_	rm 5500-SF	Short Form Annu	al Return/Repor Benefit Plan	•	OMB Nos. 1210 1210				
	rtment of the Treasury rnal Revenue Service	This form is required to be file	d under sections 104 and	4065 of the Employee R	Retirement 2018				
Employee B	epartment of Labor enefits Security Administration	Income Security Act of 1974	(ERISA), and sections 60 Revenue Code (the Cod		Internal	This Form is Open to Public Inspection			
	enefit Guaranty Corporation	Complete all entries in		structions to the Form 55	500-SF.				
Part I		dentification Information							
For calend	· · ·	cal plan year beginning 07/01/2	-		6/30/2019 Filora chool	ring this hav must attach a			
A This ret	turn/report is for:	X a single-employer plan		employer information in ac		king this box must attach a ith the form instructions.)			
<b>B</b> This ret	urn/report is	a one-participant plan							
		the first return/report	the final return/report		antha)				
		an amended return/report		urn/report (less than 12 m	ontns)				
C Check	box if filing under:	Form 5558	automatic extension	I	DFVC p	rogram			
		Special extension (enter desci							
Part II		mation—enter all requested in	formation		4h				
1a Name	of plan HIGH SCHOOL 401(K)	) PLAN			1b Three plan	e-digit number			
LOTTILITAN					(PN)				
					1c Effect	tive date of plan 07/01/2016			
Mailing	g address (include room	rer, if for a single-employer plan) n, apt., suite no. and street, or P.C			2b Empl (EIN)	oyer Identification Number 91-0967016			
-		e, country, and ZIP or foreign post CIATION OF WASHINGTON	al code (if foreign, see ins	structions)	2c Spor	sor's telephone number 206-937-7722			
					2d Busir	ness code (see instructions)			
4100 SW GE SEATTLE, V	ENESEE STREET VA 98116					611000			
3a Plan a	dministrator's name and	d address 🛛 Same as Plan Spor	nsor.		<b>3b</b> Admi	nistrator's EIN			
					3c Admi	nistrator's telephone number			
		plan sponsor or the plan name ha			4b EIN				
a Spons	or's name	sor's name, EIN, the plan name a	and the plan number from	the last return/report.	<b>4d</b> PN				
C Plan N	Jame								
5a Total	number of participants a	at the beginning of the plan year			5a	23			
		at the end of the plan year			5b	26			
		ccount balances as of the end of		•	5c	2			
<b>d(1)</b> Tot	al number of active part	ticipants at the beginning of the pl	an year		5d(1)	23			
• •		ticipants at the end of the plan ye			5d(2)	26			
		terminated employment during the			5e	0			
Caution: A Under pen	A penalty for the late on alties of perjury and oth	r incomplete filing of this return er penalties set forth in the instruc d signed by an enrolled actuary, a	n/report will be assesse ctions, I declare that I hav	d unless reasonable cau ve examined this return/re	port, includi	ng, if applicable, a Schedule			
belief, it is	true, correct, and comp	lete.		-		-			
SIGN HERE		valid electronic signature.	04/14/2020	DAVID MEYER					
	Signature of plan ac		Date	Enter name of individ	ual signing	as plan administrator			
SIGN HERE		valid electronic signature.	04/14/2020	DAVID MEYER					
	Signature of employ	/er/plan sponsor e, see the Instructions for Form 5500	Date	Enter name of individ	ual signing	as employer or plan sponsor Form 5500-SF (2018)			

