

<b>Form 5500-SF</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	<b>Short Form Annual Return/Report of Small Employee Benefit Plan</b>  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).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500-SF.</b>	OMB Nos. 1210-0110 1210-0089  <div style="border: 1px solid black; padding: 5px; text-align: center; font-weight: bold;">2013</div> <b>This Form is Open to Public Inspection</b>
---	--	---

<b>Part I Annual Report Identification Information</b>			
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>			
<b>A</b>	This return/report is for:	<input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a multiple-employer plan (not multiemployer) <input type="checkbox"/> a one-participant plan	
<b>B</b>	This return/report is:	<input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)	
<b>C</b>	Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> DFVC program <input type="checkbox"/> special extension (enter description)	

<b>Part II Basic Plan Information</b> —enter all requested information			
<b>1a</b>	Name of plan <u>VANTEK INC. VIP PLUS DEFINED BENEFIT PLAN</u>	<b>1b</b>	Three-digit plan number (PN) ▶ <u>001</u>
		<b>1c</b>	Effective date of plan <u>01/01/2006</u>
<b>2a</b>	Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>VANTEK INC.</u>  <u>7632 NE HAZEL DELL AVE.</u> <u>VANCOUVER, WA 98665</u>	<b>2b</b>	Employer Identification Number (EIN) <u>91-1286560</u>
		<b>2c</b>	Sponsor's telephone number <u>360-694-9922</u>
		<b>2d</b>	Business code (see instructions) <u>423400</u>
<b>3a</b>	Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor Name <input type="checkbox"/> Same as Plan Sponsor Address <u>VANTEK INC.</u> <u>7632 NE HAZEL DELL AVE.</u> <u>VANCOUVER, WA 98665</u>	<b>3b</b>	Administrator's EIN <u>91-1286560</u>
		<b>3c</b>	Administrator's telephone number <u>360-694-9922</u>
<b>4</b>	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.	<b>4b</b>	EIN
<b>a</b>	Sponsor's name	<b>4c</b>	PN
<b>5a</b>	Total number of participants at the beginning of the plan year .....	<b>5a</b>	<u>2</u>
<b>b</b>	Total number of participants at the end of the plan year .....	<b>5b</b>	<u>2</u>
<b>c</b>	Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) .....	<b>5c</b>	
<b>6a</b>	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>b</b>	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.) .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.</b>			
<b>c</b>	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not determined	

<b>Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.</b>			
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.			
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/14/2014	SHELINA NELSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	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 (optional)			Preparer's telephone number (optional)

**Part III Financial Information**

<b>7 Plan Assets and Liabilities</b>		<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total plan assets .....	<b>7a</b>	1442160	1678467
<b>b</b> Total plan liabilities .....	<b>7b</b>		0
<b>c</b> Net plan assets (subtract line 7b from line 7a) .....	<b>7c</b>	1442160	1678467
<b>8 Income, Expenses, and Transfers for this Plan Year</b>		<b>(a) Amount</b>	<b>(b) Total</b>
<b>a</b> Contributions received or receivable from:			
<b>(1)</b> Employers .....	<b>8a(1)</b>	50000	
<b>(2)</b> Participants .....	<b>8a(2)</b>	0	
<b>(3)</b> Others (including rollovers) .....	<b>8a(3)</b>	0	
<b>b</b> Other income (loss) .....	<b>8b</b>	186307	
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....	<b>8c</b>		236307
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits) .....	<b>8d</b>	0	
<b>e</b> Certain deemed and/or corrective distributions (see instructions) .....	<b>8e</b>	0	
<b>f</b> Administrative service providers (salaries, fees, commissions) .....	<b>8f</b>	0	
<b>g</b> Other expenses .....	<b>8g</b>	0	
<b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g) .....	<b>8h</b>		0
<b>i</b> Net income (loss) (subtract line 8h from line 8c) .....	<b>8i</b>		236307
<b>j</b> Transfers to (from) the plan (see instructions) .....	<b>8j</b>		

**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:  
**1A 1I 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**

