Form 5500-SF		Short Form Annual Return/Report of Small Employ Benefit Plan				OMB Nos. 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service		Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employe			Э	2013			
	epartment of Labor enefits Security Administration	Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058 the Internal Revenue Code (the Code).				This Form is Open to Public			
Pension Be	enefit Guaranty Corporation	Complete all entries in accorda	, , , , , , , , , , , , , , , , , , ,	,)-SF.	Inspection			
Part I Annual Report Identification Information									
For calend	ar plan year 2013 or fisc			and ending 12	2/31/2	2013			
	turn/report is for:			olan (not multiemployer)		a one-participant plan			
B This ref	turn/report is:	the first return/report the final return/report							
C Charle	hav if filing under		snort plan year retur utomatic extension	n/report (less than 12 mc	ontns)	DFVC program			
C Check	box if filing under:	special extension (enter description)							
Part II	Basic Plan Infor	nation —enter all requested informati							
1a Name		nation—enter all requested informati	011		1b	Three-digit			
	ALDORF SCHOOL 403	(B) TDA PLAN				plan number			
					4 -	(PN) 001			
					10	Effective date of plan 10/01/2000			
	ponsor's name and addr SCHOOL ASSOCIATIO	ess; include room or suite number (em N OF SEATTLE	ployer, if for a single	-employer plan)	2b	Employer Identification Number (EIN) 91-1095411			
2728 NE 10	0TH STREET				2c	Sponsor's telephone number 206-524-5320			
SEATTLE, V					2d	Business code (see instructions) 611000			
3a Plan a	dministrator's name and	address XSame as Plan Sponsor Nar	me Same as Pla	n Sponsor Address	3b	Administrator's EIN			
					30	Administrator's telephone number			
					50				
4 If the r	name and/or FIN of the r	han sponsor has changed since the las	t return/report filed f	or this plan enter the	4h	EIN			
name	, EIN, and the plan num	an sponsor has changed since the last return/report filed for this plan, enter the er from the last return/report.							
<u> </u>	or's name				4c				
_		t the beginning of the plan year		-	5a	97			
		t the end of the plan year		-	5b	110			
		count balances as of the end of the pla			5c	52			
6a Were	all of the plan's assets o	during the plan year invested in eligible	assets? (See instruc	ctions.)		X Yes No			
		he annual examination and report of an See instructions on waiver eligibility an				X Yes 🗌 No			
		er line 6a or line 6b, the plan cannot							
-		plan, is it covered under the PBGC insu							
Caution: A	A penalty for the late or	incomplete filing of this return/repo	rt will be assessed	unless reasonable cau	se is	established.			
		r penalties set forth in the instructions,							
	edule MB completed and true, correct, and comple	signed by an enrolled actuary, as well ete.	as the electronic ver	rsion of this return/report,	and	to the best of my knowledge and			
SIGN	Filed with authorized/va	alid electronic signature.	10/14/2014	BEVERLY YONGE					
HERE	Signature of plan ad	ninistrator	Date	Enter name of individu	ual sig	ning as plan administrator			
SIGN	Filed with authorized/va	alid electronic signature.	10/14/2014	BEVERLY YONGE	EVERLY YONGE				
HERE	Signature of employe		Date			ning as employer or plan sponsor			
Preparer's	name (including firm nai	me, if applicable) and address; include	room or suite numbe	er (optional)	Prep	arer's telephone number (optional)			

a Total plan assets 7a 345349 608564 b Total plan liabilities 7b		Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year				
b Total plan lassets (subtract line 7b from line 7a) 7b 7c 340349 6008564 C Note plan lassets (subtract line 7b from line 7a) 7c 340349 6008564 B Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total C Participantis 5a(1) 44000 44000 (2) Participantis 5a(2) 11452 5 (3) Others (including rollovers) 8b G3863 286640 C Total income (dots) 8b G3863 286640 C Denter (including rollovers) and insurance promums 3275 286640 C Cataria deema adadic concelve Gistihulions (see instructions). 8d 3275 C Other expenses 8g 0 0 C Cataria deema adadic concelve Gistihulions (see instructions). 8d 203215 3 Transfers to (from) the plan estructors) 8g 9 9 9 Part IV Plan Characteristics 9 9 10 10 10 10 202115 10 10 10 10 <t< td=""><td></td><td></td><td>7a</td><td></td><td></td><td></td><td colspan="4"></td></t<>			7a								
C Net plan assets (subtract line 7b from line 7a)	D	1									
B Income, Expanses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) 44000 44000 (a) Dense (including releves) 8a(2) 147225 5 (b) Other (including releves) 8a(3) 11452 5 C trait income (add lines 8a(1), 8a(2), 8a(3), and 8b) 6c 226640 226640 G Benefits paid (including releves) 8d 3275 266640 226640 G Certain deema and/or concretive distributions (see instructions) 8e 0 5 266640 226640 34255 5 6 6 6 266740 266640 266240 266240 6 6 34255 5 6 6 6 6 6 6 34255 5 7		•		34534	9		608564				
a Contributions received or receivable form: b b 44000 (2) Participanta	-			(a) Amount			(b) Total				
(i) Participants Participants Participants (ii) Others (including rolewers) Ba(3) 11452 b) Other income (add lines 8d.1). Ba(2), 8a(3), and 8b) Bc 200640 ID Definition (add lines 8d.1). Ba(2), 8a(3), and 8b) Bc 200640 ID Definition (add lines 8d.1). Ba(2), 8a(3), and 8b) Bc 200640 ID Definition (add lines 8d.1). Ba(2), 8a(3), and 8b) Bc 200640 ID Definition (add lines 8d.6). 8d. and 8g) Bd 3275 ID Definition (add lines 8d.8). 8d. 8d. 8d. 8d. 8d. 8d. 8d. 8d. 8d. 8d				× *				(
