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

2018

This Form is Open to **Public Inspection**

	rt identification information							
For calendar plan year 2018 or	r fiscal plan year beginning 01/01/2	2018	and ending 1	2/31/2018				
A This return/report is for:	a single-employer plan		r plan (not multiemployer) (employer information in ac					
	a one-participant plan	a foreign plan	, , , , , , , , , , , , , , , , , , , ,	,				
B This return/report is	the first return/report	the final return/repo	ort					
	an amended return/report	a short plan year re	eturn/report (less than 12 m	nonths)				
C Check box if filing under:	X Form 5558	automatic extension	on	DFVC progra	am			
	special extension (enter desc	ription)						
Part II Basic Plan In	formation—enter all requested in	formation						
1a Name of plan	Y, INC 401(K) PROFIT SHARING PL			1b Three-dig plan num (PN) ▶				
				1c Effective				
22 Dian ananaar'a nama (ami	player if for a single employer plan)			2h =				
Mailing address (include ro	ployer, if for a single-employer plan) oom, apt., suite no. and street, or P.C		notructions)	(EIN)	Identification Number 27-3271096			
QUALITY EQUIPMENT SUPPLY	ince, country, and ZIP or foreign posi Y, INC	ai code (ii foreign, see i	ristructions)		s telephone number 03-544-9779			
					code (see instructions)			
4400 NE 77TH AVE., SUITE 275 VANCOUVER, WA 98662	5				425120			
7711000 7211, 1771 00002								
3a Plan administrator's name	and address X Same as Plan Spo	nsor.		3b Administr	ator's EIN			
	_			20 41				
				3C Administr	ator's telephone number			
	the plan sponsor or the plan name heponsor's name, EIN, the plan name			4b EIN				
a Sponsor's name	, , . , ,			4d PN				
C Plan Name								
5a Total number of participar	nts at the beginning of the plan year.			. 5a	2			
_	nts at the end of the plan year			. 5b	2			
	th account balances as of the end of			5c	2			
, ,	participants at the beginning of the p			5d(1)	2			
d(2) Total number of active	participants at the end of the plan ye	ar		5d(2)	2			
	ho terminated employment during the			5e	0			
Caution: A penalty for the lat	te or incomplete filing of this retur	n/report will be assess	ed unless reasonable ca	use is establish	ied.			
	other penalties set forth in the instrud and signed by an enrolled actuary, a complete.							
0.0	ed/valid electronic signature.	10/08/2019	SHANE MCCORMICH	<				
HERE Signature of plan administrator Date Enter name of individual signing as plan adm								
SIGN								
HERE Signature of emp	ployer/plan sponsor	Date	Enter name of individ	ividual signing as employer or plan spo				

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

_	 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 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. 								No No
	If the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the	surance p	rogram (see ERISA se	ection 4	021)?	[Yes N	o Not determ	
Pai	t III Financial Information								
_7	Plan Assets and Liabilities		(a) Beginning ((b) E	nd of Year	
	Total plan assets	7a	58	83924				578357	
	Total plan liabilities	7b	_						
	Net plan assets (subtract line 7b from line 7a)	7c		83924				578357	
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amoun	ıt			(b) Total	
а	(1) Employers	8a(1)		2720					
	(2) Participants	8a(2)	4	27720					
	(3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	8b	¥	35484					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-5044	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0					
е	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f		523	_				
g	Other expenses	8g		0					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					523		
	Net income (loss) (subtract line 8h from line 8c)	8i						-5567	
J	Transfers to (from) the plan (see instructions)	8j							
	t IV Plan Characteristics								
9a 	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2F 2G 3D	feature co	des from the List of Pla	an Cha	racteri	stic Co	odes in the i	nstructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan	n Chara	acterist	tic Cod	des in the in	structions:	
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		Χ			
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			
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 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 3 - 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 Sche (Form 5500) and line 11a below)		В	Y	es 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 section ERISA?		:	Y	es 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, and granting the waiver	d enter t Day		of the lette Year _	r ruling
lf :	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	× N	o
	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(s) which assets or liabilities were transferred. (See instructions.)	to			
1	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3)	PN(s)

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

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

Revenue Code (the Code).