<b>10</b> During the plan year:	<b>Yes</b>	<b>No</b>	<b>Amount</b>
<b>a</b> 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) .....	<b>10a</b>	X	
<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) .....	<b>10b</b>	X	
<b>c</b> Was the plan covered by a fidelity bond? .....	<b>10c</b>	X	
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....	<b>10d</b>	X	
<b>e</b> 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.) .....	<b>10e</b>	X	
<b>f</b> Has the plan failed to provide any benefit when due under the plan? .....	<b>10f</b>	X	
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year end.) .....	<b>10g</b>	X	
<b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....	<b>10h</b>		
<b>i</b> 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 .....	<b>10i</b>		

**Part VI Pension Funding Compliance**

<b>11</b> 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) .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>11a</b> Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 .....	<b>11a</b> 0
<b>12</b> Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ..	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	
<b>a</b> 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. .... Month _____ Day _____ Year _____	
<b>If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.</b>	
<b>b</b> Enter the minimum required contribution for this plan year .....	<b>12b</b>

<b>c</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>12c</b>	
<b>d</b> 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).....	<b>12d</b>	
<b>e</b> Will the minimum funding amount reported on line 12d be met by the funding deadline? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

**Part VII Plan Terminations and Transfers of Assets**

<b>13a</b> Has a resolution to terminate the plan been adopted in any plan year? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If "Yes," enter the amount of any plan assets that reverted to the employer this year .....	<b>13a</b>
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>c</b> 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.)	
<b>13c(1)</b> Name of plan(s):	<b>13c(2)</b> EIN(s)

**Part VIII Trust Information (optional)**

<b>14a</b> Name of trust	<b>14b</b> Trust's EIN

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  ▶ <b>File as an attachment to Form 5500 or 5500-SF.</b>	OMB No. 1210-0110  <b>2013</b>  <b>This Form is Open to Public Inspection</b>
--	--	---

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan <u>VANTEK INC. VIP PLUS DEFINED BENEFIT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶ <u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>VANTEK INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>91-1286560</u>
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500

<b>Part I</b>	<b>Basic Information</b>
<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2013</u>
<b>2</b>	Assets:
<b>a</b>	Market value ..... <b>2a</b> <u>1441424</u>
<b>b</b>	Actuarial value ..... <b>2b</b> <u>1441424</u>
<b>3</b>	Funding target/participant count breakdown:
<b>a</b>	For retired participants and beneficiaries receiving payment..... <b>3a</b> <u>0</u> <b>(1) Number of participants</b> <b>(2) Funding Target</b>
<b>b</b>	For terminated vested participants..... <b>3b</b> <u>0</u>
<b>c</b>	For active participants:
<b>(1)</b>	Non-vested benefits ..... <b>3c(1)</b> <u>0</u>
<b>(2)</b>	Vested benefits ..... <b>3c(2)</b> <u>1619393</u>
<b>(3)</b>	Total active..... <b>3c(3)</b> <u>2</u> <u>1619393</u>
<b>d</b>	Total..... <b>3d</b> <u>2</u> <u>1619393</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>
<b>a</b>	Funding target disregarding prescribed at-risk assumptions ..... <b>4a</b>
<b>b</b>	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor..... <b>4b</b>
<b>5</b>	Effective interest rate ..... <b>5</b> <u>5.86 %</u>
<b>6</b>	Target normal cost ..... <b>6</b> <u>0</u>

**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<b>SIGN HERE</b>		<u>10/10/2014</u>
	Signature of actuary	Date
<u>KAREN DUNN, EA, MSPA, QPA</u>	Type or print name of actuary	<u>14-05142</u>
		Most recent enrollment number
<u>INDEPENDENT ACTUARIES, INC.</u>	Firm name	<u>503-520-0848</u>
		Telephone number (including area code)
<u>4500 KRUSE WAY, SUITE 200</u> <u>LAKE OSWEGO, OR 97035</u>	Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

