	m 5500-SF	Short Form Annu	al Return/Report Benefit Plan	of Small Employ	yee	OMB Nos. 1210-0110 1210-0089	
	tment of the Treasury nal Revenue Service	This form is required to be file	d under sections 104 and 4			2016	
	partment of Labor enefits Security Administration	Income Security Act of 1974	Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Intern Revenue Code (the Code).				
Pension Be	nefit Guaranty Corporation	Complete all entries in a		uctions to the Form 5500	0-SF.	Public Inspection	
Part I		lentification Information		and and in a 10/2	1/2016		
For calenda	ar plan year 2016 or fisc						
A This ret	urn/report is for:	a single-employer plan		an (not multiemployer) (Fil ployer information in acco		•	
B This retu	ırn/report is	the first return/report an amended return/report	the final return/report	n/report (less than 12 mon	ths)		
C Check b	box if filing under:	Form 5558	automatic extension		DFVC pr	ogram	
		special extension (enter descr	iption)				
Part II	Basic Plan Inform	mation—enter all requested inf	formation				
1a Name ADVANCE C		ROFIT SHARING PLAN			(PN)	number	
						01/01/1996	
Mailing	address (include room,	r, if for a single-employer plan) apt., suite no. and street, or P.C country, and ZIP or foreign posta		uctions)	(EIN)	oyer Identification Number 91-1630625	
	APITAL, INC.	oounity, and zin of foreign pool		2	2c Spon	sor's telephone number 206-622-8085	
600 UNIVER ONE UNION SEATTLE, W	SITY STREET, SUITE 1 SQUARE A 98101	616		2	2 d Busin	ess code (see instructions) 522291	
3a Plan a	dministrator's name and	address 🛛 Same as Plan Spor	nsor.	3	3b Admir	nistrator's EIN	
						histrator's telephone number	
	EIN, and the plan numb	blan sponsor has changed since per from the last return/report.	the last return/report filed fo		ID EIN		
_		the beside of the slow upon			5a	13	
		the beginning of the plan year			5b	15	
C Numb	er of participants with ac	the end of the plan year count balances as of the end of	the plan year (only defined	contribution plans	50 5c	13	
	,	cipants at the beginning of the pla			5d(1)	11	
		cipants at the end of the plan yea	-		5d(2)	13	
e Numb	er of participants that te	rminated employment during the	plan year with accrued ber	nefits that were less	5e	C	
Caution: A	penalty for the late or	incomplete filing of this return	n/report will be assessed	unless reasonable cause			
SB or Sche		r penalties set forth in the instruc signed by an enrolled actuary, a ete.					
SIGN	Filed with authorized/va	lid electronic signature.	04/10/2017	ALLAN KLIGERMAN	_		
HERE	Signature of plan adr	ninistrator	Date	Enter name of individua	l signing a	s plan administrator	
SIGN	U				<u> </u>		
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individual	l sianina a	s employer or plan sponsor	
Preparer's		ne, if applicable) and address (in	nclude room or suite numbe			telephone number	
						Farm 5500 05 (0040)	

b c	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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in	an indeper and conditi ot use Fo	ident qualified public accountant (luons.) rm 5500-SF and must instead us	QPA) Yes No e Form 5500.
<u>Pa</u>	rt III Financial Information			
<u> </u>	Plan Assets and Liabilities	7.	(a) Beginning of Year 2012025	(b) End of Year 2324921
-	Total plan assets	7a	0	0
-	Total plan liabilities Net plan assets (subtract line 7b from line 7a)	7b 7c	2012025	2324921
8	Income, Expenses, and Transfers for this Plan Year	70	(a) Amount	(b) Total
a	Contributions received or receivable from: (1) Employers	8a(1)	(a) Amount 44307	
	(2) Participants	8a(2)	96651	
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	172983	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		313941
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1045	
е	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		1045
i	Net income (loss) (subtract line 8h from line 8c)	8i		312896
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 $2G$ 2J 2K 2R 3D	feature co	des from the List of Plan Character	ristic Codes in the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Characteris	stic Codes in the instructions:

Part V Compliance Questions

10	During the plan year:		Yes	No	N/A	Amount
а	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)	10a		Х		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х		
С	Was the plan covered by a fidelity bond?	10c	Х			100000
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		Х		
е	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		Х		
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 as of year-end.)	10g		Х		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		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				

