	m 5500-SF	Short Form Annu	Short Form Annual Return/Report of Small Employee Benefit Plan						
Interr	tment of the Treasury nal Revenue Service partment of Labor enefits Security Administration	This form is required to be file Income Security Act of 1974	d under sections 104 and	d 4065 of the Employee R 057(b) and 6058(a) of the		2018 This Form is Open to			
	nefit Guaranty Corporation	 Complete all entries in a 	Ŷ,	,	500-SF.	Public Inspection			
Part I Annual Report Identification Information									
For calendar plan year 2018 or fiscal plan year beginning 09/01/2018 and ending 08/31/2019									
A This return/report is for:									
B This retu	ırn/report is	a one-participant plan the first return/report	the final return/repor	t					
		an amended return/report		urn/report (less than 12 m	nonths)				
C Check b	box if filing under:	Form 5558	automatic extension	ı	DFVC p	rogram			
		special extension (enter desc	,						
Part II		prmation—enter all requested in	formation		1h ==				
1a Name of FPIPHANY S	of plan SCHOOL RETIREME	ΝΤΡΙΑΝ			1b Three plan	e-digit number			
					(PN)				
					1c Effect	tive date of plan 09/01/1974			
Mailing	address (include roc	over, if for a single-employer plan) om, apt., suite no. and street, or P.C		atructions)	2b Employer Identification Number (EIN) 23-7014921				
•	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) EPIPHANY SCHOOL				2c Sponsor's telephone number 206-323-9011				
					2d Business code (see instructions)				
3611 E. DEN SEATTLE, W					611000				
3a Plan ad	dministrator's name a	nd address 🛛 Same as Plan Spo	nsor.		3b Administrator's EIN				
					3c Admi	nistrator's telephone number			
		e plan sponsor or the plan name h onsor's name, EIN, the plan name a			4b EIN				
a Sponso C Plan N	or's name				4d PN				
5a Total r	number of participants	s at the beginning of the plan year.			. 5a	105			
		s at the end of the plan year			. 5b	108			
		account balances as of the end of		•	5c	105			
d(1) Tota	al number of active pa	articipants at the beginning of the pl	lan year		5d(1)	58			
d(2) Tota	al number of active pa	articipants at the end of the plan ye	ar		5d(2)	48			
than 1	100% vested	o terminated employment during the			5e	0			
		or incomplete filing of this return ther penalties set forth in the instru-							
SB or Sche		and signed by an enrolled actuary, a							
SIGN	Filed with authorized	d/valid electronic signature.	03/12/2020	JENNIFER B ELKIN					
HERE	Signature of plan a	administrator	Date	Enter name of individ	lual signing	as plan administrator			
SIGN									
HERE For Paperwo	HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF. Form 5500-SF (2018) v 171027								

v.171027

			- 9 -								
6a	a 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 a										
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann							X Yes	No		
~	-								minod		
L	If the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from th					_					
	If fes is checked, enter the My PAA commation number from th	е РВСС р	remium ming for this p	ian yea	r			(See instruct	lions.)		
Pa	rt III Financial Information										
7	7 Plan Assets and Liabilities (a) Beginning of Year (b) En								(b) End of Year		
а	Total plan assets	7a	90	07594				9510951			
b	Total plan liabilities	7b		0				0			
С	Net plan assets (subtract line 7b from line 7a)	7c	90	07594				9510951			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt			(b	Total			
а	Contributions received or receivable from:						•				
	(1) Employers	8a(1)		56646							
	(2) Participants	8a(2)	4	13039							
	(3) Others (including rollovers)	8a(3)			_						
b	Other income (loss)	ther income (loss)									
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						896568			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	3	89139							
e	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)										
q	Other expenses	8g		4072							
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				393211					
i	Net income (loss) (subtract line 8h from line 8c)	8i						503357			
i	Transfers to (from) the plan (see instructions)	8j									
Pa	rt IV Plan Characteristics	IJ									
9a		feature co	des from the List of PL	an Cha	racteris	stic Co	des in the ir	structions.			
Ju	2L				raotoria	5110 00					
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	les from the List of Pla	n Chara	acterist	tic Cod	les in the ins	structions:			
Pa	rt V Compliance Questions										
10	During the plan year:			1	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)	-	-	10a		x					
k	Were there any nonexempt transactions with any party-in-interest										
	reported on line 10a.)					Х					
C	Was the plan covered by a fidelity bond?			10c		X					
C				46.		×			_		
	by fraud or dishonesty?			10d		X					
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some										

