	m 5500-SF	Short Form Annua	al Return/Report Benefit Plan	of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089		
	rtment of the Treasury nal Revenue Service	This form is required to be filed		065 of the Employee Re	etirement	2017		
Employee Be	epartment of Labor enefits Security Administration	Income Security Act of 1974	(ERISA), and sections 605 Revenue Code (the Code		This Form is Open Public Inspection			
Pension Be	enefit Guaranty Corporation	Complete all entries in a	ccordance with the instr	uctions to the Form 55	00-SF.	Fublic Inspection		
Part I		dentification Information			10.1.10.0.1			
For calenda	ar plan year 2017 or fisc				/31/2017	the data have several attraction		
A This ret	urn/report is for:	X a single-employer plan	list of participating em			king this box must attach a vith the form instructions.)		
	,	a one-participant plan	a foreign plan					
D I his retu	urn/report is	the first return/report	the final return/report					
		an amended return/report	a short plan year return	n/report (less than 12 mc	onths)			
C Check b	box if filing under:	Form 5558	automatic extension	[DFVC p	rogram		
		special extension (enter descri	ption)					
Part II	Basic Plan Infor	mation—enter all requested info	ormation					
1a Name					1b Thre	5		
BRIGHT SPI	RING STRATEGY CON	ISULTING RETIREMENT PLAN			plan (PN)	number 001		
					. ,	tive date of plan		
						01/01/2015		
		er, if for a single-employer plan) , apt., suite no. and street, or P.O.	. Box)		2b Empl (EIN)	oyer Identification Number 46-5308505		
	town, state or province RING STRATEGY CON	, country, and ZIP or foreign posta SULTING, INC.	al code (if foreign, see instr	uctions)	()	nsor's telephone number 206-708-4739		
				-	2d Busir	ness code (see instructions)		
	RT ST., SUITE 906					541600		
SEATTLE, W	/A 98101-1245							
3a Plan a	dministrator's name and	d address X Same as Plan Spon	sor.		3b Admi	nistrator's EIN		
					3c Admi	inistrator's telephone number		
4 If the r	name and/or EIN of the	plan sponsor or the plan name ha	s changed since the last re	eturn/report filed for	4b EIN			
this pl	an, enter the plan spon	sor's name, EIN, the plan name a			4d PN			
C Plan N	or's name lame				4u PN			
	-							
5a Total r	number of participants a	at the beginning of the plan year			5a	2		
		at the end of the plan year			5b	2		
		ccount balances as of the end of t			5c	2		
d(1) Tota	al number of active part	icipants at the beginning of the pla	an year		5d(1)	2		
. ,		icipants at the end of the plan yea			5d(2)	2		
		erminated employment during the			5e	0		
Caution: A	penalty for the late o	r incomplete filing of this return	/report will be assessed	unless reasonable cau				
SB or Sche		er penalties set forth in the instruc d signed by an enrolled actuary, as						
SIGN		alid electronic signature.	07/30/2018	MEG HALVORSON				
HERE	Signature of plan ad		Date	Enter name of individu	al signing	as plan administrator		
SIGN	signation of plant du							
HERE	Signature of employ	er/plan sponsor	Date	Enter name of individu	al signing	as employer or plan sponsor		
<u> </u>	- Signatare of employ				a orgining			

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

Form 5500-SF (2017) v.170203

 under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan can 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 the Part III Financial Information 	not use Form insurance pro	n 5500-SF and must ins	tead use 1 4021)?	• Form	5500. Yes No Not determined
7 Plan Assets and Liabilities		(a) Beginning of Ye	ar		(b) End of Year
a Total plan assets		4429			81630
b Total plan liabilities					
C Net plan assets (subtract line 7b from line 7a)	7c	4429	1		81630
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total
a Contributions received or receivable from:(1) Employers	8a(1)	523	8		
(2) Participants	8a(2)	2023	5		
(3) Others (including rollovers)	8a(3)				
b Other income (loss)	8b	1186	6		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				37339
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d				
e Certain deemed and/or corrective distributions (see instructions).	8e				
f Administrative service providers (salaries, fees, commissions)	8f				
g Other expenses	8g				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				0
i Net income (loss) (subtract line 8h from line 8c)	8i				37339
j Transfers to (from) the plan (see instructions)	··· 8j				
Part IV Plan Characteristics					
9a If the plan provides pension benefits, enter the applicable pension 2E 3D 2G 2J 2K 2T	n feature code	es from the List of Plan C	haracteri	stic Co	des in the instructions:
b If the plan provides welfare benefits, enter the applicable welfare	feature codes	s from the List of Plan Ch	aracteris	tic Cod	es in the instructions:
Part V Compliance Questions					

	described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a	x	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b	x	
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 fidelity bond, that was caused by fraud or dishonesty?	10d	x	
e	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 of year-end.)	10g	Х	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h	x	
i	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	10i		

