Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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 | Annual Report I | dentification Information | | | | |
|---------------------------|---------------------------|--|---------------------------|--|------------------------------------|-----------------------------------|
| For calend | lar plan year 2018 or fis | cal plan year beginning 01/01/2 | 2019 | and ending 09 | 9/30/2019 | |
| A This re | turn/report is for: | a single-employer plan | | olan (not multiemployer) (F mployer information in ac | _ | |
| D | | a one-participant plan | a foreign plan | | | |
| B This ret | urn/report is | the first return/report | x the final return/report | | | |
| | | an amended return/report | x a short plan year retu | rn/report (less than 12 mo | onths) | |
| C Check | box if filing under: | Form 5558 | automatic extension | [| DFVC progr | am |
| | | special extension (enter descri | ription) | | | |
| Part II | Basic Plan Infor | rmation—enter all requested in | formation | | | |
| 1a Name ADVANCE (| • | PROFIT SHARING PLAN | | | 1b Three-dig plan num (PN) ▶ | |
| | | | | | 1c Effective | date of plan 01/01/1996 |
| | | ver, if for a single-employer plan) |) Payl | | | Identification Number |
| | | n, apt., suite no. and street, or P.C e, country, and ZIP or foreign post | | tructions) | (EIN) | 91-1630625 |
| ADVANCE (| CAPITAL, INC. | | | · | | s telephone number 06-622-8085 |
| | | | | | 2d Business | code (see instructions) |
| P.O. BOX 22 SEATTLE, V | 211 VA 98111-2211 | | | | | 522291 |
| , | | | | | | |
| 3a Plan a | administrator's name an | d address 🛛 Same as Plan Spor | nsor. | | 3b Administr | ator's EIN |
| | | | | - | 3c Administ | rator's telephone number |
| | | | | | 3C Administr | ator's telephone number |
| | | | | | | |
| | | | | | | |
| | | plan sponsor or the plan name hasor's name, EIN, the plan name a | | | 4b EIN | |
| | sor's name | | · | · | 4d PN | |
| C Plan N | Name | | | | | |
| 5a Total | number of participants | at the beginning of the plan year | | | 5a | 13 |
| b Total | number of participants | at the end of the plan year | | | 5b | 0 |
| | | account balances as of the end of | | | 5c | 0 |
| d(1) Tot | al number of active part | ticipants at the beginning of the pl | an year | | 5d(1) | 13 |
| d(2) Tot | tal number of active par | ticipants at the end of the plan yea | ar | | 5d(2) | 0 |
| | | terminated employment during the | | | 5e | 0 |
| | | or incomplete filing of this return | | | ıse is establisi | ned. |
| SB or Sche | | ner penalties set forth in the instructed signed by an enrolled actuary, a lete. | | | | |
| SIGN | Filed with authorized/v | valid electronic signature. | 10/07/2019 | ALLAN KLINGERMAN | | |
| HERE | Signature of plan ac | lministrator | Date | Enter name of individu | ual signing as p | lan administrator |
| SIGN | Filed with authorized/v | valid electronic signature. | 10/07/2019 | ALLAN KLINGERMAN | l | |
| HERE | Signature of employ | er/plan sponsor | Date | Enter name of individu | ual signing as e | mployer or plan sponsor |

