## 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.

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

Part I		t Identification Information	1						
For calend	lar plan year 2018 or f	iscal plan year beginning 01/01/2	2018	and ending 1	2/31/2018				
A This re	turn/report is for:	X a single-employer plan		plan (not multiemployer) ( employer information in ac	-				
		a one-participant plan	a foreign plan						
<b>B</b> This ret	urn/report is	the first return/report	X the final return/repor	t					
		an amended return/report	a short plan year retu	urn/report (less than 12 m	nonths)				
C Check	box if filing under:	Form 5558	automatic extension	1	DFVC progra	ım			
		special extension (enter desc	• •						
Part II	Basic Plan Info	ormation—enter all requested in	formation						
1a Name ADVANTAG	•	EMS RETIREMENT PLAN			1b Three-dig plan numb (PN) ▶				
					1c Effective of	date of plan 01/01/2012			
2a Plan s	sponsor's name (empl	oyer, if for a single-employer plan)			<b>2b</b> Employer	Identification Number			
Mailin	g address (include roo	om, apt., suite no. and street, or P.0 ce, country, and ZIP or foreign pos	,	etructions)	(EIN)	20-5378410			
EDUTAINM			iai code (ii foreign, see in	structions)	<b>2c</b> Sponsor's telephone number 206-383-7030				
ADVANTAG	E LEARNING STOTE	CIVIO				code (see instructions)			
3802 E. MCGRAW ST.					541600				
SEATTLE, V	VA 96112								
3a Plan a	administrator's name a	and address X Same as Plan Spo	nsor.		<b>3b</b> Administra	ator's EIN			
		_			20 Administra	stor's talanhana number			
					3C Administra	ator's telephone number			
		ne plan sponsor or the plan name honsor's name, EIN, the plan name			4b EIN				
<b>a</b> Spons	sor's name				<b>4d</b> PN				
C Plan N	Name								
<b>5a</b> Total	number of participants	s at the beginning of the plan year.			. 5a	2			
<b>b</b> Total	number of participants	s at the end of the plan year			. 5b	0			
		account balances as of the end of	. , , ,	•	5c	0			
<b>d(1)</b> Tot	tal number of active pa	articipants at the beginning of the p	lan year		. 5d(1)				
		articipants at the end of the plan ye			. 5d(2)				
		o terminated employment during th			<b>5e</b> 0				
		or incomplete filing of this retur							
SB or Scho		ther penalties set forth in the instru and signed by an enrolled actuary, nolete.							
SIGN	Filed with authorized	d/valid electronic signature.	06/17/2019	DAVID ASHCRAFT					
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing as pla	an administrator			
SIGN									
HERE	Signature of empl	over/plan sponsor	Date	Enter name of individ	vidual signing as employer or plan sponsor				

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6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							. X Ye	s No
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)							. X Ye	es $\square$ No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								:2   INO
С	If the plan is a defined benefit plan, is it covered under the PBGC in						_	□ Not de	termined
	If "Yes" is checked, enter the My PAA confirmation number from the		-			L		(See inst	
		· ·						_ `	,
Pa -	rt III   Financial Information		<u> </u>						
7	Plan Assets and Liabilities		(a) Beginning (				(b) En	d of Year	
_ <u>a</u>	Total plan assets	7a	10	08292				(	)
<u>b</u>	Total plan liabilities	7b	4.	20000					
	Net plan assets (subtract line 7b from line 7a)	7c		08292					)
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total	
а	Contributions received or receivable from:  (1) Employers	8a(1)							
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b		3409					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						3409	)
d	Benefits paid (including direct rollovers and insurance premiums		1	11246					
	to provide benefits)	8d	ı	11240					
<del>t</del>	Certain deemed and/or corrective distributions (see instructions)	8e		455					
	Administrative service providers (salaries, fees, commissions)	8f		433					
<u>g</u>	Other expenses	8g						11170	
<u>-n</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							
<del>+</del>	Net income (loss) (subtract line 8h from line 8c)	8i						-108292	
		8j							
_	rt IV   Plan Characteristics		1 ( 11 11 ( 17)	01		0	1 1 1 1		
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	reature co	odes from the list of Pi	an Cna	racteri	Stic Co	odes in the in	structions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Pla	n Chara	acteris	tic Co	des in the ins	tructions:	
Par	t 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					7 anoun	
	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction			V			
	Program)			10a		Х			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X			
	Was the plan covered by a fidelity bond?			10c	Χ			250	0000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	-		10d		X			
е	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.)			10e	X				64
f	f Has the plan failed to provide any benefit when due under the plan? 10f					X			
9	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g					X			
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X			
i	If 10h was answered "Yes," check the box if you either provided the	ne require	d notice or one of the						
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i	<u> </u>	<u> </u>			

