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 Petirement

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

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

Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

Parti	Annual Report	t identification information	m			
For calend	dar plan year 2017 or f	fiscal plan year beginning 01/0	1/2017	and ending 1:	2/31/2017	
A This re	eturn/report is for:	X a single-employer plan		plan (not multiemployer) (employer information in ac	-	
		a one-participant plan	a foreign plan			
B This ret	turn/report is	the first return/report	the final return/repor	t		
		an amended return/report	a short plan year ret	urn/report (less than 12 m	onths)	
C Check	box if filing under:	Form 5558	automatic extension	n	DFVC program	m
	_	special extension (enter des	. ,			
Part II	Basic Plan Info	ormation—enter all requested	information			
1a Name SEATTLE F	•	ED CONTRIBUTION RETIREME	NT PLAN		1b Three-digit plan numb (PN) ▶	
					1c Effective d	ate of plan 07/01/1996
		loyer, if for a single-employer plan om, apt., suite no. and street, or F				dentification Number 91-6013536
-	r town, state or provin	nce, country, and ZIP or foreign po	stal code (if foreign, see in	structions)	2c Sponsor's	telephone number 6-622-2294
						ode (see instructions)
	VENUE, STE. 1900 WA 98101-3615					813000
OL/TITLE, V	W 30101 0010					
3a Plan a	administrator's name a	and address X Same as Plan Sp	oonsor.		3b Administra	tor's EIN
					3c Administra	tor's telephone number
4 If the	name and/or EIN of th	he plan sponsor or the plan name	has changed since the las	t return/report filed for	4b EIN	
•	olan, enter the plan spo sor's name	onsor's name, EIN, the plan name	e and the plan number from	the last return/report.	4d PN	
C Plan					10. 110	
					F	
		ts at the beginning of the plan year			5a 5b	83 94
		ts at the end of the plan year h account balances as of the end				
comp	olete this item)				5c	82
	•	participants at the beginning of the			5d(1) 5d(2)	51
		participants at the end of the plan to terminated employment during				57
than	100% vested				5e	0
		e or incomplete filing of this return the properties set forth in the inst				
SB or Sch		other penalties set forth in the inst and signed by an enrolled actuary aplete.				
SIGN		ed/valid electronic signature.	07/05/2018	KIRSTIN SANDAAS		
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as pla	n administrator
SIGN						
HERE	1		1 _	1		

Date

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

Form 5500-SF 2017 Page **2**

_	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)						X Yes [] N	10 10
С	If the plan is a defined benefit plan, is it covered under the PBGC ir If "Yes" is checked, enter the My PAA confirmation number from the							
Pai	t III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End of Year	
a	Total plan assets	7a	540	62717			6049808	
b	Total plan liabilities	7b		0			0	
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	540	62717			6049808	
	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b) Total	
a	Contributions received or receivable from: (1) Employers	8a(1)	26	60600				
	(2) Participants	8a(2)		63573				
	(3) Others (including rollovers)	8a(3)		84082				
	Other income (loss)	8b	9.	18615	_			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					1826870	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	123	39779				
	Certain deemed and/or corrective distributions (see instructions)	8e		0				
f	Administrative service providers (salaries, fees, commissions)	8f		0				
g	Other expenses	8g		0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					1239779	
i_	Net income (loss) (subtract line 8h from line 8c)	8i				587091		
j	Transfers to (from) the plan (see instructions)	8j						
Par	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2L 3D 2G 2T 2F	feature co	des from the List of Plant	an Cha	racteri	stic Co	odes in the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	ic Cod	les in the instructions:	
Par	t V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
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 Program)	oluntary F	iduciary Correction	10a		X		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X		
С	Was the plan covered by a fidelity bond?			10c	X		500000	
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X		
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		X		
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		Χ		
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		X		
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i				

Form 5500-SF 2017	Page 3- 1
-------------------	------------------

Part	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below)		В	. Y	es No
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 section ERISA?	n 302 of			es X No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver	d enter t		of the letter Year	ruling
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	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 the control of the PBGC?			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(s) which assets or liabilities were transferred. (See instructions.)) to			
1	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3)	PN(s)

Form 5500-SF

Department of the Treasury Internal Revenue Servico

Department of Labor Employee Benefits Security Administration Pension Bonofit 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).

