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.

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to **Public Inspection**

For calendar plan year 2018 of fiscal plan year beginning 0101/2018 A This return/report is a single-employer plan is of participating employer plan foot multiemployer) (Filers checking this box must attach a its of participating employer information in accordance with the form instructions.) B This return/report is the first return/report in the first return/report in an amended return/report in a single semployer plan in amended return/report in a single semployer in an amended return/report in amended return/report in a single semployer in an amended return/report in amended r			dentification information								
A This return/report is for: a one-participant plan a foreign plan a short plan year return/report (less than 12 months) C C Check box if filing under: Form \$558 automatic extension DFVC program	For calendar	plan year 2018 or fisc	cal plan year beginning 01/01/2	2018		and ending 12	2/31/2	018			
B This return/report is	A This retur	n/report is for:	a single-employer plan					-			
In the Institution of Part Return/Report Institution	·		a one-participant plan			,			,		
C Check box if filing under: Special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan BRIGHT SPRING STRATEGY CONSULTING RETIREMENT PLAN 1b Three-digit plan number (PN)	the first return/report the final return/report the final return/report										
Part II Basic Plan Information—enter all requested information 1a Name of plan			an amended return/report	a s	short plan year return	/report (less than 12 m	onths)			
Part II Basic Plan Information—enter all requested information 1a Name of plan BRIGHT SPRING STRATEGY CONSULTING RETIREMENT PLAN	C Check bo	x if filing under:	X Form 5558	au	itomatic extension		DF	FVC program			
18 Three-digit plan number (PN) 001			special extension (enter descri	ription)							
18 Three-digit plan number (PN) 001	Part II	Basic Plan Infor	mation—enter all requested in	formation	on						
Plan number (PN)							1h	Three-digit			
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt, suite no. and street, or P.O. Box) Mailing address (include room, apt, suite no. and street, or P.O. Box) BRIGHT SPRING STRATEGY CONSULTING, INC. 2c Sponsor's Lelephone number 206-708-4739 2d Business code (see instructions) 541600 3a Plan administrator's name and address SATTLE, WA 98101-1246 3a Plan administrator's name and address SAME as Plan Sponsor. 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plan year c Plan Name 5b Total number of participants at the end of the plan year c Number of participants with account belances as of the end of the plan year c Number of participants with account belances as of the end of the plan year d(2) Total number of active participants at the beginning of the plan year d(2) Total number of active participants at the beginning of the plan year han 100% vested. 2c Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested. 2d Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested. 2c Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested. 2d Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested. 2d Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested. 2d Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested. 2d Number of participants who terminated employment during the plan year with accrued bene		•	ISULTING RETIREMENT PLAN					plan number	001		
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Mailing address (include room, apt, suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BRIGHT SPRING STRATEGY CONSULTING, INC. 2c Sponsor's telephone number 206-708-4739 2d Business code (see instructions) 541600 3a Plan administrator's name and address Same as Plan Sponsor. 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plan year b Total number of participants with account balances as of the end of the plan year c Number of participants with account balances as of the end of the plan year d(1) Total number of participants at the beginning of the plan year e Number of participants with account balances as of the end of the plan year e Number of participants with account balances as of the end of the plan year e Number of participants with account balances as of the end of the plan year d(2) Total number of active participants at the beginning of the plan year e Number of participants with account balances as of the end of the plan year e Number of participants with account balances as of the end of the plan year e Number of participants with account balances as of the end of the plan year e Number of participants who terminated employment during the plan year with accrued benefits that were less 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, II applicable, a Schedule Sor Oschedule M5 completed and signed by an enrolled actuary, as well as the electronic version of this return/report, including, II applicable, a Schedule M6	2a Plan and	naar'a nama (amplay	vor if for a single employer plan)				2h				
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4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plan year	OL/(TEE, W/	1 30 10 1 12 40									
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HERE	HERE	Signature of plan ad	lministrator		Date	Enter name of individ	ual siç	gning as plan adr	ministrator		
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor											
	HERE	Signature of employ	er/plan sponsor		Date	Enter name of individ	ual siç	gning as employe	er or plan sponsor		