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Part	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor (Form 5500) and line 11a below)			В	. Y	es 🗌 No
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 Cod ERISA?	e or section	n 302 of			es 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 instrugranting the waiver		d enter t Day		of the letter Year _	ruling
lf :	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 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 negative amount)	of a	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?			X Yes	. 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 control of the PBGC?				X Yes	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	the plan(s)	) to			
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)

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## Short Form Annual Return/Report of Small Employee **Benefit Plan**

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

2018

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Part	Annual Repor	t Identification Information	The second secon				
	ar plan year 2018 or		/01/2018	and ending	12/31/	2018	
△ This res	turn/report is for:		a multiple-employer pl	an (not multiemployer)	(Filers checking	this box must attach a	
A miste	cummeport is ion.	a one-participant plan	a foreign plan	nployer information in a	ccordance with t	the form instructions.)	
B This ret	urn/report is	the first return/report	✓ ✓X the final return/report				
an amended return/report a short plan year return/report (less than 12 months)							
C Check	box if filing under:	Form 5558	automatic extension		DFVC progr	am	
		special extension (enter descriptio	•				
Part II	Basic Plan Info	ormation—enter all requested information	ation				
1a Name ADVA		NG SYSTEMS RETIREMENT PL	AN		1b Three-diplan num		
					1c Effective 01/01		
2a Plan s	oonsor's name (emple	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O. Bo				r Identification Number	
City or	town, state or provin	ce, country, and ZIP or foreign postal co	x) de (if foreign, see inst	ructions)		-5378410	
	AINMENT LLC			,		's telephone number 83-7030	
ADVANTAGE LEARNING SYSTEMS 3802 E. MCGRAW ST.				2d Business code (see instructions)			
SEAT	TLE	WA 98112			54160	0	
3a Plan administrator's name and address X Same as Plan Sponsor.				3b Administrator's EIN			
					20 Advitation of the		
					3c Administrator's telephone number		
4 If the r	name and/or FIN of th	ne plan sponsor or the plan name has ch	anged since the lest r	oturn/report filed for	Als en		
this pl	an, enter the plan spo	onsor's name, EIN, the plan name and the	ne plan number from the	he last return/report.	4b EIN		
a Spons C Plan N					4d PN		
- Tann	unc						
<b>5a</b> Total r	number of participants	s at the beginning of the plan year			5a	2	
<b>b</b> Total r	number of participants	s at the end of the plan year			5b	0	
C Numbi compi	er of participants with ete this item)	account balances as of the end of the p	lan year (only defined	contribution plans	5c	0	
		articipants at the beginning of the plan ye				1	
d(2) Tota	al number of active pa	articipants at the end of the plan year			5d(2)	0	
than	100% vested	terminated employment during the plan			5e		
Caution: A	penalty for the late	or incomplete filing of this return/rep ther penalties set forth in the instructions	ort will be assessed	unless reasonable ca	use is establisi	ned.	
SB or Sche	dule MB completed a rue, correct, and com	ind signed by an enrolled actuary, as we	Il as the electronic ve	rsion of this return/repor	port, including, i rt, and to the bes	r applicable, a Schedule st of my knowledge and	
SIGN			6/11/19	DAVID ASHCRAF	Т		
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing as p	lan administrator	
SIGN							

Date

HERE

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FUIII	2200	-01	(20	lö.

