For	m 5500-SF	Short Form Annual	Return/Report Benefit Plan	of Small Empl	oyee	OMB Nos. 1210-0110 1210-0089
	tment of the Treasury nal Revenue Service	This form is required to be filed u		065 of the Employee R	etirement	2016
	partment of Labor enefits Security Administration	Income Security Act of 1974 (EI		7(b) and 6058(a) of the		This Form is Open to Public Inspection
	nefit Guaranty Corporation	Complete all entries in acc	ordance with the instr	uctions to the Form 5	500-SF.	Fublic Inspection
Part I		lentification Information	3	and anding 1	2/31/2016	
For calenda	ar plan year 2016 or fisca		1			ring this hav must attach a
A This ret	urn/report is for:	a one-participant plan				king this box must attach a with the form instructions.)
<b>B</b> This retu	ırn/report is	the first return/report	the final return/report a short plan year returr	n/report (less than 12 m	ionths)	
C Check	box if filing under:	 Form 5558	automatic extension		DFVC p	rogram
		special extension (enter descripti	,			
		nation—enter all requested inform	nation		41	
		(K) PROFIT SHARING PLAN			<b>1b</b> Three plan (PN)	number
					1c Effect	tive date of plan 01/01/2014
Mailing	address (include room,	r, if for a single-employer plan) apt., suite no. and street, or P.O. B			2b Empl (EIN)	oyer Identification Number
	HOOL FOR GIRLS LLC	country, and ZIP or foreign postal c	ode (if foreign, see instr	uctions)	2c Spor	nsor's telephone number 206-438-8900
					2d Busir	ness code (see instructions)
						541800
3a Plan a	dministrator's name and	address 🛛 Same as Plan Sponso	r.		<b>3b</b> Admi	nistrator's EIN
					<b>3c</b> Admi	nistrator's telephone number
		lan sponsor has changed since the per from the last return/report.	last return/report filed for	or this plan, enter the	4b EIN	
	<i>i i</i>				<b>4c</b> PN	
5a Total r	number of participants at	the beginning of the plan year			5a	50
<b>b</b> Total r	number of participants at	the end of the plan year			5b	6
					5c	6
<b>d(1)</b> Tota	al number of active partic	cipants at the beginning of the plan	year		5d(1)	3
<b>d(2)</b> Tota	al number of active partion	cipants at the end of the plan year			5d(2)	3
					5e	
					use is estal	olished.
SB or Sche	dule MB completed and	signed by an enrolled actuary, as v				
C       Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)						
HERE	Signature of plan adr	ninistrator	Date	Enter name of individ	lual signing a	as plan administrator
1a Name of WEXLEY SCH         2a Plan spo         Mailing a City or to         WEXLEY SCH         2218 5TH AVEL         SEATTLE, WA         3a Plan adm         4 If the name, E         a Sponsor'         5a Total num         b Total num         c Number completed         d(1) Total model         d(2) Total e         Number than 10         Caution: A p         Under penalti         SB or Schedu         belief, it is true         SIGN         HERE	· ·					
	Signature of employe		Date		lual signing a	as employer or plan sponsor
Preparer's	name (including firm nar	ne, if applicable) and address (inclu	ide room or suite numbe	۲) ۱	Preparer's	s telephone number

6a b										
-	Part III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year						
а	Total plan assets	7a	612889	1058247						
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	612889	1058247						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total						
а	Contributions received or receivable from: (1) Employers	8a(1)	96873							
	(2) Participants	8a(2)	199815							
	(3) Others (including rollovers)	8a(3)	82972							
b	Other income (loss)	8b	74121							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		453781						
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	6420							
е	Certain deemed and/or corrective distributions (see instructions).	8e								

8f

8g

8h

8i

8j

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2G 2J 2K 3D

If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

2003

8423

445358

## Part V Compliance Questions

Part IV Plan Characteristics

i i

j

9a

b

f Administrative service providers (salaries, fees, commissions)....

g Other expenses.....

Transfers to (from) the plan (see instructions) .....

h Total expenses (add lines 8d, 8e, 8f, and 8g).....

Net income (loss) (subtract line 8h from line 8c).....

