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.

0046

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I		t Identification Information			0/04/0040				
For calenda	ar plan year 2016 or t	fiscal plan year beginning 01/01/3		.	2/31/2016				
A This ret	turn/report is for:	a single-employer plan	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	a foreign plan						
B This retu	urn/report is	the first return/report	the final return/repo	rt					
an amended return/report a short plan year return/report (less than 12 months)									
C Check I	box if filing under:	Form 5558	automatic extension	n	DFVC program	m			
		special extension (enter desc	ription)						
Part II	Basic Plan Infe	ormation—enter all requested in	formation						
1a Name					1b Three-digi				
BRIGHT SPI	RING STRATEGY CO	ONSULTING RETIREMENT PLAN			plan numb (PN) ▶	er 001			
					1c Effective d				
						01/01/2015			
Mailing	g address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.0	,	-(()	2b Employer I (EIN)	dentification Number 46-5308505			
	RING STRATEGY CO	ice, country, and ZIP or foreign posonSULTING, INC.	tal code (il foreign, see in	istructions)	2c Sponsor's	telephone number 6-708-4739			
					2d Business of	code (see instructions)			
603 STEWAI SEATTLE, W	RT ST., SUITE 906 VA 98101					541600			
,									
3a Plan a	dministrator's name a	and address X Same as Plan Spo	nsor.		3b Administra	tor's EIN			
		_			20 11 111				
					3C Administra	tor's telephone number			
		ne plan sponsor has changed since	the last return/report file	d for this plan, enter the	4b EIN				
	, EIN, and the plan nu or's name	umber from the last return/report.			4c PN				
5a Total i	number of participant	s at the beginning of the plan year.			5a				
_		s at the end of the plan year			5b				
		account balances as of the end of			5c				
		articipants at the beginning of the p			5d(1)	;			
		articipants at the end of the plan ye			5d(2)				
e Numb	per of participants that	at terminated employment during the	e plan year with accrued	benefits that were less	5e				
		or incomplete filing of this retur			use is establishe	ed.			
Under pena SB or Sche	alties of perjury and c	other penalties set forth in the instru and signed by an enrolled actuary,	ctions, I declare that I ha	ve examined this return/re	eport, including, if	applicable, a Schedule			
SIGN		d/valid electronic signature.	07/12/2017	MEG HALVERSON					
HERE	Signature of plan	administrator	Date	Enter name of individ	dual signing as pla	n administrator			
SIGN									
HERE		oyer/plan sponsor	Date			ployer or plan sponsor			
Preparer's	name (including firm	name, if applicable) and address (i	nclude room or suite num	nber)	Preparer's telep	hone number			

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	 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.) 								X Yes	No No
•	If you answered "No" to either line 6a or line 6b, the plan cann					_	-		Nat data mai	
	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	isurance p	orogram (see ERISA se	ection 4	021)?		res	Пио	Not determine	nea
7	Plan Assets and Liabilities		(a) Beginning	of Vear				(b) End o	of Voar	
	Total plan assets	7a	(a) Degiiiiiiig	26307			'	(b) Lila c	44291	
	Total plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)	7c		26307					44291	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt				(b) To	otal	
а	Contributions received or receivable from:			4337						
-	(1) Employers	8a(1)		18875						
	(2) Participants	8a(2)		10073	-					
<u>_</u>	(3) Others (including rollovers)	8a(3)		1564						
	Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b 8c			-				24776	
	Benefits paid (including direct rollovers and insurance premiums	80							21110	
	to provide benefits)	8d		6792						
e	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f			_					
g	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				6792				
<u></u>	Net income (loss) (subtract line 8h from line 8c)	8i				17984				
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 3D 2G 2J 2K 2T									
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	ctions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
а	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Normal Program)	oluntary F	Fiduciary 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				
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	•	· ·	10d		X				
е	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	ın?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	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 to exceptions to providing the notice applied under 29 CFR 2520.10			10i						

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Part	VI	Pension Funding Compliance					
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500) and line 11a below)				Y	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	ΠY	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 i		of the letter Year _	ruling
If	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	Will t	he 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 No)
	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				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) EIN(s)		13c(3)	PN(s)
Part	VIII	Trust Information					
14a	Name	of trust		14b	Trust's E	EIN	
14c	Name	of trustee or custodian				s or custodia 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 [Test	ar" 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	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 determir	ation
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	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			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).