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<ul> <li>Were all of the plan's assets during the plan year in</li> <li>Are you claiming a waiver of the annual examination</li> <li>under 29 CFR 2520.104-46? (See instructions on waif you answered "No" to either line 6a or line 6b.</li> </ul>	n and report of an independ valver eligibility and condition , the plan cannot use Forn	ent qualified public acc ns.) n 5500-SF and must i	ountant (I	QPA) e Form 550		
c If the plan is a defined benefit plan, is it covered und If "Yes" is checked, enter the My PAA confirmation	der the PBGC insurance pro number from the PBGC pre	gram (see ERISA secti mium filing for this plan	on 4021)? year	' ] Ye	es No Not determined (See instructions.)	
Part III Financial Information						
7 Plan Assets and Liabilities		(a) Beginning of	/oar		the Fad of Voca	
a Total plan assets	7a		8,292		(b) End of Year	
b Total plan liabilities			0,204			
C Net plan assets (subtract line 7b from line 7a)		1(	8,292			
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	,0,2,52			
Contributions received or receivable from:     (1) Employers		(a) Amount			(b) Total	
(2) Participants	8a(2)					
(3) Others (including rollovers)	8a(3)			- 13		
b Other income (loss)			3,409			
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)					3,409	
d Benefits paid (including direct rollovers and insurance to provide benefits)	8d	11	1,246		automa a the	
e Certain deemed and/or corrective distributions (see						
f Administrative service providers (salaries, fees, com	nmissions) 8f		455		In.	
g Other expenses	8g					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			111,70		
i Net income (loss) (subtract line 8h from line 8c)					-108,292	
j Transfers to (from) the plan (see instructions)				West of the Contract of the Co		
9a If the plan provides pension benefits, enter the application 2E 2G 2J 2K 2T 3D  b If the plan provides welfare benefits, enter the application of the plan provides welfare benefits, enter the application of the plan provides welfare benefits.						
Part V Compliance Questions						
10 During the plan year:			Yes	No	Amount	
Was there a failure to transmit to the plan any part described in 29 CFR 2510.3-102? (See instruction Program)	ns and DOL's Voluntary Fide	uciary Correction	0a	x		
b Were there any nonexempt transactions with any preported on line 10a.)	party-in-interest? (Do not inc	lude transactions	0b	х		
C Was the plan covered by a fidelity bond?	***************************************		nc X		250,000	
d Did the plan have a loss, whether or not reimburse by fraud or dishonesty?	d by the plan's fidelity bond	fidelity bond, that was caused		х		
<ul> <li>Were any fees or commissions paid to any brokers carrier, insurance service, or other organization the</li> </ul>	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.)		Oe X		64	
f Has the plan failed to provide any benefit when du	e under the plan?		Of	х		
g Did the plan have any participant loans? (If "Yes,"	enter amount as of year-end	1)	0g	х		
h If this is an individual account plan, was there a bla 2520.101-3.)	ackout period? (See instruct	ions and 29 CFR	Oh	х		
i If 10h was answered "Yes," check the box if you ei exceptions to providing the notice applied under 29	ther provided the required n	otice or one of the	Oi			

For	rm 5500-SF (2018) Page <b>3-</b>					
Part VI Pe	ension Funding Compliance					
11 Is this a (Form 55	defined benefit plan subject to minimum funding requirements? (If "Yes," see instruction 500) and line 11a below)	ns and complete Sch	nedule S	SB		
11a Enter the	e unpaid minimum required contributions for all years from Schedule SB (Form 5500) II	ne 40	44			
ERISA?	defined contribution plan subject to the minimum funding requirements of section 412, "complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	of the Code as a selle	11a n 302 c	l of	Y	es X No
a If a waive granting	er of the minimum funding standard for a prior year is being amortized in this plan year the waiver.	Month	d enter Da			r ruling
If you comp	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip	to line 13.	Da	у	Year	
<b>b</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			
u Subtract	the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign amount)	to the left of a	12d			
e Will the n	minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No [	] N/A
	an Terminations and Transfers of Assets				1	1 14/7
	solution to terminate the plan been adopted in any plan year?			X Yes	Пи	
If "Yes," e	enter the amount of any plan assets that reverted to the employer this year		13a	1 103		,
b Were all t	the plan assets distributed to participants or beneficiaries, transferred to another plan, the PBGC?	an h		Įx.	Yes [	No No
C II, during	this plan year, any assets or liabilities were transferred from this plan to another plan(sets or liabilities were transferred.	s), identify the plan(s)	to			
13c(1) Nam	ne of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)