Part	VI	Pension Funding Compliance						
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co m 5500) and line 11a below)						Yes 🗙 No
11a	Ente	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			
12		his a defined contribution plan subject to the minimum funding requirements of section 412 of the Co						Yes 🗙 No
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а	,	valver of the minimum funding standard for a prior year is being amortized in this plan year, see instr	uctior	ns, and	d enter t	he date	of the lett	er ruling
	gran	ting the waiver	onth_		_ Day		Year	
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.					
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		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le 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?				Yes	s XI	No
		es," enter the amount of any plan assets that reverted to the employer this year			13a			
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough rol of the PBGC?	nt und	er the			Yes	X No
c	lf, d	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)			to			
1		Name of plan(s):		13c(2)	EIN(s)		13c(3) PN(s)
Part	VIII	Trust Information						
14a	Name	e of trust			14b ⊺	Frust's E	IN	
14c	Name	e of trustee or custodian					s or custo ne number	
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes		[No	
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section)(3) for the plan year? Check all that apply:		Desig safe h	n-basec arbor	ł	"Prior y test	ear" ADP
				"Curre ADP t	ent year est	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	N/A	
16a		t testing method was used to satisfy the coverage requirements under section 410(b) for the plan ? Check all that apply:		Ratio perce test	entage		verage enefit test	□ N/A
16b		he plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No	
	the le		-			-		
	letter		ter the	e date	of the m	nost rece	ent determ	ination
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not separce?		from	Ye	s	No	
19	Was	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Ye	s	No	

Form 5500-SF	Short Form Annual	Return/Report of Benefit Plan	of Small Employ	ee		OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be		and 4065 of the Employee	,	2	2016
Department of Labor	Retirement Income Security A	ct of 1974 (ERISA), and s	ection 6057(b) and 6058	a) of		s Open to Public
Employee Benefits Security Administration Pension Benefit Guaranty Corporation		ternal Revenue Code (the	,			spection
Part I Annual Report Ic	Complete all entries in ac dentification Information	cordance with the instru	ctions to the Form 5500	-sr.		
For calendar plan year 2016 or fisca		01/01/2016	and ending	12/31	/2016	
A This return/report is for:	a single-employer plan a one-participant plan the first return/report an amended return/report	a list of participating e a foreign plan the final return/report	olan (not multiemployer) (lemployer information in a employer information in a rn/report (less than 12 ma	cordance w		
C Check box if filing under:] Form 5558] special extension (enter descri	automatic extension			VC progra	m
Part II Basic Plan Infor	mation enter all requested i					
1a Name of plan	. 401(k) Profit Sharir			(PN) 1c Effec	number ▶ tive date of	001 i plan
	er, if for a single-employer plan) a, apt., suite no. and street, or P.C , country, and ZIP or foreign posta		ructions)	2b Empl	01/1996 oyer Identii 91-163	fication Number
Advance Capital, Inc.					5) 622-8	
600 University Stree One Union Square US Seattle WA 98101	et, Suite 1616			2d Busin 5222	•	see instructions)
3a Plan administrator's name and	l address 🗴 Same as Plan Spo	onsor		3b Admi	nistrator's l	EIN
				3c Admi	nistrator's t	elephone number
4 If the name and/or EIN of the p name, EIN, and the plan numb	olan sponsor has changed since t ber from the last return/report.	he last return/report filed f	or this plan, enter the	4b EIN		
a Sponsor's name				4c PN		
5a Total number of participants at	• • • •			<u>5a</u>		13
	t the end of the plan year count balances as of the end of the			5b		15
complete this item) d(1) Total number of active partic				5c		13
d(2) Total number of active partic		-		5d(1)		
Number of participants that ter	minated employment during the p	plan year with accrued ber		5d(2)		13
less than 100% vested				5e		0
Caution: A penalty for the late of Under penalties of perjury and oth SB or Schedule MB completed and belief, it is true, correct, and completed	er penalties set forth in the instruct d-signed by an enrolled actuary, a state	ctions, I declare that I have as well as the electronic ve	e examined this return/rep	ort, includin	iq, if applic	able, a Schedule knowledge and
SIGN (Child	pan-	4/10/17		2007/10/2012/00/2010/00/00/00/00/00/00/00/00/00/00/00/00/		
HERE Signature of plan admit	histrator	Date	Enter name of individua	l signing as	plan admir	nistrator
SIGN HERE Signature of employer/s		9/[0/[] Date	Catos activity in the	Lalarta		
HERE Signature of employer/j Preparer's name (including firm na Skip this question		2.73706200	Enter name of individua er)	Preparer's	nd steamter and states and states and	number

Form 5500-SF 2016 Page 2 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 gualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) X Yes 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. Part III **Financial Information** 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year Total plan assets а 7a 2,012,025 2,324,921 Total plan liabilities b 7b 0 0 Net plan assets (subtract line 7b from line 7a) С 7c 2,012,025 2,324,921 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total Contributions received or receivable from: а 44,307 (1) Employers 8a(1) 96,651 (2) Participants 8a(2) (3) Others (including rollovers) 8a(3) h Other income (loss) 8b 172,983 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) С 8c 313,941 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 1,045 Certain deemed and/or corrective distributions (see instructions) ... e 8e f Administrative service providers (salaries, fees, commissions) 8f Other expenses g 8g h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 1,045 i Net income (loss) (subtract line 8h from line 8c) 312,896 8i Transfers to (from) the plan (see instructions) 8j 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: 2E 2G 2J 2K 2R 3D 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: N/A Yes No Amount Was there a failure to transmit to the plan any participant contributions within the time period а described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction х Program) 10a ****** Were there any nonexempt transactions with any party-in-interest? (Do not include transactions h reported on line 10a.) 10b х Was the plan covered by a fidelity bond? С 10c х 1,000,000 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? х 10d ***** е 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.) х 10e 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 as of year end.) 10g х If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR h 2520.101-3.) 10h 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

