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).

2016

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

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

Part I		Identification Information							
For calenda	ar plan year 2016 or f	scal plan year beginning 01/01/20	16 	and ending 12	2/31/2016				
A This ret	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.) a one-participant plan □ a foreign plan								
B This retu	ırn/report is	the first return/report	the final return/report						
C Check b	oox if filing under:								
	C Check box if filing under: Special extension automatic extension DFVC program special extension (enter description)								
Part II	Basic Plan Info	prmation—enter all requested info	rmation						
1a Name of plan BENEFITGUARD RETIREMENT INCOME SECURITY PLAN-PIVOT POINT CONSULTING, LLC					1b Three-digit plan number (PN) ▶ 003				
					1c Effective date of plan 01/01/2012				
Mailing	address (include roc	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.O. ce, country, and ZIP or foreign posta		uctions)	2b Employer Identification Number (EIN) 46-1581519				
•	T CONSULTING, LLC		r code (ii foreign, see insti	uctions)	2c Sponsor's telephone number 425-241-5665				
10900 NE 8TH STREET SUITE 1020 BELLEVUE, WA 98004					2d Business code (see instructions) 541600				
	dministrator's name a	·			3b Administrator's EIN 20-5354793				
BENEFITGUARD, LLC 877 EAST 1200 SOUTH #1272 OREM, UT 84097					3c Administrator's telephone number 877-860-2664				
4 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.				4b EIN					
a Sponso	or's name				4c PN	57			
5a Total number of participants at the beginning of the plan year				5a					
b Total number of participants at the end of the plan year					5b	21			
	er of participants with ete this item)	account balances as of the end of th	ne plan year (only defined	contribution plans	5c	19			
d(1) Tota	al number of active pa	rticipants at the beginning of the pla	n year		5d(1)	49			
d(2) Total number of active participants at the end of the plan year					5d(2)	3			
than '	100% vested	terminated employment during the p			5e	0			
		or incomplete filing of this return/ ther penalties set forth in the instruct				icable a Schodule			
SB or Sche		nd signed by an enrolled actuary, as							
SIGN HERE		/valid electronic signature.	07/28/2017	SPENCER BARCLAY					
	Signature of plan	administrator	Date	Enter name of individ	nter name of individual signing as plan administrator				
SIGN HERE	Cimpature of ampl		Data	Enter name of individ	findividual pigning on a series and a series				
Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number									

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b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)							X Yes		
C If the plan is a defined benefit plan, is it co	vered under the PBGC insurance	program (see ERISA se	ection 4	021)?		Yes	X No	Not dete	ermined
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning	of Year 481677			((b) End	of Year 475731	
a Total plan assets			4616//					4/5/3	
b Total plan liabilities		+	481677			475731			
C Net plan assets (subtract line 7b from line	,						4		
8 Income, Expenses, and Transfers for this a Contributions received or receivable from:		(a) Amour	nt				(b) T	otal	
(1) Employers			0						
(2) Participants			240144						
(3) Others (including rollovers)	8a(3)		0						
b Other income (loss)	8b		28290						
c Total income (add lines 8a(1), 8a(2), 8a(3)), and 8b) 8c							268434	1
d Benefits paid (including direct rollovers an to provide benefits)	•		264137						
e Certain deemed and/or corrective distribute	tions (see instructions).		1441						
f Administrative service providers (salaries,	fees, commissions) 8f		8802						
g Other expenses	8g		0						
h Total expenses (add lines 8d, 8e, 8f, and	8g) 8h					274380			
i Net income (loss) (subtract line 8h from lin	ne 8c)					-5946			
j Transfers to (from) the plan (see instructions)			0						
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter 2A 2E 2F 2G 2J 2K 2T	er the applicable pension feature of	codes from the List of Pl	an Cha	racteri	stic Co	des in	the inst	ructions:	
b If the plan provides welfare benefits, enter	r the applicable welfare feature co	odes from the List of Pla	n Chara	acteris	tic Coc	les in t	he instru	ictions:	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amount	
a Was there a failure to transmit to the pla	n any participant contributions with	nin the time period						Amount	
described in 29 CFR 2510.3-102? (See Program)	instructions and DOL's Voluntary	Fiduciary Correction	10a	X					5614
	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)				X				
C Was the plan covered by a fidelity bond?				X					50000
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 other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)					Х				
f Has the plan failed to provide any benefit when due under the plan?					X				(
	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)								39379
2520.101-3.)	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)				X				
i If 10h was answered "Yes," check the bo exceptions to providing the notice applie			10i		X				

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Part	VI	Pension Funding Compliance						
11		his a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB orm 5500) and line 11a below)					T	es X No
11a	Ente	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			
12	ERIS	nis a defined contribution plan subject to the minimum funding requirements of section 412 of the Co SA?				f 	🛮 Y	es X No
		Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			1 1 1	U I- 1 -	-645 - 1-44	
	gran	vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ting the waiver	onth _	ns, and	enter t Day		of the letter	ruling
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.	ı		ı		
<u>b</u>	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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the leative amount)			12d			
<u>e</u>	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	X 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	s X No)
	If "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a			0
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug rol of the PBGC?					Yes X	No
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identifich assets or liabilities were transferred. (See instructions.)	y the	plan(s)	to			
1	3c(1)	Name of plan(s):		13c(2)	EIN(s)		13c(3)	PN(s)
Part		Trust Information		I	4.41			
14a Name of trust				14b Trust's EIN				
14c Name of trustee or custodian					14d Trustee's or custodian's telephone number			
Part	: IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes	☐ No			
401(k)(3) for the plan year? Check all that apply:			Desig safe h	n-based arbor	t [☐ "Prior ye test	ar" ADP	
			"Curre	rrent year" N/A P test				
year? Check all that apply: perc			Ratio perce test	entage Average benefit test N/A				
16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?				Yes	☐ No			
17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter/ and the serial number								
17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter/								
Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?				Ye	Yes No			
19	19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?				Ye	s [No	