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 Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Pa	rt I	Annual Report	Id	entification Information	n						
For c	alenda	r plan year 2015 or f	sca	I plan year beginning 01/01/2	/2015	5 and ending 12	2/31/2	015			
A T	his retu	ırn/report is for:	a multiple-employer plan (not multiemployer) list of participating employer information in ac a foreign plan	, , <u> </u>							
B Th	nis retu	rn/report is	onths	ths)							
C Check box if filing under: Form 5558											
Pai	rt II	Basic Plan Info	orm	nation—enter all requested in	inform	nation					
	Name o	of plan		ROFIT SHARING PLAN				Three-digit plan number (PN) •	001		
									1/1996		
ľ	Mailing	address (include roc	m, a	, if for a single-employer plan) apt., suite no. and street, or P.C	.O. Bo	ox) code (if foreign, see instructions)	2b Employer Identification Number (EIN) 91-1630625				
		APITAL, INC.	e, c	country, and zir or loreign posi	Siai Ci	ode (ii foreign, see instructions)	2c Sponsor's telephone number 206-622-8085				
000 UNIVERSITY STREET, SUITE 1616 DNE UNION SQUARE SEATTLE, WA 98101							2d Business code (see instructions) 522291				
3a 1	Plan ad	ministrator's name a	nd a	address XSame as Plan Spon	nsor.		3b	Administrator's E	EIN		
							3с	Administrator's t	elephone number		
				an sponsor has changed since er from the last return/report.	e the	last return/report filed for this plan, enter the	4b EIN				
as	Sponso	r's name					4c	1			
5a	Total n	umber of participants	at	the beginning of the plan year	r		5	а	14		
b	Total n	umber of participants	at	the end of the plan year			5	b	13		
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)								5c 12			
d(1) Total number of active participants at the beginning of the plan year							5d	(1)	13		
d(2	2) Tota	I number of active pa	artic	ipants at the end of the plan ye	ear		5d	(2)	11		
	than 1	00% vested			<u>.</u>	an year with accrued benefits that were less		е	0		
						eport will be assessed unless reasonable cau			-1-1 0-1- 1-1		
						ns, I declare that I have examined this return/rep vell as the electronic version of this return/report					

belief, it is true, correct, and complete SIGN Filed with authorized/valid electronic signature 04/08/2016 ALLAN KLIGERMAN **HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator **SIGN** HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number

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 Were all of the plan's assets during the plan year invested in eligib 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 lf you answered "No" to either line 6a or line 6b, the plan cann 	an indepen and condition	dent qualified public a	ccount	ant (IQ	PA)			X Yes No
c If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not determined
Part III Financial Information	, ,							
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End c	of Year
a Total plan assets	7a		1954	803				2012025
b Total plan liabilities	7b		1051	002				2012025
Net plan assets (subtract line 7b from line 7a) Income. Expenses. and Transfers for this Plan Year	7c	(a) A	1954	-603			(b) Ta	2012025
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b) To	otai
(1) Employers	8a(1)		42	640				
(2) Participants	8a(2)		95	280				
(3) Others (including rollovers)	8a(3)							
b Other income (loss)	8b		-57	'191				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							80729
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		23	507				
e Certain deemed and/or corrective distributions (see instructions)	8e							
f Administrative service providers (salaries, fees, commissions)	8f							
g Other expenses	8g							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							23507
i Net income (loss) (subtract line 8h from line 8c)	8i							57222
j Transfers to (from) the plan (see instructions)	8j							
 9a If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2R 3D B If the plan provides welfare benefits, enter the applicable welfare features. 								
Part V Compliance Questions								
10 During the plan year:				Yes	No	N/A		Amount
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fi	duciary Correction	10a		X			
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X			
C Was the plan covered by a fidelity bond?			10c	X				1000000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X			
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 t	he benefits under	10e		X			
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 a					X			
h If this is an individual account plan, was there a blackout period?	(See instru	ctions and 29 CFR	10g 10h		X			
i If 10h was answered "Yes," check the box if you either provided the	2520.101-3.)							
j Did the plan trust incur unrelated business taxable income?			10j					
Part VI Pension Funding Compliance			10)	<u> </u>	<u> </u>	<u> </u>		
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes X No
11a Enter the unpaid minimum required contribution for all years from						11a		
12 Is this a defined contribution plan subject to the minimum funding							RISA?	Yes X No

	F	orm 5500-SF 2015 Page 3 - 1						
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing	
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui		
b	Enter t	ne minimum required contribution for this plan year		12b				
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c				
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d				
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗆	N/A	
Part		Plan Terminations and Transfers of Assets			100	110	1471	
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No		
		s," 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	ght under the co	ontrol		Yes X	No	
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)						
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)	
Part	: VIII	Trust Information						
14a	Name o	f trust		14b Trust's EIN				
14c	Name	of trustee or custodian		14d	14d Trustee's or custodian's			
	rianio	of tubics of suctorial	telephone number					
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan?		Ye	S	No		
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?						Design- based safe ADP/ACP harbor test method		
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Yes No				
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test	
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No		
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A	
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions	
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or	
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable		
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No		
19	Were in	n-service distributions made during the plan year?		Ye	s	No		
	If "Yes	" enter amount		19				
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A	