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

i

2520.101-3.) 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

Х

Х

Х

Х

Х

10e

10f

10g

10h

10i

Page **3-** 1

Part	VI	Pension Funding Compliance							
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and or m 5500) and line 11a below)						Yes	No
11a	Ent	er 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 secti ERISA?							X	Yes	No
		"Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins nting the waiver.				date of t	he let: Year		ing
lf	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.						
b	Ente	r the minimum required contribution for this plan year		12b					256646
с	Ente	r the amount contributed by the employer to the plan for this plan year		12c					256646
d		ptract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		12d					
e	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Ye	es	No	XI	N/A
Part	VII	Plan Terminations and Transfers of Assets							
13a	Has	s a resolution to terminate the plan been adopted in any plan year?				Yes	X	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a					
b	We con	re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	ght under the				Yes	X N	0
С	lf, d	luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.)) to					
1	3c(1) Name of plan(s):	13c(2)	EIN(s)			13c	(3) PN	l(s)

Form 5500-SF	Short Form	Annual Return	Report of Small E	mployee	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service		Benefi			2018
Department of Labor Employee Benefits Security Administration		of 1974 (ERISA), and	ns 104 and 4065 of the Emp sections 6057(b) and 6058(a		
Pension Benefit Guaranty Corporation		Revenue Cod	· /	5500.05	This Form is Open to Public Inspection
	Identification Inform		th the instructions to the Fo	orm 5500-SF.	
For calendar plan year 2018 or			8 and end	ding 08/31	/2010
	X a single-employer		ultiple-employer plan (not multi		
A This return/report is for:			of participating employer inform		
B This return/report is	a one-participant ;		oreign plan		
B This return/report is	the first return/rep an amended retur		final return/report hort plan year return/report	(less then 12 ma	ofbo)
C Check box if filing under:	Form 5558		omatic extension	(1655 1101 12 110	DFVC program
	special extension	w little	omatic extension		
Part II Basic Plan Infor	mation - enter all requ				
1a Name of plan				1b Thr	ee-digit
EPIPHANY SCHOOL	RETIREMENT J	PLAN			number
				(PN) > 001
				1c Effe	ective date of plan
					9/01/1974
2a Plan sponsor's name (emp	loyer, if for a single-emple	oyer plan)			ployer Identification Number
Mailing address (include ro City or town, state or provi			foreign and instructions)	(EIN) 23-7014921
EPIPHANY SCHOOL	nce, country, and ZIP of	r toreign postal code (il	roreign, see instructions)	2c Spo	onsor's telephone number
3611 E. DENNY WAY				2	06-323-9011
SEATTLE	WA 9	8122		2d Bus	iness code (see instructions)
					11000
3a Plan administrator's name a	and address 🛛 🗶 Same	e as Plan Sponsor.			ninistrator's EIN
					3-7014921 hinistrator's telephone number
					06-323-9011
4 If the name and/or EIN of the	plan sponsor or the plan na	me has changed since the	alast return/report filed for	4b EIN	
this plan, enter the plan spons		-			
a Sponsor's name				4d PN	
c Plan Name					
5a Total number of participant	s at the beginning of the	e plan vear		. 5a	105
b Total number of participant				5b	108
c Number of participants with					
plans complete this item).				. 5c	105
d(1) Total number of active p				. 5d(1)	58
d(2) Total number of active p					48
e Number of participants who less than 100% vested		• • •	with accrued benefits that w		
Caution: A penalty for the late					blished.
Under penalties of perjury and other SB or Schedule MB completed and belief, it is true, correct, and complete	signed by an enrolled actu	nstructions, I declare that l Jary, as well as the electron	have examined this return/report nic version of this return/report, ar	, including, if applicand to the best of my	able, a Schedule knowledge and
SIGN TEnnifert	isun	3-11-2020	Jennifer	B. Elk	ih
HERE Signature of plan ad	ministrator	Date	Enter name of individua	al signing as pla	an administrator
SIGN Jening B	SUN	3.11.2020	Jennifer	0	llein
HERE 🗸	(or/plan openeer	Data	Entor name of individua		
Signature of employ		Date	Enter name of individua	a signing as en	Earm 5500-SE (2018)

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6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	X Yes No
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)	X Yes 🗌 No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	
С	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No	Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year	(See instructions.)