10	During the plan year:		Yes	No	N/A	Amount
а	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)	10a		Х		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х		
С	Was the plan covered by a fidelity bond?	10c	Х			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?	10d		Х		
е	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			4389
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		Х		
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				

Part	VI	Pension Funding Compliance						
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co m 5500) and line 11a below)						Yes 🗙 No
11a	Ente	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			
12		his a defined contribution plan subject to the minimum funding requirements of section 412 of the Co						Yes 🗙 No
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а	,	valver of the minimum funding standard for a prior year is being amortized in this plan year, see instr	uctior	ns, and	d enter t	he date	of the lett	er ruling
	gran	ting the waiver	onth_		_ Day		_ Year	
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 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		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le ative 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 XI	No
		es," enter the amount of any plan assets that reverted to the employer this year			13a			
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough rol of the PBGC?	nt und	er the			Yes	X No
c	lf, d	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)			to			
1		Name of plan(s):		13c(2)	EIN(s)		13c(	<b>3)</b> PN(s)
Part	VIII	Trust Information						
14a	Name	e of trust			14b ⊺	Frust's E	IN	
14c	Name	e of trustee or custodian					s or custo ne number	
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes		[	No	
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section )(3) for the plan year? Check all that apply:		Desig safe h	n-basec arbor	ł	"Prior y test	ear" ADP
				"Curre ADP t	ent year est	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	N/A	
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:						o entage Average N/A benefit test N/A		
16b		he plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No	
	the le		-			-		
	letter		ter the	e date	of the m	nost rece	ent determ	ination
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not separce?		from	Ye	s	No	
19	Was	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Ye	s	No	

and the second se											
Form 5500-SF	Short Form Annual F	Return/Report Benefit Plan	of Small Employ	vee	OMB Nos. 1210-011 1210-008						
Internal Revenue Service	This form is required to be file										
Department of Labor Employee Benefits Security Administration	Retirement Income Security Act the Inter		(a) of	is Open to Public							
Pension Benefit Guaranty Corporation	Complete all entries in acco	Complete all entries in accordance with the instructions to the Form 5500-SF.									
Part I Annual Report I	dentification Information										
For calendar plan year 2016 or fisc	al plan year beginning	01/01/2016	and ending	12	/31/2016						
	x a single-employer plan	a multiple-employer	plan (not multiemplover) (I	Filers c	hecking this bo	x must attach					
A This return/report is for: a one-participant plan x a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must at a list of participating employer information in accordance with the form instruct a foreign plan											
<b>B</b> This return/report is: The first return/report the final return/report											
	님 ' 날										
-	an amended return/report		urn/report (less than 12 mo	onths)	-						
C Check box if filing under:	Form 5558	automatic extension		L	DFVC progra	am					
	special extension (enter description	on)									
	mation enter all requested info	ormation									
1a Name of plan					Three-digit						
Wexley School for Gi	irls 401(k) Profit Sharin	ng Plan			lan number	001					
ingen sonderste men 💻 i songener her her en her en songener i sons en en songener i sons en					PN) ►						
				IC E	Effective date o	fplan					
Mailing Address (include room	er, if for a single-employer plan) n, apt., suite no. and street, or P.O. B , country, and ZIP or foreign postal c		tructions)		Employer Identi EIN) 90-01	fication Number 12596					
Wexley School for Gi		ode (in foreign, see ins	(idealons)	2c Sponsor's telephone number							
				(206) 438-8900 2d Business code (see instructions)							
2218 5th Avenue					541800						
US Seattle WA 98121											
<b>3a</b> Plan administrator's name and	address 🕱 Same as Plan Sponso	or		<b>3b</b> ∧	Administrator's	EIN					
				3c A	dministrator's	telephone number					
4 If the name and/or EIN of the p name, EIN, and the plan numb	plan sponsor has changed since the per from the last return/report.	last return/report filed	for this plan, enter the	<b>4b</b> ∈	IN						
a Sponsor's name				4c F	'n						
5a Total number of participants at	t the beginning of the plan year			5a		58					
	t the end of the plan year		F	5b		68					
c Number of participants with ac	count balances as of the end of the	olan year (only defined	contribution plans	5c							
	pipants at the beginning of the plan ye			5d(1	\	68					
d(2) Total number of active partic			Ē	5d(1							
Number of participants that ter	minated employment during the plan		nefits that were		)	31					
				5e		6					
Caution: A penalty for the late or	r incomplete filing of this return/re	port will be assessed	d unless reasonable caus	se is es	stablished.						
Under penalties of periury and other	er penalties set forth in the instruction	ns. I declare that I have	e examined this return/rep	ort incl	uding if applic	able a Schedule					
SB or Schedule MB completed and belief, it is true, correct, and completed	d signed by an enrolled actuary, as w	vell as the electronic ve	ersion of this return/report,	and to	the best of my	knowledge and					
			Tomme Devel								
SIGN A70K	A	1.1.	Jerry Barnhart								
HERE Signature of plan admin		Date 7/11/12	Enter name of individual	signing	g as plan admir	nistrator					
SIGN HERE		a d lia	Jerry Barnhart								
HERE Signature of employer/p	and the state of t	Date 7/11/17	Enter name of individual		and the second se						
Preparer's name (including firm name Skip this question	me, if applicable) and address (inclue	de room or suite numb	er)		er's telephone this questi						