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

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public inspection

		~~~~	entification Information	1									
-Or	calendar plan year 2015 or t		· · · · · · · · · · · · · · · · · · ·		01/01/2015	and ending		12/31/2015					
4	This return/report is for:	<u> </u>	a single-employer plan a one-participant plan		yer plan (not multiemployer) (Filers checking this box must attach ting employer information in accordance with the form instructions)								
3 ·	This return/report is:	H	the first return/report	F	the final return/report								
-	71110 ( 2. m.	H	an amended return/report	F	a short plan year retur	n/ranort (lace than	12 month	<i>~1</i>					
		L	an amended returnity of	L	a short plan year retur	meport (icaa man	I IZ IIIVIMI	5)					
; (	Check box if filing under:	Ц	Form 5558 special extension (enter desc	_ rinti	automatic extension			DFVC prog	ram				
				•	,								
	art II Basic Plan Int Name of plan	rorm	nation enter all requested	<u>l info</u>	ormation	·····	141	<b>b</b> Three-digit	1				
2	•	Advance Capital, Inc. 401(k) Profit Sharing Plan											
	Auvance Capital,	uu.	401(8)	Lng	Pian		<u> </u>	(PN) ►	001				
							10	1c Effective date of plan					
a	Plan sponsor's name (emr	olover	, if for a single-employer plan)		W		21	01/01/1996					
	Mailing Address (include ro	oom,	apt., suite no. and street or P.C country, and ZIP or foreign pos	0. B	ox)			2b Employer Identification Number (EIN) 91–1630625					
	Advance Capital,	Charles and a second		ildi (	wde (ii ioreign, see insti	uctions)	20	2c Sponsor's telephone number					
		0.0100						(206) 622–8085					
	600	Jakobska No					20	2d Business code (see instructions)					
	600 University Sta	reet	., Suite 1010					522291					
	US Seattle WA 98101		-										
а	Plan administrator's name	and a	address 🗶 Same as Plan Sp	ons	or Name		31	3b Administrator's EIN					
							30	Administrator:	s telephone number				
	If the name and/or EIN of t	the pl	an sponsor has changed since	the	last return/report filed for	or this plan, enter t	he <b>41</b>	b EIN					
			r from the last return/report.		•								
	Sponsor's name							C PN					
			he beginning of the plan year					5a 14					
b			he end of the plan year				5	5b	13				
C	number of participants with complete this item)	h acc	ount balances as of the end of	the	plan year (defined bene	fit plans do not	5	5c	12				
d(	1) Total number of active p	articip	pants at the beginning of the pl	lan y	/ear		50	d(1)	13				
d(	2) Total number of active p	artici	pants at the end of the plan year	ar	************************	*******************************	50	d(2)	111				
e e	Number of participants tha	at term	ninated employment during the	e pla	n year with accrued ben	efits that were	<del> </del>						
	less than 100% vested	*******	***************************************	*****	100000000000000000000000000000000000000			5e	0				
			incomplete filing of this retu		<del></del>								
Un	ider penalties of perjury and	other	penalties set forth in the instru	uctio	ons, I declare that I have	examined this retu	um/report,	including, if appl	icable, a Schedule				
oc be	lief, it is true, correct/approp	imple	signed by an enrolled actuary, te.	as '	well as the electronic ve	rsion of this return/	report, and	I to the best of m	ly knowledge and				
	11111211118		nc-		4/8/16	Allan	KIL	iermu"	7				
			······································		waaring on,	7							
The state of the s													
16.74	IGN WAR		27m			Mon		germa	······································				
100	ERE Signature of employ	4 10 (20 OC - 20 OC - 20	1912 (2024) - APANTON 1924 - 1935		Date	Enter name of inc							
	aparers name (including iim	n nan	ne, if applicable) and address;	Incit	ade room or suite numbe	Tale and the same	Pre	parer's telephon	e number				

	Form 5500-SF 2015		Page 2							
6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)									
	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)									
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								XYes No	
_	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.  If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?									
and the second		surance pr	ogram (see ERISA section	n 402	1)?	*******	Yes	No [	Not determined	
-	rt III Financial Information		(a) Beginning o			T				
7_	Plan Assets and Liabilities	(b) End of								
<u>a</u> b	Total plan assets  Total plan liabilities		2,012,025							
c	Net plan assets (subtract line 7b from line 7a)	7b 7c	1_9	54,8	n 3	+-			2,012,025	
8	Income, Expenses, and Transfers for this Plan Year	(a) Amount				<b>†</b>		(b) Total		
а	Contributions received or receivable from:	0-(4)		12 6	40					
	(2) Participants	8a(1) 8a(2)		12,6 95,2						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	(5*	7,19	1)					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							80,729	
d	Benefits paid (including direct rollovers and insurance premiums	0.4		23,5	07					
e	to provide benefits)	8d 8e		23,5	<del>0 /</del>					
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							23,507	
ī	Net income (loss) (subtract line 8h from line 8c)	8i							57,222	