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			9							
6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)				X Yes No			
b	Are you claiming a waiver of the annual examination and report of a						X Yes 🗌 No			
	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		,							
c	If the plan is a defined benefit plan, is it covered under the PBGC in									
U	If "Yes" is checked, enter the My PAA confirmation number from th									
		CT 000 p		an yea	·		(Occ instructions.)			
Pa	rt III Financial Information				1					
7	Plan Assets and Liabilities		(a) Beginning o	of Year			(b) End of Year			
a	Total plan assets	7a		7855			12578			
b	Total plan liabilities	7b		0			0			
C	Net plan assets (subtract line 7b from line 7a)	7c		7855			12578			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total			
а	Contributions received or receivable from:									
	(1) Employers	8a(1)		1000						
	(2) Participants	8a(2)		4200						
<u> </u>	(3) Others (including rollovers)	8a(3)		500	_					
-	Other income (loss)	8b		563			1700			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					4763			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g		40						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				40				
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i			4723					
j	Transfers to (from) the plan (see instructions)	8j								
Ра	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E $$ 2F $$ 2G $$ 2J $$ 2K $$ 2T $$ 3D	feature co	odes from the List of Pla	an Cha	racteris	stic Co	des in the instructions:			
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	les from the List of Pla	n Chara	acterist	ic Cod	es in the instructions:			
Pa	rt V Compliance Questions									
10	During the plan year:				Yes	No	Amount			
	Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period				Amount			
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		x				
k	• Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х				
C	Was the plan covered by a fidelity bond?			10c		Х				
(	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	,	,	10d		х				

Х

Х

Х

Х

10e

10f

10g

10h

10i

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

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

the plan? (See instructions.).....

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Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and rm 5500) and line 11a below)			B		Yes	X No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the C SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		n 302 o	f 	[	Yes	X No
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see institution the waiver.		l enter _ Da		e of the le		ing
lf	you o	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				
С	Ente	r 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 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?			Ye	s X	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou trol of the PBGC?	ght under the			Yes	× N	0
С		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.)	tify the plan(s)	to				
1	3c(1	) Name of plan(s):	13c(2)	EIN(s)		130	c(3) PN	۱(s)

Form 5500-SF Short Form Annual Return/Report of Small Empl Benefit Plan							OMB Nos. 1210-0110 1210-0089		
	Department of the Treasury Internal Revenue Service	This form is required to be filed	under sections 104				2018		
	Department of Labor ee Benefits Security Administration ion Benefit Guaranty Corporation	Retirement Income Security Act o the Interna	al Revenue Code (the	e Code).		This Form is Open to Publ Inspection			
Part	I Annual Report le	dentification Information	ance with the main	actions to the Point 330	0-3F. [				
	endar plan year 2018 or fisc		07/01/2018	and ending	06/	30/2019			
	s return/report is for: s return/report is:	a one-participant plan	a list of participating a foreign plan the final return/repor		iccordanc				
	L	an amended return/report	a short plan year reti	urn/report (less than 12 m	onths)				
C Che	ck box if filing under:	x Form 5558	automatic extension			DFVC progra	m		
Dent	II - Basis Blan Infor								
Part 1a Na	II Basic Plan Intori ame of plan	mation enter all requested inform	nation		1h т-	nree-digit			
	itheran High School	. 401(k) Plan			pla (P	an number N) ►	001		
					1	fective date of 7/01/2016	fplan		
Ma	ailing Address (include room	er, if for a single-employer plan) a, apt., suite no. and street, or P.O. Box country, and ZIP or foreign postal cor	K) de (if foreign, see ins	tructions)		Employer Identification Number (EIN) 91-0967016			
	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Lutheran High School Association of Washington				2c Sponsor's telephone number (206) 937-7722				
41	.00 SW Genesee Stre	et				isiness code ( 1000	see instructions)		
US	Seattle WA 98116								
3a Pla	an administrator's name and	address X Same as Plan Sponsor			<b>3b</b> Ad	lministrator's I	EIN		
					3c Ad	ministrator's t	elephone number		
		olan sponsor or the plan name has cha or's name, EIN, the plan name and the			4b Ell	N			
	onsor's name	or s name, chia, the plan name and the		le last returnineport.	4d PN				
-	an Name					-			
<b>5a</b> To	tal number of participants at	the beginning of the plan year	*****		5a		23		
		the end of the plan year			5b		26		
		count balances as of the end of the pla			5c		2		
<b>d(1)</b> 1	otal number of active partici	ipants at the beginning of the plan yea	۰۰۰۰۰۰		5d(1)		23		
					5d(2)		26		
		minated employment during the plan			5e		0		
Cautio	n: A penalty for the late or	incomplete filing of this return/rep	ort will be assessed	unless reasonable cau	se is est	ablished.			
SB or S		er penalties set forth in the instructions i signed by an enrolled actuary, as we ete.							
SIGN	Daw Ma	L	4/14/20	David Ma	ur				
HERE	Signature of plan admin	istrator	Date	Enter name of individual	1	as plan admin	istrator		

SIGN									
	Signature of employer/plan sponsor	Date							
For Paperwork Reduction Act Notice, see the instructions for Form 5500-SF.									