**For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.**

**Schedule SB (Form 5500) 2013**  
**v. 130118**

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
9 Amount remaining (line 7 minus line 8) .....	0	0
10 Interest on line 9 using prior year's actual return of <u>9.38</u> % .....	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year) .....		2797
b Interest on (a) using prior year's effective interest rate of <u>6.06</u> % except as otherwise provided (see instructions) .....		169
c Total available at beginning of current plan year to add to prefunding balance .....		2966
d Portion of (c) to be added to prefunding balance .....		0
12 Other reductions in balances due to elections or deemed elections .....	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	0

Part III Funding Percentages		
14 Funding target attainment percentage .....	14	89.01 %
15 Adjusted funding target attainment percentage .....	15	89.01 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	16	85.61 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
08/18/2014	50000	0			
			Totals ►	18(b)	50000
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years. ....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date .....	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	19c	44082
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
c If line 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost**

<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.94%	2nd segment: 6.15%	3rd segment: 6.76 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code).....				<b>21b</b> 4
<b>22</b> Weighted average retirement age .....				<b>22</b> 66
<b>23</b> Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute				

**Part VI Miscellaneous Items**

<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	<b>27</b>

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

<b>28</b> Unpaid minimum required contributions for all prior years .....	<b>28</b>	0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	<b>29</b>	0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....	<b>30</b>	0

**Part VIII Minimum Required Contribution For Current Year**

<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6).....	<b>31a</b>	0	
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	0	
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment.....	177969	41786	
<b>b</b> Waiver amortization installment .....	0	0	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....	<b>33</b>		
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	<b>34</b>	41786	
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement.....			0
<b>36</b> Additional cash requirement (line 34 minus line 35).....	<b>36</b>	41786	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	<b>37</b>	44082	
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36) .....	<b>38a</b>	2296	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	0	
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0	
<b>40</b> Unpaid minimum required contributions for all years .....	<b>40</b>	0	

**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**

<b>41</b> If an election was made to use PRA 2010 funding relief for this plan:			
<b>a</b> Schedule elected .....	<input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years		
<b>b</b> Eligible plan year(s) for which the election in line 41a was made .....	<input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011		
<b>42</b> Amount of acceleration adjustment .....	<b>42</b>		
<b>43</b> Excess installment acceleration amount to be carried over to future plan years .....	<b>43</b>		

**VANTEK, INC. VIP PLUS DEFINED BENEFIT PLAN****EIN: 91-1286560 PN: 001**

---

**2013 Form 5500 Schedule SB, Line 26 – Schedule of Active Participant Data**

Service/ Age	Less than 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up
Under 25	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0	0	0	0	0
40 to 44	0	0	0	0	0	0	0	0	0	0
45 to 49	0	0	0	0	0	0	0	0	0	0
50 to 54	0	0	1	0	0	0	0	0	0	0
55 to 59	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0
65 to 69	0	0	1	0	0	0	0	0	0	0
70 & up	0	0	0	0	0	0	0	0	0	0

**VANTEK, INC. VIP PLUS DEFINED BENEFIT PLAN****EIN: 91-1286560 PN: 001**

---

**2013 Form 5500 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods****Actuarial Method for Minimum Required Contribution**

Asset Valuation Method	Fair market value.
Valuation Date	First day of plan year.
Yield Curve Selected	24-month average Segmented Yield Curve, subject to corridor provided by MAP-21.
Lookback Month for Determining Segment Interest Rates	4 <sup>th</sup> month prior to valuation date.

**Actuarial Assumptions for Minimum Required Contribution**

Segment Interest Rates	First Segment: 4.94%
	Second Segment: 6.15%
	Third Segment: 6.76%
Assumed Form of Payment	Lump sum.
Lump Sum Payment Assumptions	Greater result of §417(e) applicable mortality and yield curve segments (above) as described in IRS Regulations, and plan factors applying the appropriate yield curve segment to deferral period.
Assumed Commencement Date	Normal retirement date except for substantial owner; Substantial owner assumed to retire at age 67.
Weighted Retirement Age	Age 66. Age is weighted on funding target.
Mortality	
Pre-Retirement	None.
Post-Retirement	See lump sum payment assumptions (above).
Salary Scale	No explicit assumption.
Turnover Rate	No explicit assumption.