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

-	Form 5500-SF 2016		Page 2			_			
6a	Were all of the plan's assets during the plan year invested in eligible	assets? (	See instructions.)				*499944499749994	XYes No	
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	n indepen	dent qualified public accou	untant	(IQP	A)			
	If you answered "No" to either line 6a or line 6b, the plan canno								
С	If the plan is a defined benefit plan, is it covered under the PBGC ins							No Not determined	
Pa	art III Financial Information		<u></u>				<u> </u>	annin an tean an a	
7	Plan Assets and Liabilities		(a) Beginning o	f Yea	-	1	(1	) End of Year	
а	Total plan assets	7a		12,8	·			1,058,247	
b	Total plan liabilities	7b				-			
с	Net plan assets (subtract line 7b from line 7a)	7c	61	12,8	89			1,058,247	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			1		(b) Total	
а	Contributions received or receivable from:								
	(1) Employers	8a(1)		96,8					
·	(2) Participants	8a(2)		99,8		New York			
<u> </u>	(3) Others (including rollovers)	8a(3)		32,9					
	Other income (loss)	8b		74,1:	21				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c		904-992				453,781	
-	to provide benefits)	8d		6,42	20		6.00.00.00		
	Certain deemed and/or corrective distributions (see instructions)	8e							
_ <u>f</u>	Administrative service providers (salaries, fees, commissions)	8f				1988 A			
<u>g</u>	Other expenses	8g		2,003					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					8,423		
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i					445,35		
j	Transfers to (from) the plan (see instructions)	8j							
Pa	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension fer 2A 2E 2F 2G 2J 2K 3D	ature code	es from the List of Plan Ch	aracte	eristic	Code	es in the ir	structions:	
b	If the plan provides welfare benefits, enter the applicable welfare feat	ture codes	from the List of Plan Cha	racter	istic (	Codes	in the ins	tructions:	
	·····					50000		udolono.	
Pa	rt V Compliance Questions								
10	During the plan year:				Yes	No	N/A	Amount	
а	Was there a failure to transmit to the plan any participant contributi								
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vol	untary Fid	uciary Correction						
	Program)			10a		x			
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)			10b		x			
С				10c	X			50,000	
d	Did the plan have a loss, whether or not reimbursed by the plan's fi by fraud or dishonesty?			10d		x			
e	Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.)	or all of t	he benefits under	10e	x			4,389	
f				10f		x			
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year er	nd.)	10g		x			
h	If this is an individual account plan, was there a blackout period? (\$ 2520.101-3.)			10h		x			

10i

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

i

Form 5500-SF 2016

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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 a	nd comple	te Schedul	e SB	Yes 🛛	No	
(Form 5500 and line 11a below)		CONTRACTOR OF STREET, S	CONTRACTOR CONTRACTOR			
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of th						
ERISA?		••••••	••••••	🗌 Yes 🔉	No	
<ul> <li>a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see</li> </ul>	e instructio	ns, and ent	er the dat	e of the letter rul	ina	
granting the waiver	Month		Day	Year		
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line by Easter the existence exercised ex		401				
<b>b</b> Enter the minimum required contribution for this plan year.						
c Enter the amount contributed by the employer to the plan for the plan year			_			
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to negative amount)		120				
e 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 🕱 No		
If "Yes," enter the amount of any plan assets that reverted to the employer this year						
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or br control of the PBGC?			. □	Yes 🗴 No		
C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), id which assets or liabilities were transferred. (See instructions.)	entify the p	plan(s) to				
13c(1) Name of plan(s):	13c	:(2) EIN(s)		13c(3) PN(	s)	
Part VIII Trust Information - Skip These Questions						
14a Name of trust	70	14	b Trust's I	EIN		
110 Norma Street and a line		- 44				
<b>14c</b> Name of trustee or custodian		140		or custodian's ne number		
Part IX IRS Compliance Questions - Skip These Questions		-				
15a Is the plan a 401(k) plan? If "No," skip b.		Yes		No No		
15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section		Design-	based	"Prior ve	ar" ADP	
401(k)(3) for the plan year? Check all that apply:	□		fe harbor test			
		Curren	-	N/A		
<b>16a</b> What testing method was used to satisfy the coverage requirements under section 410(b) for the pla		ADP tes	51			
year? Check all that apply:		] percenta test	age 🗌	Average benefit test	N/A	
<b>16b</b> Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a) for the plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes	Ω.	🗌 No		
17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable I the letter/ and serial number	IRS opinior	n letter or a	idvisory le	etter, enter the da	ite of	
17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS	S, enter the	e date of the	e most rea	cent determinatio	on	
<ul> <li>18 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 service?</li> </ul>	separated	from	Yes	No No		
19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?	,		Yes	🗌 No		