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).

Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

	eport Identification Information				
For calendar plan year 20	14 or fiscal plan year beginning 01/01/	201 <u>4</u>	and ending	12/31/2014	
A This return/report is fo		of participating empl	plan (not multiemploye oyer 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 retu	ırn/report (less than 12	months)	
C Check box if filing under		automatic extension		DFVC pro	ogram
	special extension (enter des	cription)			
Part II Basic Pla	n Information—enter all requested in	nformation			_
1a Name of plan WEXLEY SCHOOL FOR G	IRLS 401(K) PROFIT SHARING PLAN			1b Three-digit plan number (PN) ▶	. 001
				1c Effective dat	
2a Plan sponsor's name WEXLEY SCHOOL FOR GI	and address; include room or suite num	per (employer, if for a singl	e-employer plan)	' '	entification Number 0-0112596
2218 5TH AVENUE				2c Sponsor's te	elephone number -438-8900
SEATTLE, WA 98121					de (see instructions)
3a Plan administrator's n	ame and address XSame as Plan Spor	nsor.		3b Administrato	r's EIN
4 If the name and/or EI	N of the plan sponsor has changed since	e the last return/report filed	for this plan, enter the	4b EIN	
	lan number from the last return/report.	, and task total in report mea	Tor and plan, error and	4c PN	
5a Total number of parti	cipants at the beginning of the plan year			5a	31
b Total number of parti	cipants at the end of the plan year			5b	33
	ts with account balances as of the end o			5c	33
d(1) Total number of ac	tive participants at the beginning of the p	olan year		5d(1)	31
d(2) Total number of ac	ctive participants at the end of the plan ye	ear		5d(2)	23
	s that terminated employment during the		nefits that were	5e	10
Under penalties of perjury	ne late or incomplete filing of this return and other penalties set forth in the instrueted and signed by an enrolled actuary, and complete.	uctions, I declare that I hav	e examined this return/	report, including, if ap	plicable, a Schedule
SIGN	orized/valid electronic signature.				
HERE Signature of	plan administrator	Date	Enter name of indiv	ridual signing as plan	administrator
SIGN					
	employer/plan sponsor	Date		ridual signing as empl	oyer or plan sponsor
Preparer's name (includin	g firm name, if applicable) and address (include room or suite numb	er) (optional)	Preparer's telepho	one number (optional)

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b	Were all of the plan's assets during the plan year invested in eligib 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 cann	an independ and condition	dent qualified public accounta	nt (IQ	PA)					es	No
С	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance pro	ogram (see ERISA section 40	21)? .		Yes	No		Not de	termi	ned
Par	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) E	nd o	Year		
<u>a</u>	Total plan assets	. 7a		0					35	2056	j
	Total plan liabilities	. 7b		0					25	2056	
	Net plan assets (subtract line 7b from line 7a)	. 7с		U						2056)
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				<u>(i</u>	o) To	tal		
	(1) Employers	. 8a(1)	766	75							
	(2) Participants	. 8a(2)	1839	31							
	(3) Others (including rollovers)	. 8a(3)	881	14							
b	Other income (loss)	. 8b	39	15							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							35	2635	,
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d									
	Certain deemed and/or corrective distributions (see instructions)	. 8e									
f	Administrative service providers (salaries, fees, commissions)	. 8f	5	79							
g	Other expenses	. 8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h								579)
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i							35	2056	;
j	Transfers to (from) the plan (see instructions)	· 8j									
b	If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits.	eature code	s from the List of Plan Charac	cterist	ic Cod	les in t	he instr	uctio	ns:		
10	During the plan year:				Yes	No		Α	mour	ıt	
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide			10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c	X					Ę	50000
d	Did the plan have a loss, whether or not reimbursed by the plan's 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 pla	an?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year en	d.)	10g		X					
h	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 box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10			10i							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Y	es	× No
11a	Enter the unpaid minimum required contribution for current year for	rom Schedu	le SB (Form 5500) line 39			11a					
12	Is this a defined contribution plan subject to the minimum funding	g requiremen	nts of section 412 of the Code	or se	ction :	302 of	ERISA'	?	Υ	es	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below										
а	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.	-			, and 6 	enter tl Day			e lettei ′ear _	rulin	g

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lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Fo	rm 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			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the resul negative amount)	· ·		12d			
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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?			Y	es X No	1	
	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, transfer of the PBGC?		nt under the o	control		X Ye	s No
С	If during this plan year, any assets or liabilities were transferred from this pl which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify	the plan(s) t	:0			
1	3c(1) Name of plan(s):		1;	3 c(2) El	N(s)	13c(3) PN(s)
D 1	VIII Tourist less constitue (au tien all)						
Part	VIII Trust Information (optional)						

14a Name of trust WEXLEY SCHOOL FOR GIRLS 401(K) PROFIT SHARING PLAN

14b Trust's EIN 464280244

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Place smart income Records Act of 1974 (EPARA), seed section 2007(s); and 0000(s); of
the internal Revocate Code (the Code).

Consider at an interest in accordance with the instructions to the Form SSE SF

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