(a) Other income (icos) (b) Other income (icos) (c) Other income (icos) <td colspan="3"></td> <td colspan="3"></td> <td></td> <td></td> <td></td> <td></td>											
Other Control Contro Control Control		(2) Participants	8a(2)								
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 266640 d Benefits paid (including direct rollovers and insurance premiums by provide benefits). 8d 3275 e Certain deemed and/or corrective distributions (see instructions)			8a(3)								
d Benefits paid (including direct rollovers and insurance premiums by provide benefits)				63863							
to provide benefits,			8c				266640				
e Cartain deemed and/or corrective distributions (see instructions)	a		8d	327	5						
f Administrative service providers (salaries, fees, commissions) 8f 150 g Other expenses. 8g 3426 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 3426 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 3426 j Transfers to (from) the plan (see instructions) 8j 263215 g If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2F 2G 2M g Ubring the plan year: a yeas yeas Amount a Was there a failure to transmit to the plan any participant contributions within the time period described in on line 10a. X yeas yeas yea No Amount a Was there a failure to transmit to the plan any participant contributions within the time period described in on line 10a. X yea yea yea Amount a Was there a failure to transmit to the plan any participant contributions within the time period described in on line 10a. X yea yea <td>е</td> <td></td> <td></td> <td></td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td>	е				0						
g Other expenses 8g 3425 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 3425 i Net income (loss) (subtract line 8h from line 8c) 8i 263215 j Transfers to (from) the plan (see instructions) 8j 2633215 Part IV Plan Characteristics 8j 263215 g If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2F 2G 2M b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2F 250 2M O During the plan year: Yes No Amount a Was there a failure to transmit to the plan any participant contributions within the time period described in 20 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X c Was there any nonexempt transactions with any party-in-Interest? (Do not include transactions reported on line 10a. 10c X 10d X c Was they all covered by a fidelity bond? 10c 10c X 10d X 10d X 10d X 10d X 10d <td>f</td> <td></td> <td></td> <td>15</td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td>	f			15	0						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	a	· · · · · · · · · · · · · · · · · · ·									
i Net income (loss) (subtract line 8h from line 8c)	<u> </u>								342	5	
j Transfers to (from) the plan (see instructions)	i										
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2F 2G 2M b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: Yes No Amount a 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 Fluciary Correction Program). 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X 50 c Was the plan covered by a fidelity bond? 10c X 50 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonestly? 10d X 50 f Has the plan failed to provide any benefit when due under the plan? 10f X 2 g Did the plan have any participant loans? (If "Yes," enter amount as of year end). 10g X 2 f Has	i										
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2F 2G 2M b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a 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)	Dai	rt IV Blan Characteristics	0)								
a 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)	Par	t V Compliance Questions									
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a ^ b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X c Was the plan covered by a fidelity bond? 10c X 50 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 X 50 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 10e X f Has the plan have any participant loans? (If "Yes," enter amount as of year end.)	10	During the plan year:				Yes	No	Amount			
on line 10a.) 10b X c Was the plan covered by a fidelity bond? 10c X 56 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 X 56 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.) 10d X X f Has the plan failed to provide any benefit when due under the plan? 10f X X 10g X X 10d X </td <td>а</td> <td colspan="5"></td> <td>Х</td> <td></td> <td></td> <td></td>	а						Х				
c Was the plan tovered by a fidelity bond ? 10c is 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 is 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 is f Has the plan failed to provide any benefit when due under the plan? 10f is g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g is h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h is 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 is ext VI Pension Funding Compliance 10i is is 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) line 39 11a 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? is 14 Enter the unpaid m	b						Х				