2018

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Fanti		Identification Information									
For calen	idar plan year 2018 or fi	iscal plan year beginning (1/01/2018	and ending		/2018					
A This re	eturn/report is for:	X 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.)								
B This re	eturn/report is	a one-participant plan	a foreign plan			,					
- 1111010	otanin eport is	the first return/report	the final return/report								
0 0		an amended return/report	a short plan year return/report (less than 12 months)								
Check	k box if filing under:	Form 5558	automatic extension		DFVC pro	gram					
		special extension (enter descrip		Ŷ							
Part II	Basic Plan Info	rmation—enter all requested infor	mation								
1a Name Qua		Supply, Inc 401(k) Pr	cofit Sharing	Plan and Trust	1b Three-oplan nu (PN)	mber 001					
						re date of plan 1/2010					
Mailin	ng address (include roor	yer, if for a single-employer plan) n, apt., suite no. and street, or P.O. I e, country, and ZIP or foreign postal	Box) code (if foreign, see ins	ructions)	2b Employ (EIN) 2	er Identification Number 7-3271096					
Qua:	lity Equipment	Supply, Inc	, , , , , , , , , , , , , , , , , , , ,			or's telephone number					
440	0 NE 77th Ave.	, Suite 275				s code (see instructions)					
Vand	couver	WA 98662			42512	20					
3a Plan a	administrator's name an	nd address X Same as Plan Sponso	r.		3b Administrator's EIN						
					3c Adminis	trator's telephone number					
4 If the this p	name and/or EIN of the plan, enter the plan spor	plan sponsor or the plan name has onsor's name, EIN, the plan name and	changed since the last re the plan number from t	eturn/report filed for he last return/report.	4b EIN						
a Spons C Plan N	sor's name				4d PN						
5a Total	number of participants	at the beginning of the plan year			5a	2					
		at the end of the plan year			5b	2					
C Numb	per of participants with a	eccount balances as of the end of the	plan year (only defined	contribution plans	5c	2					
d(1) Tota	al number of active part	ticipants at the beginning of the plan	/ear		5d(1)	2					
d(2) Tot	tal number of active part	ticipants at the end of the plan year			5d(2)	2					
than	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested										
Under pena SB or Sche	A penalty for the late o alties of perjury and oth	r incomplete filing of this return/re er penalties set forth in the instruction d signed by an enrolled actuary, as w	port will be assessed	unless reasonable cau	nort including	if applicable a Cabadula					
SIGN HERE	30hr		10/8/19	Shane McCormic	ck						
	Signature of plan ad	ministrator	Date 10/8/19	Enter name of individu	ual signing as p	lan administrator					
SIGN HERE	Signature of employ	oziolan ananaz									
F 5	i Signature of employ	enplan sponsor	Date	Enter name of individu	ual signing as e	mployer or plan sponsor					

Form	5500-SF	(2018
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Page 2

 Were all of the plan's assets during the plan year invested in elig Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility out answered "No" to either line 6a or line 6b, the plan care 	of an indepen by and condition onot use For	dent qualified public ons.)rm 5500-SF and mu	accour	ntant (I	QPA) e Form 55	 00.		Yes [No
c If the plan is a defined benefit plan, is it covered under the PBGC If "Yes" is checked, enter the My PAA confirmation number from	insurance pr the PBGC pr	rogram (see ERISA seemium filing for this	section plan ye	4021)? ar	' [] Ye	s No	☐ Not (See ir		
Part III Financial Information			(~~~					
7 Plan Assets and Liabilities		(a) Beginning	of Yea	r		(b) End	of Year	***************************************	PARTICIPATION (STATE OF THE STATE OF THE STA
a Total plan assets	7a		583,			(2) = 114 (, rour		3,35
b Total plan liabilities	7b								
C Net plan assets (subtract line 7b from line 7a)	7с		583,	924		***************************************	-,	578	3,35
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	nt			(b) To	ıtal	***************************************	***************************************
Contributions received or receivable from: (1) Employers	8a(1)			720		(-)			
(2) Participants			27,	720					
(3) Others (including rollovers)			************	0		9			
b Other income (loss)			-35,	484					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)								-5	,04
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)				0					,01
e Certain deemed and/or corrective distributions (see instructions)	The second name of the second			0					
f Administrative service providers (salaries, fees, commissions)	8f	523							
g Other expenses	8g			0					
h Total expenses (add lines 8d, 8e, 8f, and 8g)									523
i Net income (loss) (subtract line 8h from line 8c)	. 8i							-5	,56
j Transfers to (from) the plan (see instructions)	. 8j								
Part IV Plan Characteristics	1 0								
9a If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2F 2G 3D	n feature code	es from the List of Pl	an Cha	racteri	stic Codes	in the instru	ctions:		
b If the plan provides welfare benefits, enter the applicable welfare	feature codes	s from the List of Pla	n Chara	acteris	tic Codes in	the instruc	tions:		
Part V Compliance Questions	,							-	
10 During the plan year:				Yes	No				
a Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Value of the plan any participant contributes the plan and par	Voluntary Fid	uciary Correction		163		An	nount		
b Were there any nonexempt transactions with any party-in-interes	t? (Do not inc	clude transactions	10a		Х				
reported on line 10a.) C Was the plan covered by a fidelity bond?		THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	10b		X				
d Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bond	, that was caused	10c		Х				Code l'Armade, Lineau
by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides son the plan? (See instructions.)	her persons to ne or all of the	by an insurance	10d		х	· · · · · · · · · · · · · · · · · · ·			
f Has the plan failed to provide any benefit when due under the pla	ın?				Х				
g Did the plan have any participant loans? (If "Yes," enter amount a			10f 10g		Х		***************************************		
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instruct	ions and 29 CFR	10h		х				
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	he required n	otice or one of the	10i						
						***************************************			************

	Form 5500-SF (2018) Page 3 -					***************************************
Part	VI Pension Funding Compliance					***************************************
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500) and line 11a below)	complete Sch	edule S	В		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 CERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	Code or section	n 302 o	f		Yes X No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ingranting the waiver.	structions, and	l enter i		of the lett Year	er ruling
If	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			
	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 negative amount)	left of a	12d			
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
Part '	/II Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?			Yes	1 🛛	Vo
	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 brou control of the PBGC?	ght under the		[] Yes [X No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident which assets or liabilities were transferred.	tify the plan(s)	to	Terrent Control Control		
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) PN(s)

13c(2) EIN(s)

13c(3) PN(s)