Enter name of individual signing as employer or plan sponsor

**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)

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\*\*\*\*\*\*

X Yes No

under 29 CFR 2520.104-46? (See instructions on waiver eligibility an							. XYes No			
If you answered "No" to either line 6a or line 6b, the plan cannot										
<b>C</b> If the plan is a defined benefit plan, is it covered under the PBGC inst										
If "Yes" is checked, enter the My PAA confirmation number from the	PBGC prer	nium filing for this year					(See instructions.)			
Part III Financial Information										
7 Plan Assets and Liabilities		(a) Beginning of	Year	,		(b)	End of Year			
a Total plan assets	7a		7,8				12,578			
<b>b</b> Total plan liabilities	7b			0			0			
C Net plan assets (subtract line 7b from line 7a)	7c		7,8	55			12,578			
8 Income, Expenses, and Transfers for this Plan Year	121474	(a) Amount			(b) Total					
a Contributions received or receivable from:						1.1.1.2				
(1) Employers	8a(1)		4 0/		-	1				
(2) Participants	8a(2)		4,20	50	2015	11111				
(3) Others (including rollovers)	8a(3)			~~~						
<b>b</b> Other income (loss)	8b		51	63						
<ul> <li>C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)</li> <li>d Benefits paid (including direct rollovers and insurance premiums</li> </ul>	8c		1. P.	1.1.2.2	-	COL STREET	4,763			
to provide benefits)	8d									
e Certain deemed and/or corrective distributions (see instructions)	8e									
f Administrative service providers (salaries, fees, commissions)	8f					6 I. I. I.				
g Other expenses	8g		4	40		12 12 1				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					40				
i Net income (loss) (subtract line 8h from line 8c)	8i	2.5	1.6				4,723			
j Transfers to (from) the plan (see instructions)	8j					1996				
Part IV Plan Characteristics					2411					
9a If the plan provides pension benefits, enter the applicable pension features	ature code	s from the List of Plan Ch	aract	eristic	Code	s in the ins	tructions:			
2E 2F 2G 2J 2K 2T 3D										
<b>b</b> If the plan provides welfare benefits, enter the applicable welfare feat	ture codes	from the List of Plan Cha	racte	ristic (	Codes	in the inst	uctions:			
In the plan provides wenale benefits, enter the applicable wenale lear			10000		00000					
Part V Compliance Questions										
			1	Yes	No	N/A	Amount			
<ul> <li>During the plan year:</li> <li>Was there a failure to transmit to the plan any participant contributi</li> </ul>	ions within	the time period		169	NO	11/2	Amount			
described in 29 CFR 2510.3-102? (See instructions and DOL's Vol										
Program)			10a		x					
b Were there any nonexempt transactions with any party-in-interest?						and the second				
reported on line 10a.)	**************	*********	10b		X					
C Was the plan covered by a fidelity bond?			10c		x	12.65				
d Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty?			10d		x	in the				
e Were any fees or commissions paid to any brokers, agents, or othe	er persons	by an insurance				12.15				
carrier, insurance service, or other organization that provides some the plan? (See instructions.)			10e		x					
f Has the plan failed to provide any benefit when due under the plan	יייייייייייייייייייייייייייייייייייייי	*****	10f		x	284				
g Did the plan have any participant loans? (If "Yes," enter amount as	s of year en	d.)	10g		x					
h If this is an individual account plan, was there a blackout period? (3 2520.101-3.)			10h		x					
If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101	e required	notice or one of the	10i							

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Par	VI Pension Funding Compliance								
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500 and line 11a below)									
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 secti ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			🗌 Yes 🕱	No No				
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, a granting the waiver Month	nd enter Da		of the letter rul Year	ing				
If y	ou 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 the 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						
Par	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?			res 🗴 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.)	s) to							
1:	Bc(1) Name of plan(s):         13c(2) E	IN(s)		13c(3) PN(	s)				