or dishonesty? 10d 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.) 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 2520.101-3.) 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. 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. th It 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 contribution for current year from Schedule SB (Form 5500) line 39. 11a Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? 14 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter rulin granting the waiver.	С	Was the plan covered by a fidelity bond?			10c	Х				50000	
insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	d			3	10d		Х				
Image: Instant of provide any benefit when due under the plans 10f Image: Instant of plans and the plan have any participant loans? (If "Yes," enter amount as of year end.)	е	insurance service, or other organization that provides some or all	insurance service, or other organization that provides some or all of the benefits under the plan? (See								
bit the plan have any participant router (iii 1 res), child and all of year of the jumphanes. 10g 10g h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3											
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 10h X i If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 10h X 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	f						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 X Part VI Pension Funding Compliance 10i X 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) Yes 11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter rulin granting the waiver		Did the plan have any participant loans? (If "Yes." enter amount a			10f						
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) Yes 11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter rulin granting the waiver. Day	g	If this is an individual account plan, was there a blackout period? (s of year end (See instructi	.) ons and 29 CFR	10f 10g	x					
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) Yes 11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter rulin granting the waiver. Day Year	g	 If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the provided th	s of year end (See instructi ne required no	.) ons and 29 CFR otice or one of the	10f 10g 10h	×	X				
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter rulin granting the waiver. Day Year	g h i	 If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 	s of year end (See instructi ne required no	.) ons and 29 CFR otice or one of the	10f 10g 10h	X	X				
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter rulin granting the waiver	g h i Part	If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem	s of year end (See instructi ne required no 1-3 ents? (If "Yes	.) ons and 29 CFR otice or one of the 	10f 10g 10h 10i	Scheo	X X dule SE		Yes	× N	
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter rulin granting the waiver	g h i Part	If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 If VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	s of year end (See instructi ne required no 1-3 ents? (If "Yes	.) ons and 29 CFR otice or one of the s," see instructions and com	10f 10g 10h 10i	Scheo	X X dule SE		Yes	× N	
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter rulin granting the waiver	g h i Part	 If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10 t VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) a Enter the unpaid minimum required contribution for current year from the second second	s of year end (See instruction ne required no 1-3 ents? (If "Yes com Schedule	.) ons and 29 CFR otice or one of the s," see instructions and com e SB (Form 5500) line 39	10f 10g 10h 10i	Scheo	X X dule SE				
If you completed line 12a complete lines 3.9 and 10 of Schedule MB (Form 5500) and skip to line 13	g h i Part	 If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10* t VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) a Enter the unpaid minimum required contribution for current year fr Is this a defined contribution plan subject to the minimum funding 	s of year end (See instruction ne required no 1-3 ents? (If "Yes com Schedule requirements	.) ons and 29 CFR otice or one of the s," see instructions and com e SB (Form 5500) line 39 s of section 412 of the Code	10f 10g 10h 10i	Scheo	X X dule SE				
in year completed into 12a, complete into 0, 0, and 10 of conclude into (1 of in cood), and stip to inte 10.	g h i 2art 11 11a 11a	 If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101 tVI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) a Enter the unpaid minimum required contribution for current year fr Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is beir 	s of year end (See instruction ne required no 1-3 ents? (If "Yes om Schedule requirements as applicabling amortized	.) ons and 29 CFR otice or one of the s," see instructions and com e SB (Form 5500) line 39 s of section 412 of the Code e.) in this plan year, see instruct	10f 10g 10h 10i plete e or se	Scheo 	X dule SE 11a 302 of	ERISA?	Yes he letter ru	XN	

C	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?	Ye	es 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 c of the PBGC?	ontrol		Yes X No			
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)							
13c(1) Name of plan(s): 13				13c(3) PN(s)			
Part	VIII Trust Information (optional)		1				
14a	lame of trust	14b Trust's EIN					