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

1210-0089

2016

OMB Nos. 1210-0110

This Form is Open to **Public Inspection**

Part I		rt Identification Information							
For cale	ndar plan year 2016 o	r fiscal plan year beginning 01/01/201			and ending 12/				
A This	A This return/report is for: \[\begin{align*} \text{a single-employer plan} \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \								
_									
B This r	eturn/report is	the first return/report	the final return/report						
_		an amended return/report	a short plan year retu	ım/r	eport (less than 12 n	nonths)			
C Chec	k box if filing under:	Form 5558	automatic extension			DFVC progr	am		
·		special extension (enter descr	<u> </u>				- · · · · · · · · · · · · · · · · · · ·		
Part II		formation—enter all requested inf	ormation			T-2:			
1a Name of plan BRIGHT SPRING STRATEGY CONSULTING RETIREMENT PLAN						1b Three-diplan num (PN)			
				25		1c Effective 01/01/20			
Mail	ing address (include ro	oloyer, if for a single-employer plan) oom, apt., suite no. and street, or P.O	. Box)				r Identification Number 5308505		
BRIGHT S	PRING STRATEGY C	nce, country, and ZIP or foreign posta CONSULTING, INC.	ai code (it toreign, see ins	truc	tions)	2c Sponsor	s telephone number (206) 708-4739		
603 STEW	603 STEWART ST., SUITE 906					2d Business 541600	code (see instructions)		
	WA 98101		<u></u>						
3a Pian	administrator's name	and address 🛛 Same as Plan Spon	sor.			3b Administrator's EfN			
						3c Administrator's telephone number			
						, samma	ator a talepriorie (latitoe)		
					-				
4 If the	e name and/or EIN of t ne. EIN. and the plan n	he plan sponsor has changed since to umber from the last return/report.	he last return/report filed	for t	his plan, enter the	4b EIN			
	isor's name					4c PN			
5a Tota	il number of participan	is at the beginning of the plan year	***************************************	,	***************************************	. 5a			
		s at the end of the plan year				5b	2		
C Num	nber of participants with plete this item)	account balances as of the end of the	ne plan year (only defined	d co	ntribution plans	5c	2		
		articipants at the beginning of the pla				5d(1)	3		
d(2) To	otal number of active p	articipants at the end of the plan year	٢٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠		•••••	5d(2)	1		
e Nun thar	nber of participants than 100% vested	t terminated employment during the p	plan year with accrued be	nefi	its that were less	5e			
Caution:	A	as incomplete fills f 4b !		unl	less reasonable cau	ıse is establish			
	A penalty for the late	or incomplete ming of this return/	report will be assessed	54110			ed.		
Under pe	nalties of periury and d	other penalties set forth in the instructi and signed by an enrolled actuary, as	one I declare that I have	AVS	amined this return/report	oort, including, it t, and to the bes	applicable - Oshadula		
Under pe SB or Sch belief, it is SIGN	nalties of perjury and onedule MB completed :	other penalties set forth in the instruct and signed by an enrolled actuary, as inplete.	one I declare that I have	AVS	m of this return/report	t, and to the bes	applicable - Oshadula		
Under pe SB or Sch belief, it is	nalties of perjury and one dule MB completed a true, confect and the	other penalties set forth in the instruct and signed by an enrolled actuary, as inplete. USON	ions, I declare that I have well as the electronic ve	exa rsio	n of this retyre/report	s, and to the bes	applicable, a Schedule t of my knowledge and		
Under pe SB or Sch belief, it is SIGN HERE	nalties of perjury and one of the completed is true; confect; smarter than the confect; smarter	ther penalties set forth in the instruct and signed by an enrolled actuary, as aplete. USON ####################################	ions, I declare that I have well as the electronic ve	exa rsio	n of this return/report	and to the bes	applicable, a Schedule t of my knowledge and		
Under pe SB or Sch belief, it is SIGN HERE SIGN HERE	nalties of perjury and conedule MB completed is true confect since the Mag Halw Signature Signature Mag Halw Signature Signature Signature Signature Signature Signature	other penalties set forth in the instruction signed by an enrolled actuary, as inplete. LYSON Administrator LYSON Oyer/plan sponsor	ions, I declare that I have well as the electronic ve 7/12/2017 Date 7/12/2017 Date	x E	Meg Halver Meg Halver nter name of Individi	t, and to the bes SOW Jail signing as plans	applicable, a Schedule t of my knowledge and an administrator		
Under pe SB or Sch belief, it is SIGN HERE SIGN HERE	nalties of perjury and conedule MB completed is true confect since the Mag Halw Signature Signature Mag Halw Signature Signature Signature Signature Signature Signature	other penalties set forth in the instruct and signed by an enrolled actuary, as inplete. LYSON Ministrator LYSON	ions, I declare that I have well as the electronic ve 7/12/2017 Date 7/12/2017 Date	x E	Meg Halver Meg Halver nter name of Individi	t, and to the bes SOW Jail signing as plans	applicable, a Schedule t of my knowledge and an administrator apployer or plan sponsor		
Under pe SB or Sch belief, it is SIGN HERE SIGN HERE	nalties of perjury and conedule MB completed is true confect since the Mag Halw Signature Signature Mag Halw Signature Signature Signature Signature Signature Signature	other penalties set forth in the instruction signed by an enrolled actuary, as inplete. LYSON Administrator LYSON Oyer/plan sponsor	ions, I declare that I have well as the electronic ve 7/12/2017 Date 7/12/2017 Date	x E	Meg Halver Meg Halver nter name of Individi	t, and to the bes SOW Juil signing as plans rson Juil signing as en	applicable, a Schedule t of my knowledge and an administrator apployer or plan sponsor		