**VANTEK, INC. VIP PLUS DEFINED BENEFIT PLAN**

**EIN: 91-1286560 PN: 001**

---

**2013 Form 5500 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods  
(Continued)**

Expenses	None.
Future Compensation	Actual compensation for prior year with annualization for new hires.
Future Annual Hours Worked	Actual hours worked in prior year, with annualization for new hires.

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>► File as an attachment to Form 5500 or 5500-SF.</b>	OMB No. 1210-0110  <b>2013</b>  <b>This Form is Open to Public Inspection</b>
---	--	---

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

► **Round off amounts to nearest dollar.**  
 ► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan VANTEK INC. VIP PLUS DEFINED BENEFIT PLAN	<b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span>	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF  VANTEK INC.	<b>D</b> Employer Identification Number (EIN)  91-1286560	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

<b>Part I Basic Information</b>			
<b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2013</u>			
<b>2</b> Assets:			
a Market value .....	<b>2a</b>	1441424	
b Actuarial value .....	<b>2b</b>	1441424	
<b>3</b> Funding target/participant count breakdown:		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment .....	<b>3a</b>	0	0
b For terminated vested participants .....	<b>3b</b>	0	0
c For active participants:			
(1) Non-vested benefits .....	<b>3c(1)</b>		0
(2) Vested benefits .....	<b>3c(2)</b>		1619393
(3) Total active .....	<b>3c(3)</b>	2	1619393
d Total .....	<b>3d</b>	2	1619393
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>		
<b>5</b> Effective interest rate .....	<b>5</b>	5.86%	
<b>6</b> Target normal cost .....	<b>6</b>	0	

**Statement by Enrolled Actuary**  
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<b>SIGN HERE</b>	KAREN DUNN, EA, MSPA, QPA  Signature of actuary  KAREN DUNN, EA, MSPA, QPA  Type or print name of actuary  INDEPENDENT ACTUARIES, INC.  Firm name  4500 KRUSE WAY, SUITE 200 LAKE OSWEGO OR 97035 Address of the firm	10/10/2014 Date 1405142 Most recent enrollment number 503-520-0848 Telephone number (including area code)
------------------	---	--

<b>Part II Beginning of Year Carryover Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	0
<b>10</b>	Interest on line 9 using prior year's actual return of <u>9.38%</u> .....	0	0
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		2797
	<b>b</b> Interest on (a) using prior year's effective interest rate of <u>6.06%</u> except as otherwise provided (see instructions) .....		169
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		2966
	<b>d</b> Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	0

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	89.01%
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	89.01%
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	85.61%
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and liquidity shortfalls</b>					
<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
08/18/2014	50000	0			
<b>Totals ▶</b>			<b>18(b)</b>	50000	<b>18(c)</b>
					0

<b>19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:</b>	
<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b> 0
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b> 0
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b> 44082
<b>20 Quarterly contributions and liquidity shortfalls:</b>	
<b>a</b> Did the plan have a "funding shortfall" for the prior year? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>b</b> If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>c</b> If 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year	
(1) 1st	(2) 2nd
(3) 3rd	(4) 4th

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost**

<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4 . 94 %	2nd segment: 6 . 15 %	3rd segment: 6 . 76 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code).....				<b>21b</b> 4
<b>22</b> Weighted average retirement age .....				<b>22</b> 66
<b>23</b> Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute				

**Part VI Miscellaneous Items**

<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment .....	<b>27</b>

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

<b>28</b> Unpaid minimum required contributions for all prior years .....	<b>28</b>	0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) .....	<b>29</b>	0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....	<b>30</b>	0