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Part	VIP	ension Funding Compliance						
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete 5500) and line 11a below)	Sche	edule S	SB	[Ye	s 🗌 No
11a	Enter	the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se ? 	ctior	n 302 c	of 	[Ye	s X No
а	lf a wa	iver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ig the waiver	and	enter _ Da		of the le		uling
If y	you coi	npleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	-					
b	Enter th	e minimum required contribution for this plan year		12b				
С	Enter th	e amount contributed by the employer to the plan for this plan year		12c				
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ve amount)		12d				
е	Will th	e minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		N/A
Part	VII F	Plan Terminations and Transfers of Assets						
13a	Has a	resolution to terminate the plan been adopted in any plan year?			Ye	6 X	No	
	If "Yes	," enter the amount of any plan assets that reverted to the employer this year		13a				
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under I of the PBGC?				Yes	X	No
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla assets or liabilities were transferred. (See instructions.)	n(s)	to				
1	3c(1) N	lame of plan(s): 13	c(2)	EIN(s))	13	c(3)	PN(s)

Form 5500-SF	yee	OMB Nos, 1210-01 1210-00						
Department of the Treasury Internal Revenue Service	This form is required to be file	tirement		2017				
Department of Labor Employee Benefits Socurity Administration	-	4 (ERISA), and sections 6057 Revenue Code (the Code)				orm is Open to ic Inspection		
Pension Benefit Guaranty Corporation		accordance with the instru	ctions to the Form 550	00-SF.				
Part I Annual Report	Identification Information	01/01/0017	and and a	12/3	1/2017	······································		
or calendar plan year 2017 or fis		01/01/2017 a multiple-employer pla	and ending			muet attach a		
A This return/report is for	X a single-employer plan	list of participating emp	ployer information in acc					
	a one-participant plan	a foreign plan						
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 mo	nths)				
Check box if filing under	X Form 5558	automatic extension	[DFVC pro	ogram			
	special extension (enter des							
	rmation—enter all requested i	nformation		db The	duan			
a Name of plan				1b Three plan n	-digit umber	001		
RIGHT SPRING STRATE	BY CONSULTING RETIRE	IMENT PLAN		(PN)				
				1c Effecti	ive date o L/2015	f plan		
2a Plan sponsor's name (emplo	iyer, if for a single-employer plan))				fication Number		
Mailing address (include roo	m, apt., suite no, and street, or P	O Box)	uctions)	(EIN)	46-530	8505		
Cily of fown, slate of provinc BRIGHT SPRING STRATI	e, country, and ZIP or foreign por EGY CONSULTING, INC.	5181 CODB (II TOTAIQH, 588 INSTA			Sponsor's telephone number 206-708-4739 Business code (see instructions,			
603 STEWART ST., SUI	(TE 906			54160				
SEATTLE	WA 98101-12	45						
3a Plan administrator's name a	nd address 🛛 Same las Plan Sp	IONSOF		3b Admir	nstrator's	EIN		
				3c Admir	nistrator's	telephone numbe		
4 If the name and/or EIN of th	e plan sponsor or the plan name	has changed since the last re	eturn/report filed for	4b EIN				
this plan, enter the plan spo	onsor's name, EIN, the plan name	e and the plan number from th	te last return/report.	Ad DN				
 a Sponsor's name c Plan Name 				4d PN				
En Tables Inc.	s at the beginning of the plan yea			5a				
	s at the end of the plan year			5b				
c Number of participants with	account balances as of the end	of the plan year (only defined	contribution plans	5c				
· · · · · · · · · · · · · · · · · · ·	articipants at the beginning of the			5d(1)				
	articipants at the end of the plan		I	5d(2)				
e Number of participants who	o terminated employment during	the plan year with accrued be	melits that were less	5e				
than 100% vector	or incomplete filing of this ret				hedeil			
Under penalties of perjury and o SB or Schedule MB completed a	other penalties set forth in the inst and signed by an enrolled actuary	ructions. I declare that I have	examined this return/ret	port, includi	ng, il appl	icable, a Schedul ny knowledge and		
belief, it is true, correct, and con	IDIETE	7/30/204						
SIGN HERE Signature of plan	Aministrator	Date	Enter name of individ	ual signing a	as olan ar	Impistrator		
signature of plan-	auniniisuatoi	Data		aar arginnig i	as plan a			
SIGN								
SIGN HERE Signature of ampl	oyer/plan sponsor	Date	Enter name of individ	ual signing	as employ	er or plan sponse		

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6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	Yes No
b	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.).	Yes 🗍 No
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	
С	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No	Not determined

Yes [] If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year

(See instructions)