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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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility | an indeper and condit | ndent qualified public a | account | ant (IC | PA) | | Yes No |
|----------|---|--------------------------|--------------------------|----------|---------|---------|--------------------------|------------|
| | 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 If "Yes" is checked, enter the My PAA confirmation number from th | nsurance p | rogram (see ERISA se | ection 4 | 021)? | | Yes No Not | determined |
| Pa | rt III Financial Information | | | | | | | |
| _7 | Plan Assets and Liabilities | | (a) Beginning | of Year | | | (b) End of Year | • |
| a | Total plan assets | 7a | 27 | 64383 | | | | 0 |
| <u>b</u> | Total plan liabilities | 7b | | 0 | | | | 0 |
| | Net plan assets (subtract line 7b from line 7a) | 7c | 27 | 64383 | | | | 0 |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amoun | ıt | _ | | (b) Total | |
| a | Contributions received or receivable from: (1) Employers | 8a(1) | | | | | | |
| | (2) Participants | 8a(2) | | | | | | |
| | (3) Others (including rollovers) | 8a(3) | | | _ | | | |
| b | Other income (loss) | 8b | 1: | 24182 | | | | |
| | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | 1241 | 182 |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | 28 | 88390 | | | | |
| <u>e</u> | Certain deemed and/or corrective distributions (see instructions) \dots | 8e | | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | | 175 | | | | |
| g | Other expenses | 8g | | | | | | |
| <u>h</u> | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | 2888 | 565 |
| <u>i</u> | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | -27643 | 383 |
| j | Transfers to (from) the plan (see instructions) | 8j | | | | | | |
| Pai | t 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 Pl | an Cha | racteri | stic Co | des in the instructions | i. |
| b | If the plan provides welfare benefits, enter the applicable welfare for | eature cod | les from the List of Pla | n Chara | acteris | tic Coc | les in the instructions: | |
| Par | t V Compliance Questions | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | Amount | 1 |
| а | Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) | oluntary F | iduciary Correction | 10a | | X | | |
| b | Were there any nonexempt transactions with any party-in-interest reported on line 10a.) | | | 10b | | X | | |
| С | Was the plan covered by a fidelity bond? | | | 10c | X | | 10 | 000000 |
| d | Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? | fidelity bo | nd, that was caused | 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.) | ne or all of | the benefits under | 10e | | X | | |
| f | Has the plan failed to provide any benefit when due under the pla | n? | | 10f | | X | | |
| g | | | • | 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 exceptions to providing the notice applied under 29 CFR 2520.10 | • | | 10i | | | | _ |

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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 complete (Form 5500) and line 11a below) | | SB | Yes 🛚 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 Code or se ERISA? | | 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 instructions, granting the waiver | and enter Da | | of the letter ruling Year | | | | |
| lf 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 | | | | | | |
| C Enter the amount contributed by the employer to the plan for this plan year | | | | | | | | |
| 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? | | X Ye | s 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 control of the PBGC? | the | X Yes ☐ No | | | | | |
| С | If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.) | n(s) to | | | | | | |
| 1 | 3c(1) Name of plan(s): | (2) EIN(s) | | 13c(3) PN(s) | | | | |
| | | | | | | | | |

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor 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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2018