**Part VIII Minimum Required Contribution For Current Year**

<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6) .....	<b>31a</b>	0	
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	0	
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment .....	177969	41786	
<b>b</b> Waiver amortization installment .....	0	0	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....	<b>33</b>		
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) .....	<b>34</b>	41786	
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....			0
<b>36</b> Additional cash requirement (line 34 minus line 35) .....	<b>36</b>	41786	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....	<b>37</b>	44082	
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36) .....	<b>38a</b>	2296	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	0	
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0	
<b>40</b> Unpaid minimum required contributions for all years .....	<b>40</b>	0	

**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**

<b>41</b> If an election was made to use PRA 2010 funding relief for this plan:				
<b>a</b> Schedule elected .....	<input type="checkbox"/> 2 plus 7 years	<input type="checkbox"/> 15 years		
<b>b</b> Eligible plan year(s) for which the election in line 41a was made .....	<input type="checkbox"/> 2008	<input type="checkbox"/> 2009	<input type="checkbox"/> 2010	<input type="checkbox"/> 2011
<b>42</b> Amount of acceleration adjustment .....	<b>42</b>			
<b>43</b> Excess installment acceleration amount to be carried over to future plan years .....	<b>43</b>			

**VANTEK, INC. VIP PLUS DEFINED BENEFIT PLAN****EIN: 91-1286560 PN: 001**

---

**2013 Form 5500 Schedule SB, Line 19 – Discounted Employer Contributions**

Date of contribution	Amount of contribution	For Plan year	Applicable effective interest rate	Discounted contribution
8/18/2014	\$50,000	2013	5.86%, 10.86%	\$44,082

Where two interest rates are shown, a portion of the contribution represents a late quarterly installment.

**VANTEK, INC. VIP PLUS DEFINED BENEFIT PLAN**

**EIN: 91-1286560 PN: 001**

---

**2013 Form 5500 Schedule SB, Line 22 – Description of Weighted Average Retirement Age**

Average retirement age is weighted on the Funding Target. Weighted average retirement is 66.

**Application for Extension of Time  
To File Certain Employee Plan Returns**

OMB No. 1545-0212

► For Privacy Act and Paperwork Reduction Act Notice, see instructions.  
► Information about Form 5558 and its instructions is at [www.irs.gov/form5558](http://www.irs.gov/form5558)

**File With IRS Only****Part I Identification**

<b>A</b> Name of filer, plan administrator, or plan sponsor (see instructions) <b>VANTEK INC.</b> Number, street, and room or suite no. (If a P.O. box, see instructions) <b>7632 NE HAZEL DELL AVE.</b> City or town, state, and ZIP code <b>VANCOUVER, WA 98665</b>	<b>B Filer's identifying number (see instructions)</b> Employer identification number (EIN) (9 digits XX-XXXXXXX) <b>91-1286560</b> Social security number (SSN) (9 digits XXX-XX-XXXX)																		
<b>C</b> Plan name <b>Vantek Inc. VIP Plus Defined Benefit Plan</b>	<table border="1"> <thead> <tr> <th colspan="3" data-bbox="971 504 1144 577">Plan number</th><th colspan="3" data-bbox="1144 504 1279 577">Plan year ending—</th></tr> <tr> <th>MM</th><th>DD</th><th>YYYY</th><th></th><th></th><th></th></tr> </thead> <tbody> <tr> <td>0</td><td>0</td><td>1</td><td>12</td><td>31</td><td>2013</td></tr> </tbody> </table>	Plan number			Plan year ending—			MM	DD	YYYY				0	0	1	12	31	2013
Plan number			Plan year ending—																
MM	DD	YYYY																	
0	0	1	12	31	2013														

**Part II Extension of Time To File Form 5500 Series, and/or Form 8955-SSA**

1 ☐ Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part 1, C above.

2 I request an extension of time until **10 / 15 / 2014** to file Form 5500 series (see instructions).

**Note.** A signature IS NOT required if you are requesting an extension to file Form 5500 series.

3 I request an extension of time until **10 / 15 / 2014** to file Form 8955-SSA (see instructions).

**Note.** A signature IS NOT required if you are requesting an extension to file Form 8955-SSA.

The application is **automatically approved** to the date shown on line 2 and/or line 3 (above) if: **(a)** the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested, and **(b)** the date on line 2 and/or line 3 (above) is not later than the 15th day of the third month after the normal due date.