OMB Nos, 1210-0110 1210-0089

2017

This Form Is Open to Public Inspection

Dodl	Annual Dans	A late wilding the late of the late	cordance with the in	structions to the Point	3300-31-,	
Part I		rt Identification Information fiscal plan year beginning C	1/01/2017	and ending	12/31/2	117
T OF OUTOTO	sar practi form accept of			plan (not multiemployer)		
A This re	turn/report is for:	a single-employer plan		employer information in a		
		a one-participant plan	a foreign plan			•
B This retu	urn/report is	the first return/report	the final return/repo	4		
		an amended return/report	= '	urn/report (less than 12	months)	
			a snort plan year re	dimeport (less than 12)	nonuis)	
C Check	box if filing under:	X Form 5558	automatic extension	1	DFVC program	1
		special extension (enter descrip				
Part II		formation—enter all requested infor	malion		144	
1a Name	of plan				1b Three-digit	
SEATTLE	FOUNDATION	DEFINED CONTRIBUTION RE	TIREMENT PLAN		plan numbe	or 001
					1c Effective da	te of plan
					07/01/19	
		loyer, if for a single-employer plan)			2b Employer lo	lentification Number
City or	g address (include ro Hown, state or provi	oom, apt., suite no. and street, or P.O. I nce, country, and ZIP or foreign postal	30X) code (if foreian, see in	structions)	(EIN) 91-6	5013536
	e Foundation	,,	(511.5011.57		elephone number
					206-622-	de (see instructions)
1601 5t	ch Avenue, St	te. 1900			813000	ide (sea instructions)
7 t t 1 -						
Seattle		WA 98101-3615			120	
3a Plan ad	dministrator's name	and address 🛛 Same as Plan Spons	or.		3b Administrate	or's EIN
					3c Administrate	or's telephone number
					Tanning Co.	or a totophone namber
4 If the n	name and/or EIN of t	he plan sponsor or the plan name has	changed since the las	return/report filed for	4b EIN	
this pla a Sponso		onsor's name, EIN, the plan name and	I the plan number from	the last return/report.		
C Plan N					4d PN	
O I Jan 14	ame					
5a Total n	number of participan	ts at the beginning of the plan year,	***		5a	8:
		ts at the end of the plan year				9
c Numbe	er of participants with	n account balances as of the end of the	e plan year (only defin	ed contribution plans	Fo	
						8
d(1) Tota	al number of active p	articipants at the beginning of the plan	year		5d(1)	5.
d(2) Tota	al number of active p	participants at the end of the plan year.	******************************	***>>1********	5d(2)	5
e Numb	er of participants wh	o terminated employment during the p	lan year with accrued	benefits that were less	5e	
Caution: A	penalty for the late	or incomplete filing of this return/r	eport will be assesse	d unless reasonable ca	use is established	
Under pena	Ities of perjury and o	other penalties set forth in the instruction	ns, I declare that I have	e examined this return/r	eport, including, if a	oplicable, a Schedule
belief, it is to	dule MB completed rue_correct_and_cor	and signed by an enrolled actuary, as notete.	well as the electronic v	rersion of this return/repo	ort, and to the best o	f my knowledge and
SIGN	(den.)		13/5/18	KIRSTIN SANDA	AS	
HERE	Signature of plan	administrator				
DION	Giginatura or plan	aummistrator	Date	Enter name of indivi	uuai signing as plan	administrator
SIGN HERE						
	Signature of empl	oyer/plan sponsor	Date	Enter name of indivi	dual signing as emp	lover or plan sponsor