7	Plan Assets and Liabilities		(a) Beginning o	f Year			(b) End of	f Year	
a	Total plan assots .	7a		44,3	291			81,4	630
b	Total plan liabilities	7b							
	Net plan assets (subtract line 7b from line 7a)	7c		44,2	291			31,4	630
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	t			(b) Tot	tal	
a	Contributions received or receivable from (1) Employers	8a(1)		5,2	238				
	(2) Participants	8a(2)		20,2	235				
	(3) Others (including rollovers)	8a(3)			J.				
b	Other income (loss)	8b		11,8	366				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).	8c	9	_				37,1	3.35
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	ßd							
6	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							- 6
i	Net income (loss) (subtract line 8h from line 8c)	81						37,	335
j	Transfers to (from) the plan (see instructions)	8)							
9a b	If the plan provides pension benefits, enter the applicable pension 2E 3D 2G 2J 2K 2T If the plan provides welfare benefits, enter the applicable welfare f								
b	2E 3D 2G 2J 2K 2T If the plan provides welfare benefits, enter the applicable welfare f								
b Pa	2E 3D 2G 2J 2K 2T If the plan provides welfare benefits, enter the applicable welfare f tV Compliance Questions				icterist	ic Codes ir	n the instruc	tions	
b Pai 10	2E 3D 2G 2J 2K 2T If the plan provides welfare benefits, enter the applicable welfare f t V * Compliance Questions During the plan year	eature code	is from the List of Plar				n the instruc		
b Pai 10	2E 3D 2G 2J 2K 2T If the plan provides welfare benefits, enter the applicable welfare f tV Compliance Questions	eature code	the lime period		icterist	ic Codes ir	n the instruc	tions	
b Pai 10	2E 3D 2G 2J 2K 2T If the plan provides welfare benefits, enter the applicable welfare f t V • Compliance Questions During the plan year Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510 3-102? (See instructions and DOL's V	eature code tions within /oluntary Fi	the lime period duciary Correction	n Chara	icterist	No	n the instruc	tions	
b Pai 10	2E 3D 2G 2J 2K 2T If the plan provides welfare benefits, enter the applicable welfare f t V * Compliance Questions During the plan year. Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) • Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	eature code itions within /oluntary Fi	the lime period duciary Correction	10a	icterist	No	n the instruc	tions	
b Pai 10 8	2E 3D 2G 2J 2K 2T If the plan provides welfare benefits, enter the applicable welfare f t V · Compliance Questions During the plan year. Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510 3-102? (See instructions and DOL's V Program). • Were there any nonexempt transactions with any party-in-interes reported on line 10a.). • Was the plan covered by a fidelity bond?	eature code ations within /oluntary Fi t? (Do not in	the time period ductary Correction	10a	icterist	No X	n the instruc	tions	
b Par 10 8 10	2E 3D 2G 2J 2K 2T If the plan provides welfare benefits, enter the applicable welfare f t V • Compliance Questions During the plan year. Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510 3-102? (See instructions and DOL's V Program). • Were there any nonexempt transactions with any party-in-interes reported on line 10a.). • Was the plan covered by a fidelity bond? • Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	eature code utions within /oluntary Fi t? (Do not in fidelity bon her persons ne or all of t	the lime period duciary Correction nelude transactions d, that was caused by an insuranco he benefits under	10a 10b 10c	icterist	No X	n the instruc	tions	
b Pai 10 8 t	2E 3D 2G 2J 2K 2T If the plan provides welfare benefits, enter the applicable welfare f tV Compliance Questions During the plan year Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510 3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interes reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides some service.	eature code ations within /oluntary Fi t? (Do not in fidelity bon her persons ne or all of t	the lime period duciary Correction nelude transactions d, that was caused by an insuranco he benefits under	10a 10b 10c 10d	icterist	No X X X X	n the instruc	tions	
b Pai 10 8 t	2E 3D 2G 2J 2K 2T If the plan provides welfare benefits, enter the applicable welfare f tV Compliance Questions During the plan year Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510 3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interes reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides som the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan	eature code itions within /oluntary Fi t? (Do not in fidelity bon her persons he or all of t	the lime period duciary Correction nelude transactions d, that was caused by an insuranco he benefits under	10a 10b 10c 10d	icterist	No X X X X X X X	n the instruc	tions	
b Pai 10 a t c c c c c f	2E 3D 2G 2J 2K 2T If the plan provides welfare benefits, enter the applicable welfare f tV Compliance Questions During the plan year Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510 3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interes reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides som the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan	eature code utions within /oluntary Fi t? (Do not in t? (D	the lime period duciary Correction netude transactions d, that was caused by an insuranco he benefits under	10a 10b 10c 10d 10e 10f	icterist	No X X X X X X X X X	n the instruc	tions	

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Page	3-	
1 040	v -	

Dout	VI Pension Funding Compliance			
Part				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sci (Form 5500) and line 11a below)	nedule	SB	Yes N
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 sector ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	on 302	of	Yes 🔛 N
å	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an granting the waiver.		r the d ay	late of the letter ruling Year
If 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		
	Enler 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		
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Ye	IS 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 🛛 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 the control of the PBGC?			Yes 🕅 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.)	s) lo	0. 11	
1	13c(1) Name of plan(s): 13c(2	2) EIN(5)	13c(3) PN(s)