7 Plan Assets and Liabilities		(a) Beginning of Year		(b)	End of Year
a Total plan assets		9007594			9510951
b Total plan liabilities.					
c Net plan assets (subtract line 7b from line 7a)		9007594			9510951
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total
a Contributions received or receivable from:				1015	
(1) Employers	8a(1)	256646	1		
(2) Participants		413039			
(3) Others (including rollovers)				12.14	
b Other income (loss).		226883			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)					896568
d Benefits paid (including direct rollovers and insurance premiums to provide ber		389139		10.00	
Certain deemed and/or corrective distributions (see instructions)				125	1993 (A. 199
f Administrative service providers (salaries, fees, commissions					
g Other expenses		4072			
h Total expenses (add lines 8d, 8e, 8f, and 8g)					393211
Net income (loss) (subtract line 8h from line 8c)					503357
Transfers to (from) the plan (see instructions)				E., 1914	
Part IV Plan Characteristics			_		
2L					n the instructions:
b If the plan provides welfare benefits, enter the applicable	welfare feature c	odes from the List of Plan Charac			
b If the plan provides welfare benefits, enter the applicable Part V Compliance Questions	welfare feature c	odes from the List of Plan Charac	teristic		
b If the plan provides welfare benefits, enter the applicable Part V Compliance Questions 10 During the plan year:			teristic	Codes in	the instructions:
b If the plan provides welfare benefits, enter the applicable Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribution	utions within the tim	e period described in	teristic Yes	Codes in	the instructions:
b If the plan provides welfare benefits, enter the applicable of plant V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure Voluntary Fi	utions within the tim ciary Correction Prog	a period described in ram)	teristic Yes	Codes in	the instructions:
b If the plan provides welfare benefits, enter the applicable Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce b Were there any nonexempt transactions with any party-in	utions within the tim ciary Correction Prog n-interest? (Do no	e period described in ram)	Yes	Codes in	the instructions:
b If the plan provides welfare benefits, enter the applicable of plant V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce b Were there any nonexempt transactions with any party-in reported on line 10a.)	utions within the tim ciary Correction Prog n-interest? (Do no	e period described in ram) 10 include transactions 	Yes	Codes in No X	the instructions:
b If the plan provides welfare benefits, enter the applicable of the plan provides welfare benefits, enter the applicable of the plan the plan provides welfare benefits, enter the applicable of the plan the plan provides welfare benefits, enter the applicable of the plan the plan the plan provides welfare benefits, enter the applicable of the plan the	utions within the tim ciary Correction Prog 1-interest? (Do no	e period described in ram) 10 include transactions 	Yes	Codes in No X	the instructions:
b If the plan provides welfare benefits, enter the applicable of Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce) b Were there any nonexempt transactions with any party-in 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 have a loss.	utions within the tim ciary Correction Prog n-interest? (Do no he plan's fidelity b	period described in ram)	Yes A	Codes in No X	the instructions:
b If the plan provides welfare benefits, enter the applicable of Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce) b Were there any nonexempt transactions with any party-in 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 by fraud or dishonesty?	utions within the tim ciary Correction Prog n-interest? (Do no he plan's fidelity b	e period described in ram)	Yes A	No X X X	the instructions:
b If the plan provides welfare benefits, enter the applicable of plant v Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions and DOL's Voluntary Fiduce b Were there any nonexempt transactions with any party-in 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 dishonesty? e Were any fees or commissions paid to any brokers, agent	utions within the tim ciary Correction Prog n-interest? (Do no he plan's fidelity b	period described in ram)	Yes A	No X X X	the instructions:
b If the plan provides welfare benefits, enter the applicable of Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce) b Were there any nonexempt transactions with any party-in 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 by fraud or dishonesty?	utions within the tim ciary Correction Prog n-interest? (Do no he plan's fidelity b s, or other person ides some or all o	a period described in ram)	Yes a b c	No X X X	the instructions:

	the plan? (See instructions.)	10e	Х	
-	Has the plan failed to provide any benefit when due under the plan?	10f	Χ	
	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	Χ	
	I If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h	x	
	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	x	100

Par	t VI	Pension Funding Compliance			
11	ls this Schei			es 🗌 No	
11a	Enter	the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a		
12	section	a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or 302 of ERISA? es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		X Y	es 🗌 No
a		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction	ons, and	enter the date	of the letter
		granting the waiver Month	D	ay Yo	ear
-		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			
		he minimum required contribution for this plan year	12b		256646
		12c		256646	
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left			
	ofan	egative amount)	12d		
e	Will th	e minimum funding amount reported on line 12d be met by the funding deadline?		Yes N	o X N/A
Par	t VII	Plan Terminations and Transfers of Assets			
13a	Has a	resolution to terminate the plan been adopted in any plan year?	1	Yes X	No
0. 	If "Ye	s," enter the amount of any plan assets that reverted to the employer this year	13a		
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought und of the PBGC?			Yes X No
с	lf, dur	ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the p assets or liabilities were transferred. (See instructions.))	
1	3c(1)	Name of plan(s): 13c(2) EIN	(s)	13c(3) PN(s)

Authorized e-Signature Affidavit

EPIPHANY SCHOOL RETIREMENT PLAN

I certify that I have been specifically authorized in writing by the plan administrator/employer, as applicable, to enter my EFAST2 PIN on this return/report in order to electronically submit this return/report. I further certify that: (1) I will retain a copy of the administrator's/ employer's specific written authorization in my records; (2) I have attached to this electronic filing, in addition to any other required schedules or attachments, a true and correct pdf copy of the first two pages of the completed Form 5500 or Form 5500-SF return/report bearing the manual signature of the plan administrator/employer under penalty of perjury; (3) I advised the plan administrator/employer that by selecting this electronic signature option the pdf image of that manual signature will be included with the rest of the return/report posted by the Department of Labor (DOL) on the Internet for public disclosure; and (4) I will communicate to the plan administrator/employer any inquiries and information that I receive from EFAST2, DOL, IRS or PBGC regarding this annual return/report.

ignature of Plan Administrator