Р	а	g	е	2	

Form	5500	·SF	201	7
------	------	-----	-----	---

	6a Were all of the plan's assets during the plan year invested in eligible assets? (See Instructions.)							
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-467 (See instructions on walver eligibility and conditions.)								
	under 29 CFR 2520.104-46? (See instructions on walver ellgibility in figure 1) If you answered "No" to either line 6a or line 6b, the plan cann							X Yes No
_								☐ Not determined
С	If the plan is a defined benefit plan, is it covered under the PBGC in					📙 1	62 1140	
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC pre	mium filing for this pi	an yea	r			(See instructions.)
Pa	rt III Financial Information				- Decide			
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End	of Year
а	Total plan assets	7a	5,	462,	717			6,049,80
b	Total plan liabilities	7b			0			
$\overline{}$	Net plan assets (subtract line 7b from line 7a)	7c	5,	462,	717			6,049,80
8	Income, Expenses, and Transfers for this Plan Year	The state	(a) Amoun	t			(b)	Total
a	Contributions received or receivable from:					1100	- X-1-	
	(1) Employers	8a(1)		260,	_	g mrg		
	(2) Participants	8a(2)		463,				To the same
201	(3) Others (including rollovers)	8a(3)		184,	082	9 197		
b	Other income (loss)	8b		918,	615			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1991				1,826,87
d	Benefits paid (including direct rollovers and insurance premiums			^	200		VIIIV	TIGHT TWIST
	to provide benefits)	8d	1,	239,	_			0.01
е	Certain deemed and/or corrective distributions (see instructions)	8e			0	SOUTH	10.00	
f	Administrative service providers (salaries, fees, commissions)	8f			0			
g	Other expenses	8g			0	Time		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1,239,77
i	Net income (loss) (subtract line 8h from line 8c)	18						587,09
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	feature cod	es from the List of PI	an Cha	racteri	stic Code	s in the ins	tructions:
	2L 3D 2G 2T 2F							
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	s from the List of Pla	n Chara	ecterist	la Cada	1 . 11 . 1 4	nuctioner
					20,0110	no Codes	s in the inst	delions,
					2010110	iic Codes	s in the inst	TUGIOTIS.
Par	t V Compliance Questions					ile Codes	s in the inst	ructions,
10	During the plan year:				Yes	No No	s in the inst	Amount
10	During the plan year: Was there a failure to transmit to the plan any participant contribu						s in the inst	
10	During the plan year: Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510,3-1027 (See instructions and DOL's Versions).	oluntary Fig	duciary Correction	10a			s in the inst	
10 a	During the plan year: Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510,3-102? (See instructions and DOL's Verogram)	oluntary Fig	duciary Correction	10a		No X	s in the inst	
10 a	During the plan year: Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510,3-1027 (See instructions and DOL's Versions).	oluntary Fig (Do not in	duciary Correction	10a		No	s in the inst	
10 a	During the plan year: Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510,3-102? (See instructions and DOL's Verogram) Were there any nonexempt transactions with any party-in-interest	oluntary Fio	duciary Correction	10b		No X	s in the inst	Amount
10 a	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 Verogram). Were there any nonexempt transactions with any party-in-interest reported on line 10a.). Was the plan covered by a fidelity bond?	oluntary Fig. ? (Do not in	duciary Correction clude transactions d, that was caused	10b 10c	Yes	No X	s in the inst	
10 a	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 Verogram). Were there any nonexempt transactions with any party-in-interest 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?	oluntary Fide (Do not in fidelity bon	duciary Correction clude transactions d, that was caused	10b	Yes	No X	s in the inst	Amount
10 a	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-interest 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 off carrier, insurance service, or other organization that provides son	? (Do not ir fidelity bonner persons	duciary Correction clude transactions d, that was caused by an insurance ne benefits under	10b 10c 10d	Yes	No X	s in the inst	Amount
10 a	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-interest 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 ott carrier, insurance service, or other organization that provides son the plan? (See instructions.)	? (Do not ir fidelity bon ner persons se or all of th	duciary Correction clude transactions d, that was caused by an insurance ne benefits under	10b 10c	Yes	No X X	s in the inst	Amount
10 a	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 Verogram). Were there any nonexempt transactions with any party-in-interest 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 off carrier, insurance service, or other organization that provides son the plan? (See instructions.).	? (Do not in fidelity bon ner persons ne or all of the ne?	duciary Correction clude transactions d, that was caused by an insurance ne benefits under	10b 10c 10d 10e 10e	Yes	No X X X	s in the inst	Amount
10 a b c c d d	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 Verogram). Were there any nonexempt transactions with any party-in-interest 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 off carrier, insurance service, or other organization that provides son the plan? (See instructions.). Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lifthis is an individual account plan, was there a blackout period?	? (Do not in fidelity bon ner persons se or all of the se of year-er (See instruction).	duciary Correction clude transactions d, that was caused by an insurance ne benefits under	10b 10c 10d 10e 10f 10g	Yes	X X X X X	s in the inst	Amount
10 a b c c d d	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 Verogram). Were there any nonexempt transactions with any party-in-interest 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 off 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 Did the plan have any participant loans? (If "Yes," enter amount a	? (Do not in fidelity bon ner persons se or all of the new construction of the second	duciary Correction clude transactions d, that was caused by an insurance ne benefits under	10b 10c 10d 10e 10e	Yes	No X X X X X X	s in the inst	Amount

Form:	5500-SF	2017

Part VI Pension Funding Compliance			
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and col (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 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			Yes X No
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Mo	nthE	or the date of	of the letter ruling Year
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	Si.		
b Enter the minimum required contribution for this plan year	12h)	
C Enter the amount contributed by the employer to the plan for this plan year	120	>	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	ft of a	3	
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	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 brough control of the PBGC?			Yes X No
C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	the plan(s) to		
13c(1) Name of plan(s):	13c(2) EIN	(s)	13c(3) PN(s)

Page **3**-