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C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?		• Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)									
7 Plan Ássets and Liabilities (a) Beginning of Year (b) End of Year 104216 8 Total plan assets 10401216	С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes No			
a Total plan assets	Pa	t III Financial Information									
D Total plan liabilities	7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) Er	nd of Year	•	
C Net plan assets (subtract line 7b from line 7a)	a	Total plan assets	7a		81630				1042	216	
8 income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers 8a(1) 5413 (2) Participants 8a(2) 24434 (3) Others (including follovers)	b	Total plan liabilities	7b		0					40	
a Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) (3) Others (including rollovers) (4) Employers (5) Other income (loss) (6) Other income (loss) (7) Employers (8) Sa(3) (8) Others (including rollovers) (8) Sa(3) (8) Others (including rollovers) (8) Sa(3) (8) Other income (loss) (8) Sa(2) 24434 (8) Other income (loss) (8) Sa(2) Sa(3), and 8b) (8) Sa(3) (9) Other income (loss) (9) Other income (loss) (1) Other expenses (loss) (1) Other expenses (loss) (1) Other expenses (loss) (2) Other expenses (loss) (3) Other expenses (loss) (4) Other expenses (loss) (5) Other expenses (loss) (6) Other expenses (loss) (7) Other expenses (loss) (8) Sa(1) Sa(2) Sa(<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	1	81630			104176			
(1) Employers	8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b) Total		
(3) Others (including rollovers)	<u>а</u>		8a(1)		5413						
b Other income (loss)		(2) Participants	8a(2)	2	24434						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	8a(3)								
d Benefits paid (including direct rollovers and insurance premiums to provide benefits). e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions) 8f g Other expenses	b	Other income (loss)	8b		-7271						
e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions) 8f f Administrative service providers (salaries, fees, commissions) 8f g Other expenses	С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						22	576	
f Administrative service providers (salaries, fees, commissions)	d		8d								
g Other expenses	е	Certain deemed and/or corrective distributions (see instructions)	8e								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f								
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g		30						
Transfers to (from) the plan (see instructions)	<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							30	
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 3D 2G 2J 2K 2T b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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 1	<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						22	546	
9a	j	Transfers to (from) the plan (see instructions)	8j								
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10	Pai	t IV Plan Characteristics									
Part V Compliance Questions 10 During the plan year: a 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)	9a		feature co	des from the List of Plant	an Cha	racteri	stic Co	des in the ir	nstructions	:	
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10 During the plan year: a 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	Par	t V Compliance Questions									
a 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)	10					Yes	No		Amount	!	
reported on line 10a.)	а	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	oluntary F	iduciary Correction	10a		X				
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	b				10b		X				
by fraud or dishonesty?	С	Was the plan covered by a fidelity bond?			10c		X				
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g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g X 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	е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som	ner person ne or all of	s by an insurance the benefits under	10e		X				
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X				
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the											
· · · · · · · · · · · · · · · · · · ·	h	2520.101-3.)	` 		10h		X				
	i	·	•		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 complete (Form 5500) and line 11a below)			Yes No				
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a						
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?							
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, granting the waiver	and enter Da		of the letter ruling Year				
lf 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						
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 (enter a minus sign to the left of a negative amount)	12d						
е	Will the 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 resolution to terminate the plan been adopted in any plan year?		Yes	s X 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 control of the PBGC?	he		Yes X No				
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)	n(s) to						
1	3c(1) Name of plan(s):	(2) EIN(s)		13c(3) PN(s)				

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.

2017

OMB Nos 1210-0110 1210-0089

This Form is Open to Public Inspection

		n identification informa	non		10/01/0017			
For calenda	ar plan year 2017 or	fiscal plan year beginning	01/01/2017	and ending	12/31/2017			
A This ret	urn/report is for	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	ım/report is	the first return/report	the final return/report					
		an amended return/repor	t a short plan year return	h/report (less than 12 mon	ths)			
C Check t	oox if filing under	X Form 5558	automatic extension		DFVC program			
		special extension (enter	description)					
Part II	Basic Plan In	formation-enter all request	ed information					
1a Name				1	lb Three-digit	No.		
RIGHT S	SPRING STRAT	EGY CONSULTING RET	REMENT PLAN		plan number	001		
				1	c Effective date of	olan		
					01/01/2015			
2a Plan sp	ponsor's name (emp	ployer, if for a single-employer p	lan)		2b Employer Identifi	cation Number		
Mailing	address (include ro	oom, apt:// suite no. and street, once, country, and ZIP or foreign	or P.O. Box)	ructions)	(EIN) 46-5302	3505		
		TEGY CONSULTING, IN		(detions)	2c Sponsor's telephone number 206-708-4739			
					2d Business code (see instructions)			
603 STE	WART ST., S	UITE 906			541600			
SEATTLE	:	WA 98101-	1245					
		and address X Same as Plan	Sponsor		3b Administrator's E	IN		
		1,::-1	,		3c Administrator's t			
4 If the r	name and/or EIN of	the plan sponsor or the plan na	me has changed since the last i	eturn/report filed for	4b EIN			
		ponsor's name, EIN, the plan n	ame and the plan number from t		dd Du			
a Spons c Plan N	or's name			1	4d PN			
C Plan N	Harrie							
5a Total	number of participal	nts at the beginning of the plan	yeer 10ey	Takanina ana manana	5a			
		nts at the end of the plan year			5b			
C Numb	er of participants wi	th account balances as of the e	nd of the plan year (only defined	d contribution plans	5c			
		participants at the beginning of			5d(1)			
		participants at the end of the pl			5d(2)			
		no terminated employment dur	11 000 11 - 11 - 11 - 11 - 11 - 11 -	enefits that were less	5e			
than	100% vested	te or incomplete filing of this	native/report will be accorded	Lunione responsible caus				
Under pen SB or Scho	alties of periury and	other penalties set forth in the and signed by an enrolled act	instructions, I declare that I have	examined this return/repo	ort, including, if applic	cable, a Schedule y knowledge and		
SIGN	177		7/20/22	1				
HERE *	Signature of pla	n-administrator	Date	Enter name of individua	al signing as plan adi	ministrator		
SIGN	Signature of pie	,,,11111144111411	July					
HERE	Signature of	ployer/plan sponsor	Dale	Enter name of individu	al signing as employe	er or plan sponso		
	I SIGNATURE OF EM	Projetthian sponsor	Date	T CHIEF HARTIS OF INGIVIOUS	מי פולוווות מפ מווואוסאו	or or bigurahoustu		