 🛚	No
С	If, during this plan year, any assets or liabilities were which assets or liabilities were transferred. (See instri	transferred from this plar			) to			
	Sc(1) Name of plan(s):			13c(2	EIN(s)		13c(3)	PN(s)