<u>i</u>	Transfers to (from) the plan (see instructions)	8j								
P	art IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension fe	ature code	es from the List of Plan Ch	naract	eristic	Code	es in the	instruction	is:	
	2E 2G 2J 2K 2R 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture code:	s from the List of Plan Cha	aracte	ristic (	Codes	s in the i	nstructions	<b>:</b> :	
P	art V Compliance Questions			···						
10	During the plan year:				Yes	No	N/A	Α	mount	
а	Was there a failure to transmit to the plan any participant contribut	ions withir	the time period						· · · · · · · · · · · · · · · · · · ·	
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	luntary Fid	luciary Correction							
	Program)  Were there any nonexempt transactions with any party-in-interest?	O (Do not i		10a		Х				
	reported on line 10a.)			10b		х				
				10c	X				1,000,000	
	Did the plan have a loss, whether or not reimbursed by the plan's in by fraud or dishonesty?			10d		х				
6	<ul> <li>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.)</li> </ul>	e or all of	the benefits under	10e		x				
f				10f		х				
	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10g		x		***************************************		
	If this is an individual account plan, was there a blackout period? (	See instru	ctions and 29 CFR	Ť						
i	2520.101-3.)			10h		X				
	exceptions to providing the notice applied under 29 CFR 2520.101	exceptions to providing the notice applied under 29 CFR 2520.101-3								
j	Did the plan trust incur unrelated business taxable income?		***************************************	10j						
Pa	rt VI Pension Funding Compliance		***************************************							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								☐ Yes 🕱 No	
11	a Enter the unpaid minimum required contribution for current year from	om Sched	ule SB (Form 5500) line 4	0	*******		11a			
12	Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of the C	Code	or sec	lion 3	02 of EF	RISA?	Yes X No	

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(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 t granting the waiver.	his plan year, see instructions, a Month	nd enter the Day	e date 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.			
b Enter the minimum required contribution for this plan year	***************************************	12b		
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 negative amount)	a minus sign to the left of a	12d		
e Will the minimum funding amount reported on line 12d be met by the funding deadl	ne?		Yes No No	I/A
Part VII Plan Terminations and Transfers of Assets				
13a Has a resolution to terminate the plan been adopted in any plan year?	***************************************		es X 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 an of the PBGC?	nother plan, or brought under the	control	☐ Yes 🕱	No
c If during this plan year, any assets or liabilities were transferred from this plan to an which assets or liabilities were transferred. (See instructions.)	other plan(s), identify the plan(s)	to		
13c(1) Name of plan(s):		3c(2) EIN(	s) 13c(3) PN(	s)
Part VIII Trust Information				
14a Name of trust		14b Tr	rust's EIN	
14c Name of trustee or custodian			rustee or custodian's ohone number	<del></del>
Part IX IRS Compliance Questions				***************************************
<b>15a</b> Is the plan a 401(k) plan:	*******************************	Yes	s 🔲 No	
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for emmatching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		bas hari	sign- led safe	<b></b>
15c If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year usir testing method" for nonhighly compensated employees (Treas. Reg. section 1.401(k 2(a)(2)(ii))?	)-2(a)(2)(ii) and 1.401(m)-	Yes	tunand .	
16a Check the box to indicate the method used by the plan to satisfy the coverage requi	• •	Rat Per Tes	centage	est
	***************************************	. Yes	s □ No	
17a Has the Plan been timely amended for all required law changes?	**************************************	🔲 Yes	No 🗌	] N/A
17b Date of the last plan amendment/restatement for the required tax law changes was instructions for tax law changes and codes).		• •	ble code (See	****
17c If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or voludadvisory letter, enter the date of that favorable letter / / and	me submitter plan that is subject he letter's serial number.	to a favora	ble IRS opinion or	
17d If the plan is an individually-designed plan and recieved a favorable determination led determination letter / / /	tter from IRS, please enter the d	ate of plan's	s last favorable	
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERIS, made), American Samoa, Guam, the Commonwealth of the Northern Mariana Island	A section 1022(i)(2) has been s or the U.S. Virgin Islands)?	☐ Yes	s 🔲 No	
• • • • • • • • • • • • • • • • • • • •	•••••••••••••••••••••••••••••••••••••••	Yes	S □ No	
If Yes, enter amount	***************************************	· 19		
Were minimum required distributions made to 5% owners who have attained age 70 not retired) as required under section 401(a)(9)?		Yes	No [	] N/A