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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 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 the plan is a defined benefit when it is to plan is a defined benefit when it is to plan is a defined benefit when it is to plan is a defined benefit when it is to plan is a defined benefit when it is to plan is a defined benefit when it is to plan	an indep and cond ot use F	endent qualified public litions.)orm 5500-SF and mu	accour	ntant (I ead us	QPA) e Fon	m 550	 O.	X Yes [∏ No
	If the plan is a defined benefit plan, is it covered under the PBGC in rt III Financial Information	surance	program (see ERISA	section	4021)?		Yes	No	Not determ	nined
7	Plan Assets and Liabilities		(a) Basinnina	of Vac	_ 1			a > =		
а	Total plan assets	7a	(a) Beginning	263				(b) End	of Year 44291	
b		7b	 		~·-				44291	
C	Net plan assets (subtract line 7b from line 7a)	7c		263	07				44291	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou			*******		(L) 2	**************************************	
а	Contributions received or receivable from:		(a) Alliou	116				(0)	Total	
	(1) Employers	8a(1)	<u> </u>	43	37					
	(2) Participants	8a(2)		188	75					
	(3) Others (including rollovers)	8a(3)	<u> </u>							
	Other income (loss)	8b		15	64					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							24776	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		67	92					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e								*******
f	Administrative service providers (salaries, fees, commissions)	8 f								-
<u>g</u>	Other expenses	8g							"	
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							6792	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							17984	
j	Transfers to (from) the plan (see instructions)	81								
Pai	t IV Plan Characteristics					*****		*		*****
9a b	If the plan provides pension benefits, enter the applicable pension f ZE 3D 2G 2J 2K 2T If the plan provides welfare benefits, enter the applicable welfare fe									
Par	t V Compliance Questions									
10	During the plan year:		· · · · · · · · · · · · · · · · · · ·	~	Yes	No	N/A	1	Amount	<u> </u>
а	Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Volence (See instructions)	luntary F	iduciary Correction	10a		х			Asiount	
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	(Do not	include transactions	10b		Х				
c	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 fi by fraud or dishonesty?	delity bo	nd, that was caused	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			10g		X				
h	If this is an individual account plan, was there a blackout period? (S 2520.101-3.)	ee instru	ctions and 29 CFR	10g 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-	required	notice or one of the	10i						

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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 c (Form 5500) and line 11a below)	complete Sc	nedule S	В	Y	es 📗 No
	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 Co				Y	es 🛭 No
а	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instanting the weiter.	tructions, an				ruling
If y	granting the waiver		Day	<u></u>	Year	
	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			
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le negative amount)	eft of a	12d			·
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
Part \					<u> </u>	'
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		_Ц	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug control of the PBGC?	ht under the			Yes 🛛	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiful which assets or liabilities were transferred. (See instructions.)	fy the plan(s) to			
1;	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)
Part						
14a N	lame of trust		14b T	rust's EIN		
14c i	Name of trustee or custodian			rustee's or elephone n		n's
Part	IX IRS Compliance Questions					
15a (s the plan a 401(k) plan? If "No," skip b	Yes		[] N	0	
15b ł 4	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 01(k)(3) for the plan year? Check all that apply:	safe h	nt year"	∐ te	Prior yea est /A	r" ADP
16a \	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	Ratio perce test	ntage	Average benefi		□ N/A
f	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) or the plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes				• • • •
17a ı	f the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS on the letter and the serial number					
	f the plan is an individually-designed plan that received a favorable determination letter from the IRS, ent etter	ter the date o	of the mo	st recent d	etermina	tion
٧	Defined Benefit Plan or Money Purchase Pension Plan Only: Vere any distributions made during the plan year to an employee who attained age 62 and had not separ service?	ated from	Yes	∏ No)	
19 v	Vas any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		Yes	□ No	1	