Form 5500-SF		Short Form Annual Return/Report of Small Employ Benefit Plan			oyee	OMB Nos. 1210-0110 1210-0089				
Department of the Treasury Internal Revenue Service		This form is required to be filed under sections 104 and 4065 of the Employee Re				2017				
	partment of Labor enefits Security Administration	Income Security Act of 1974	Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Revenue Code (the Code).			This Form is Open to Public Inspection				
Pension Be	nefit Guaranty Corporation	Complete all entries in a	accordance with the instr	uctions to the Form 55	00-SF.	Public Inspection				
Part I		dentification Information								
For calenda	ar plan year 2017 or fisc			0	2/10/2018	the data been seen at a track of				
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							
<b>B</b> This retu	irn/report is	the first return/report	X the final return/report	n/report						
		an amended return/report	imes a short plan year return	return/report (less than 12 months)						
C Check b	box if filing under:	Form 5558	automatic extension	[	DFVC p	rogram				
		special extension (enter descr								
Part II	<b>Basic Plan Infor</b>	mation—enter all requested inf	ormation	1		1				
1a Name					1b Thre					
RETIREMEN	IT INCOME SECURITY	PLAN-FOUNDATION FOR PRI	ATE ENTERPRISE EDUC	CATION	pian (PN)	number 003				
				-	. ,	tive date of plan				
						01/01/2012				
		er, if for a single-employer plan) , apt., suite no. and street, or P.O	. Box)		2b Empl (EIN)	oyer Identification Number 91-1048245				
City or	town, state or province	, country, and ZIP or foreign posta		uctions)	( )	nsor's telephone number				
TOUNDATIO				-	253-815-6900					
923 POWELL					2d Business code (see instructions)					
STE 100					611000					
RENTON, W	A 98057									
<b>3a</b> Plan administrator's name and address Same as Plan Sponsor.					<b>3b</b> Administrator's EIN 82-1222973					
HEALTHEQU	JITY RETIREMENT SE	RVICES, LLC 15 W SCE STE 100	ENIC POINTE DR.	-	<b>3c</b> Administrator's telephone number					
		DRAPER,	UT 84020		877-860-2664					
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for 4b EIN										
		sor's name, EIN, the plan name a			4b EIN					
a Sponsor's name					<b>4d</b> PN					
C Plan N	ame									
5a Total number of participants at the beginning of the plan year					5a	5				
<b>b</b> Total number of participants at the end of the plan year					5b	0				
C Number of participants with account balances as of the end of the plan year (only defined contribution plans					5c	0				
complete this item) d(1) Total number of active participants at the beginning of the plan year					5d(1)	2				
d(2) Total number of active participants at the end of the plan year					5d(2)	0				
<b>e</b> Number of participants who terminated employment during the plan year with accrued benefits that were less then 100% vested					5e	0				
than 100% vested 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										
belief, it is t	s true, correct, and complete. Filed with authorized/valid electronic signature. 12/21/2018 SPENCER BARCLAY									
HERE						an plan administrates				
	Signature of plan ad	mmistrator	Date		Enter name of individual signing as plan administrator					
SIGN HERE										
	Signature of employ	er/plan sponsor	Date	Enter name of individu	ual signing	as employer or plan sponsor				

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

Form 5500-SF (2017) v.170203

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	a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)									
D	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.)							No		
	If you answered "No" to either line 6a or line 6b, the plan cann							_		
С	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes No Not determ	nined		
	If "Yes" is checked, enter the My PAA confirmation number from th	ne PBGC p	remium filing for this p	lan yea	·		(See instructi	ons.)		
De	rt III Financial Information									
Pa	rt III Financial Information	1								
	Plan Assets and Liabilities			a) Beginning of Year			(b) End of Year			
· · · ·	Total plan assets	. 7a	13	135981			0			
b		. 7b								
C	Net plan assets (subtract line 7b from line 7a)	. 7c	1:	135981			0			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total				
a	Contributions received or receivable from: (1) Employers	. 8a(1)		934						
	(2) Participants	. 8a(2)		300						
	(3) Others (including rollovers)	. 8a(3)								
b	Other income (loss)	. 8b		-1341						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c				-107				
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	1:	34058						
е	Certain deemed and/or corrective distributions (see instructions)	. 8e								
f	Administrative service providers (salaries, fees, commissions)	. 8f		1816						
q	Other expenses	. 8g								
	Total expenses (add lines 8d, 8e, 8f, and 8g)					135874				
i	Net income (loss) (subtract line 8h from line 8c)	8i					-135981			
	Transfers to (from) the plan (see instructions)	8j					100001			
, Do	rt IV Plan Characteristics	၂၂								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of PI	an Chai	acteri	stic Co	des in the instructions:			
b										
In the plan provides weitare benefits, enter the applicable weitare reactive codes from the List of Plan Characteristic Codes in the Instructions:										
Pa	rt V Compliance Questions									
10					Yes	No	Amount			
a	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	•				X				
Program)				10a		Х				
	<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			10b		Х				
C	C Was the plan covered by a fidelity bond?			10c	Х		500000	)		
C	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?		10d		Х					
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plane (See instructions).	ne or all of	the benefits under	10-		х				
the plan? (See instructions.)										
T	<b>f</b> Has the plan failed to provide any benefit when due under the plan?					Х				
ç	<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)					Х				

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Page 3- 1

Part	VI Pension Fu	iding Compliance				
11	Is this a defined ben (Form 5500) and line	dule S	В	<u> </u>	es 🗌 No	
11a	Enter the unpaid mir	mum required contributions for all years from Schedule SB (Form 5500) line 40	11a			
12	Is this a defined con ERISA? (If "Yes," complete I	302 of	f 	<u> </u>	′es X No	
a	If a waiver of the mir granting the waiver.			f the lette Year _	r ruling	
lf y	ou completed line 1	2a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b	<b>b</b> Enter the minimum required contribution for this plan year					
С	Enter the amount con	ributed by the employer to the plan for this plan year	12c			
d	<b>d</b> 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)					
е	Will the minimum fur	ding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
Part '	VII Plan Termii	ations and Transfers of Assets				
13a	Has a resolution to ter	ninate the plan been adopted in any plan year?		X Yes	N	0
	If "Yes," enter the an	ount of any plan assets that reverted to the employer this year	13a			0
b	Were all the plan as control of the PBGC		X Yes No			
С	, , ,	ar, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) ties were transferred. (See instructions.)	to			
1	13c(1) Name of plan(s): 13c(2) E				<b>13c(3)</b> PN(s)	