Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

less than 100% vested.

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.

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning and ending 12/31/2014 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the final return/report **B** This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan **1b** Three-digit BENEFITGUARD RETIREMENT INCOME SECURITY PLAN plan number (PN) ▶ 003 Effective date of plan 01/01/2012 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number FOUNDATION FOR PRIVATE ENTERPRISE EDUCATION (EIN) 91-1048245 Sponsor's telephone number 253-815-6900 923 POWELL AVE S. W. SUITE 100 Business code (see instructions) RENTON, WA 98057 611000 3b Administrator's EIN **3a** Plan administrator's name and address | Same as Plan Sponsor. 20-5354793 BENEFITGUARD, LLC 877 EAST 1200 SOUTH #1272 OREM. UT 84097-1272 **3c** Administrator's telephone number 877-860-2664 4b EIN If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name Total number of participants at the beginning of the plan year 5a 14 **b** Total number of participants at the end of the plan year..... 5b 10 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 10 complete this item) d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 14 d(2) Total number of active participants at the end of the plan year..... 5d(2) 7 e Number of participants that terminated employment during the plan year with accrued benefits that were

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and

beliet, it is t	true, correct, and complete.					
SIGN	Filed with authorized/valid electronic signature.	07/20/2015	SPENCER BARCLAY			
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator			
SIGN						
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponso			
Preparer's	name (including firm name, if applicable) and address (include r	Preparer's telephone number (optional)				

5e

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b .	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 a cunder 29 CFR 2520.104-46? (See instructions on waiver eligibility at a f you answered "No" to either line 6a or line 6b, the plan cannot with the control of the control of the plan cannot with the control of t	an indepe and condi ot use Fo	ndent qualified public accounta tions.) orm 5500-SF and must instead	nt (IQ	PA) Form	5500.	Xes No
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40)21)? .		Yes	No Not determined
Par	III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of Year
	Fotal plan assets	7a	2265	84			200828
0	Total plan liabilities	7b	0005				00000
	Net plan assets (subtract line 7b from line 7a)	7c	2265	084	-		200828
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from: 1) Employers	8a(1)	195	72			
	2) Participants	8a(2)	180	086			
	3) Others (including rollovers)	8a(3)					
-	Other income (loss)	8b	90	009			
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					46667
	Benefits paid (including direct rollovers and insurance premiums						
t	o provide benefits)	8d	688	897			
e (Certain deemed and/or corrective distributions (see instructions)	8e	-				
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f	35	526			
<u>g</u> (Other expenses	8g					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					72423
	Net income (loss) (subtract line 8h from line 8c)	8i					-25756
_ J	Fransfers to (from) the plan (see instructions)	8j					
	If the plan provides pension benefits, enter the applicable pension to 2E 2F 2J 2K 2T 3D 2G If the plan provides welfare benefits, enter the applicable welfare fellows Compliance Questions						
10	During the plan year:				Yes	No	Amount
b	 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)					X	
	on line 10a.)	`	•	10b		X	
С	Was the plan covered by a fidelity bond?			10c	X		500000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X	
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ber	efits under the plan? (See	10e		X	
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year	end.)	10g		X	
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instr	uctions and 29 CFR	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 2520.101			10i			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)						
11a	Enter the unpaid minimum required contribution for current year from	om Sched	dule SB (Form 5500) line 39			11a	<u> </u>
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	or se	ction :	302 of	ERISA? Yes X No
	(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 bein granting the waiver.	-			, and 6 	enter th Day	

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lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 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 negative amount)	-	1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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	
	If "Yes," enter the amount of any plan assets that reverted to the employer the	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		inder the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify th	e plan(s) to		
1	3c(1) Name of plan(s):		13c(2) EI	N(s)	13c(3) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

SIGN **HERE**

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.