Form 5500-SF 2016

Daga	2	_	
Page	J	-	1

Par									
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions an (Form 5500 and line 11a below)	nd complet	te Sch	edule SI	3		Yes	X	No
	a 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 ERISA?	e Code or	section	n 302 of			Yes	x	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see granting the waiver		ns, and	l enter ti Dav			letter i ar	uling	
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lin								*
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 t negative amount)			12d					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	******			Yes 🗌] No		N/A	
Part	t VII Plan Terminations and Transfers of Assets							_	
13a	a 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						Yes	X	No	
с	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide which assets or liabilities were transferred. (See instructions.)			to					
1:	3c(1) Name of plan(s):	13c	(2) EI	V(s)	T	13	Bc(3) P	N(s)	
	t VIII Trust Information - Skip These Questions	<u> </u>							
	t VIII Trust Information - Skip These Questions a Name of trust	<u> </u>		14b ⊺ı	rust's E	IN			
14a		<u> </u>		14d Tr	rust's E rustee c lephone	or cust			
14a	a Name of trust C Name of trustee or custodian	1		14d Tr	rustee c	or cust		;	
14a 14c Par	a Name of trust C Name of trustee or custodian	I	Ye	14d ⊺r te	rustee c	or cust			
14a 14c Part 15a	A Name of trust Name of trustee or custodian IRS Compliance Questions - Skip These Questions Is the plan a 401(k) plan? If "No," skip b. How did the plan satisfy the nondiscrimination requirements for employee deferrals under section		De	14d Tr te s s	rustee c lephone	or cust	No "Prior		` ADP
14a 14c Part 15a	A Name of trust Name of trustee or custodian IRS Compliance Questions - Skip These Questions Is the plan a 401(k) plan? If "No," skip b.		De] saf	14d Tr te s s sign-bas re harbor urrent ye	rustee c lephone	or cust	No		' ADP
14a 14c Part 15a 15b	A Name of trust Name of trustee or custodian IRS Compliance Questions - Skip These Questions Is the plan a 401(k) plan? If "No," skip b. How did the plan satisfy the nondiscrimination requirements for employee deferrals under section		De De saf Cu AD Ra	14d Tri te s sign-bas e harbor urrent ye P test tio rcentage	rustee c lephone sed r ear"	or custo e numl	No "Prior test N/A		* ADP
14a 14c Part 15a 15b	A Name of trust Name of trustee or custodian IRS Compliance Questions - Skip These Questions IRS Compliance Questions - Skip These Questions Is the plan a 401(k) plan? If "No," skip b. How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply: A What testing method was used to satisfy the coverage requirements under section 410(b) for the plan	in 	De Saf Ci AD Ra De	14d Tri te s sign-bas re harbor urrent ye P test tio ccentage t	rustee c lephone sed r ear"	or custo e numl	No "Prior test N/A age		
14a 14c 14c 15a 15b 16a 16b	A Name of trust C Name of trustee or custodian t IX IRS Compliance Questions - Skip These Questions A Is the plan a 401(k) plan? If "No," skip b. D How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply: A What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply: D Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(a)(b)	in [] (4)	De saf "Ci AD Ra pei tes	14d Tri te s sign-bas ie harbou urrent ye P test tio ccentage t s	rustee c lephone sed r ear"	or cust e numl	No "Prior test N/A age fit test	year"	N/A
14a 14c 14c 15a 15b 16a 16b	A Name of trust C Name of trustee or custodian IRS Compliance Questions - Skip These Questions A Is the plan a 401(k) plan? If "No," skip b. D How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply: A What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply: D Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(for the plan year by combining this plan with any other plan under the permissive aggregation rules? A If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable I the letter/	(4) IRS opinio	De saf "Ci AD Ra per tes Ye	14d Tri te s sign-bas ie harbou urrent ye P test tio ccentage t s r or advi	rustee c lephone sed r ear"	Avera benee	No "Prior test N/A age fit test No	year"	N/A
14a 14c 14c 15a 15b 16a 16b	A Name of trust C Name of trustee or custodian IRS Compliance Questions - Skip These Questions a Is the plan a 401(k) plan? If "No," skip b. D How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply: a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply: D Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(for the plan year by combining this plan with any other plan under the permissive aggregation rules? a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable I the letter/	(4) (4) (RS opinio S, enter the	De Saf CI AD Pel tes Ye on lette e date	14d Trite te s sign-bas e harbor urrent ye P test tio rcentage t s r or advi of the m	rustee c lephone sed r ear"	Avera benee	No "Prior test N/A age fit test No	year"	N/A