| | Senefit Guaranty Corporation | ► Complete all entries in accordance with the instructions to the Form 5500-SF | cordance with the instruction | ons to the Form 5500 | -SF. | Inspection | |
|----------|--|---|---|---|---------------------------------------|---|-----|
| 4 | Part I Annual Report Ider | dentification Information | | | | | 1 |
| P | For calendar plan year 2018 or fiscal plan year beginning | plan year beginning | 01/01/2019 | and ending | 09/30/2019 | /2019 | 1 |
| | .ĕ. ⊡ | | a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions a foreign plan | (not multiemployer) (| Filers check ccordance v | a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) a foreign plan | i |
| m | This retum/report is: | the first return/report an amended return/report | the final return/report a short plan year return/report (less than 12 months) | eport (less than 12 mo | onths) | * | |
| O | C Check box if filing under: | Form 5558 Special extension (enter description) | automatic extension iption) | | | DFVC program | |
| ď | Part II Basic Plan Informa | mation enter all requested information | information | | | | 1 3 |
| <u>a</u> | 1a Name of plan Advance Capital, Inc. | 401(k) Profit Sharing Plan | ng Plan | | 1b Three-digit plan numb (PN) ▶ | Three-digit plan number (PN) ▶ 001. | |
| | | | | | 1c Effect 01/0 | Effective date of plan 01/01/1996 | 1 |
| 2a | Plan sponsor's name (employer, if for a single-employer plan) Mailing Address (include room, apt., suite no. and street, or P.O. Box) City or fown, state or province, country, and 7IP or foreign postal code (if foreign see instructions) | if for a single-employer plan) apt., suite no. and street, or P.C | O. Box) | fione) | 2b Emplo (EIN) | Employer Identification Number (EIN) 91-1630625 | |
| | Advance Capital, Inc. | | | | 2c Sponso (206) | Sponsor's telephone number (206) 622-8085 | 1 |
| | P.O. Box 2211 | - | | | 2d Business 522291 | Business code (see instructions) 522291 | I . |
| | US Seattle WA 98111-2211 | 5 | | | | | i |
| 3a | Plan administrator's name and address $[X]$ Same as Plan Sponsor | ddress 🗶 Same as Plan Spo | onsor | | 3b Admii | 3b Administrator's EIN | |
| | | | | | 3c Admii | Administrator's telephone number | ì |
| 4 | If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan page and the plan property from the last return/report. | plan sponsor or the plan name has changed since the last return/report filed for sor's name. FIN the plan name and the plan number from the last return/report. | as changed since the last retuined the plan number from the land | rn/report filed for | 4b EIN | | 1 1 |
| a | Sponsor's name | | | | 4d PN | | |
| o | Plan Name | | | | | | |
| 22 | Total number of participants at the beginning of the plan year | | | | 5a | 13 | 1 |
| P | Total number of participants at the end of the plan year | | | | 2b | 0 | [] |
| O | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | ount balances as of the end of | the plan year (only defined co | ntribution plans | 2 c | 0 | 1 |
| ŏ | d(1) Total number of active participants at the beginning of the plan year | vants at the beginning of the pla | an year | | 5d(1) | 13 | 1 |
| b | $\mathbf{d(2)}$ Total number of active participants at the end of the plan year | vants at the end of the plan yea | JE | | 5d(2) | 0 | - 1 |
| ø | Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | io terminated employment during the | plan year with accrued benef | its that were | 2e | 0 | 1 |
| ပိ | Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established | incomplete filing of this retur | rn/report will be assessed ur | nless reasonable ca | use is estal | olished. | - 1 |
| 28.5 | Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. | penalties set forth in the instrusigned by an enrolled actuary, te. | actions, I declare that I have es as well as the electronic versi | xamined this return/re on of this return/repor | port, includi t, and to the | ng, if applicable, a Schedule best of my knowledge and | r |

| SIGN | mus py | 67/4/01 | Alan KIGErman |
|------|------------------------------------|----------|--|
| HERE | Signature of plan administrator | Date , , | Enter name of individual signing as plan administrator |
| SIGN | - musy AM | 61/4/01 | Allan Kloevnen |
| HERE | Signature of employer/plan sponsor | Date / | Enter name of individual signing as employer or plan sponsor |