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Part i Annual Report Identification information								
For calendar plan year 2014 or fiscal plan year beginning	01/0	01/2014	and ending	12	/31/2014			
old X a single-employer plan	an	a multiple-employer plan (not multiemployer) (Filers checking this box must attach a lis						
A This return/report is for:	er information in accord	ance with	the form instructions)					
a one-participant plan	afo	oreign plan						
B This return/report is								
an amended return/report	a sh	nort plan year return	report (less than 12 mo	onths)				
C Check box if filing under: Form 5558	aut	omatic extension		Пс	PFVC program			
special extension (enter desc	cription)			_				
Part II Basic Plan Information—enter all requested in	nformation	<u> </u>						
1a Name of plan	Illormation	ı		1b Thre	ee-digit			
BenefitGuard Retirement Income Security	Plan				number 003			
-				(PN) 🕨			
				1c Effective date of plan				
0					/01/2012			
2a Plan sponsor's name and address; include room or suite number Foundation for Private Enterprise Educa		oyer, if for a single-e	employer plan)	2b Employer Identification Number				
Todinacion for fillvace Emecipities Educa	.01011			(EIN) 91-1048245 2c Sponsor's telephone number				
923 Powell Ave S. W.					B-815-6900			
Suite 100					iness code (see instructions)			
Renton WA 98057					.000			
3a Plan administrator's name and address Same as Plan Spor	nsor.			3b Adm	ninistrator's EIN			
BenefitGuard, LLC					-5354793			
				3c Adm	ninistrator's telephone number			
877 East 1200 South #1272				877	-860-2664			
Orem UT 84097-1272								
4 If the name and/or EIN of the plan sponsor has changed since	e the last r	return/report filed for	this plan, enter the	4b EIN				
name, EIN, and the plan number from the last return/report. a Sponsor's name				4c PN				
5a Total number of participants at the beginning of the plan year				5a	14			
b Total number of participants at the end of the plan year				5b				
			-		10			
Number of participants with account balances as of the end of complete this item)		year (defined benef	•	5c	10			
d(1) Total number of active participants at the beginning of the p	plan year.			5d(1)	1 /			
d(2) Total number of active participants at the end of the plan ye	ear			5d(2)	14			
Number of participants that terminated employment during the			-		,			
less than 100% vested				5e	1			
Caution: A penalty for the late or incomplete filing of this return								
Under penalties of perjury and other penalties set forth in the instru								
SB or Schedule MB completed and signed by an enrolled actuary, belief, it is true, correct, and complete.	as well as	e electronic vers		and to the	best of my knowledge and			
SIGN Januar January		07-15-2015	SPENCER BARCLA	AY				
HERE Signature of plan administrator Date Enter name of individual signing as plan admin				as plan administrator				

Date

Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number (optional)

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b	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.						
	If the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan is a defined benef	surance pr	ogram (see ERISA section 40	21)?		Yes	No Not determined
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year
	Total plan assets	. 7a		2658	34		200828
	Total plan liabilities	7b					
	Net plan assets (subtract line 7b from line 7a)	. 7c	22	2658	34		200828
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from:			1055	, ,		. ,
	(1) Employers	. 8a(1)		L957	_		
	(2) Participants	. 8a(2)	-	1808	86		
b	(3) Others (including rollovers)	. 8a(3)		900	10		
	Other income (loss)	. 8b		900	19		46667
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8c 8d	(5889	7		40007
е	Certain deemed and/or corrective distributions (see instructions) 8e						
f							
g	Other expenses	. 8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					72423
i	Net income (loss) (subtract line 8h from line 8c)						-25756
j	Transfers to (from) the plan (see instructions)	· 8j					
Pai	t IV Plan Characteristics						
9a	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2J 2K 2T 3D 2G						
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Plan Charac	terist	ic Cod	es in th	he instructions:
Par	V Compliance Questions						
10	During the plan year:				Yes	No	Amount
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Corre	ection 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		500000
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		Х	
f	Has the plan failed to provide any benefit when due under the plan?					Х	
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					X	
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•••••		10g 10h		Х	
	If 40b was a recovered "Vee " about the best if you sith an area ideal th		matica an ana of the				

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..... Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form Yes 5500) and line 11a below). 11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a Yes X Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?. No (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 . Month Day granting the waiver.

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lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	rm 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 negative amount)	`	12d		
<u>e</u>	Will the minimum funding amount reported on line 12d be met by the funding	g 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 the	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferr of the PBGC?		e control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this play which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify the plan(s) to		
	13c(1) Name of plan(s):		13c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Truct Information (ontional)				
	VIII Trust Information (optional)		14h ±	rust's EIN	
144	Name of trust		140	IUSES EIN	