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| a | Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) | assets? (S | | | | | X Yes No | ſ |
|----------|---|----------------------------|--------------------------------------|-----------|-----------|--------------|---------------------|---------|
| q | Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) | independe | ent qualified public acco | untant | (IQPA) | |] | |
| _ | under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) | d condition use Form | S.)5500-SF and must ins | tead u | Se For | m 5500 | XYes No | |
| - | If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? | rance pro | gram (see ERISA section | n 4021 | | Yes | No Not determined | D |
| . – | If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this year | PBGC prer | nium filing for this year | | |] | (See instructions.) | |
| Pal | Part III Financial Information | | | | | | | 1 |
| _ | lss | 7 | (a) Beginning of Year | f Year | F | = | (b) End of Year | ī |
| a | Total plan assets | 7a | 2,76 | 2,764,383 | _ | | 0 | 1 |
| q | Total plan liabilities | 7.b | | | 0 | | 0 | 1 |
| b | Net plan assets (subtract line 7b from line 7a) | 7c | 2,764, | 54,383 | _ | | 0 | 1 |
| ~ | Plan | | (a) Amount | | | | (b) Total | 1 |
| o c | Contributions received or receivable from: (1) Employers | 8a(1) | | | | | | |
| | (2) Participants | 8a(2) | | | | | | 1 |
| Ĭ | | 8a(3) | | | | | | 1000 |
| q | Other income (loss) | 8b | 12 | 124,182 | 2 | | | |
| ပ | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | Section 1 | | 124,182 | |
| B | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | p8 | 2,88 | 888,390 | _ | | | 2 H |
| e | Certain deemed and/or corrective distributions (see instructions) | 8e | | | | | | |
| , + | Administrative service providers (salaries, fees, commissions) | 8ŧ | | 175 | 2 | | | |
| 6 | Other expenses | 8g | | | | | | |
| ے | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | 2,888,565 | 1 |
| _ | Net income (loss) (subtract line 8h from line 8c) | ig | | | | | (2,764,383) | 1 |
| _ | Transfers to (from) the plan (see instructions) | 8 | | | | | | |
| Pa | Part IV Plan Characteristics | | 2 | | | | | ı |
| 9a | If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: | ature code | s from the List of Plan C | haract | eristic (| Codes in the | e instructions: | |
| | 2E 2G 2J 2K 2R 3D | | | | | | | Í |
| q | If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: | ure codes | from the List of Plan Ch | ıaracteı | istic C | odes in the | instructions: | 1 |
| Pa | Part V Compliance Questions | | | | | | | 1 |
| 2 | During the plan year: | | | | Yes | No N/A | Amount | I |
| 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 | ons within untary Fidt | the time period uciary Correction | , | | | | |
| - | - 1 | | | 10a | + | × | | 1 |
| q | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) | (Do not in | clude transactions | 10b | | × | | |
| ပ | Was the plan covered by a fidelity bond? | | | 10c | × | | 1,000,000 | 0 |
| ъ | Did the plan have a loss, whether or not re by fraud or dishonesty? | delity bond | i, that was caused | 10d | ., | × | | |
| Φ | | er persons or all of th | by an insurance ne benefits under | 10e | | × | | |
| - | Has the plan failed to provide any benefit when due under the plan? | | | 10f | | × | | I |
| g | Did the plan have any participant loans? (if "Yes," enter amount as of year end.) | of year er | id.) | 10g | | × | | 1 |
| ٦ | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | See instruc | tions and 29 CFR | 10H | | × | | local l |
| | 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 | e required | quired notice or one of the | 10i | | | | |
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| " see instructions and complete Schedule SB | (Form 5500) line 40 11a of section 412 of the Code or section 302 of Yes X | this plan year, see instructions, and enter the date of the letter ruling | 00), and skip to line 13. | \vdash | ter a minus sign to the left of a 12d | | | ear 13a | another plan, or brought under the | another plan(s), identify the plan(s) to | 13c(2) EIN(s) 13c(3) PN(s) | | | | |
|---|---|--|--|--|---|--|---|---|---|--|----------------------------|---|--|--|--|
| 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) | red contributions for all years from Schedule SB (Finsup) is subject to the minimum funding requirements of sines 12h 12c 12d and 12e below, as amilicable. | 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 ruling granting the waiver | 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 | Enter the amount contributed by the employer to the plan for the plan year | Subtract the amount in line 1.2c from the amount in line 1.2b, Enter the result (enter a minus sign to the left of a negative amount) Will the minimum funding amount reported on line 12b be met by the funding deadline? | Part VII Plan Terminations and Transfers of Assets | 13a Has a resolution to terminate the plan been adopted in any plan year? | If "Yes," enter the amount of any plan assets that reverted to the employer this year | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | <u></u> | 13c(1) Name of plan(s): | - | | | |

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