**Part III Extension of Time To File Form 5330 (see instructions)**

4 I request an extension of time until \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to file Form 5330.

You may be approved for up to a 6 month extension to file Form 5330, after the normal due date of Form 5330.

a Enter the Code section(s) imposing the tax . . . . . ► **a** \_\_\_\_\_

b Enter the payment amount attached . . . . . ► **b** \_\_\_\_\_

c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date . . . . . ► **c** \_\_\_\_\_

5 **State in detail why you need the extension:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ►

Date ►

# VANTEK, INC. VIP PLUS DEFINED BENEFIT PLAN

EIN: 91-1286560 PN: 001

---

## 2013 Form 5500 Schedule SB, Part V – Summary of Plan Provisions

1. Effective Date January 1, 2006.
2. Plan Year January 1 to December 31.
3. Plan Eligibility
  - Eligible Employees All employees.
  - Requirements Later of attainment of age 21 and completion of 2 years of service.
  - Entry date January 1 or July 1 coinciding with or next following completion of eligibility requirements. Plan entry frozen June 10, 2011.
4. Years of Service
  - Eligibility 12-Month period commencing on employee's date of hire during which the employee is credited with at least 1,000 hours; anniversary of employee's date of hire if employee fails to complete 1,000 hours in first 12-month period.
  - Vesting Plan year during which employee is credited with at least 1,000 hours of service.
  - Benefit Plan year during which the participant is credited with at least 1,000 hours of service, excluding years prior to date of entry into the plan.
5. Normal Retirement
  - Eligibility The first day of the month coincident with or following the later of the participant's 65<sup>th</sup> birthday or the 5<sup>th</sup> anniversary of plan entry.
  - Benefit 14.6% of a participant's average monthly compensation multiplied by years of benefit service as a participant, up to 7 years. Benefits frozen June 10, 2011.
6. Early Retirement Not provided.



# **VANTEK, INC. VIP PLUS DEFINED BENEFIT PLAN**

**EIN: 91-1286560 PN: 001**

---

## **2013 Form 5500 Schedule SB, Part V – Summary of Plan Provisions**

**(Continued)**

### **7. Late Retirement**

Eligibility	Defer commencement of benefit beyond normal retirement date.
Benefit	Greater of prior year's accrued benefit actuarially increased for deferred commencement and benefit calculated under normal retirement formula, using additional years of compensation and benefit service, if applicable.

### **8. Disability Benefit**

Eligibility	Total and permanent disability as determined under Social Security Administration.
Benefit	Present value of Accrued Benefits.

### **9. Death Benefit**

Eligibility	Death of participant prior to commencement of benefits.
Benefit	Present value of accrued benefit.

### **10. Termination Benefit**

Eligibility	Termination of employment for reasons other than retirement, death, or disability.
Benefit	100% of the participant's accrued benefit.

### **11. Compensation**

Limits	\$200,000 as indexed; \$255,000 for plan years beginning in or after 2013.
Plan	Total \$415 compensation, excluding elective deferrals.
Average Monthly	Plan compensation averaged over the three consecutive plan years that produce the highest average.

# VANTEK, INC. VIP PLUS DEFINED BENEFIT PLAN

EIN: 91-1286560 PN: 001

---

## 2013 Form 5500 Schedule SB, Part V – Summary of Plan Provisions

(Concluded)

- |                               |   |
|-------------------------------|---|
| 12. Accrued Benefit           | A participant's normal retirement benefit calculated using years of benefit service and average monthly compensation as of the date of calculation. Benefit Accruals frozen June 10, 2011.  |
| 13. Normal Form of Benefit    | Single life annuity.  |
| 14. Optional Forms of Benefit | Lump sum, 50%, 75%, and 100% joint & survivor annuity.  |
| 15. Actuarial Equivalent      |   |
| Interest                      | 5.5% pre- and post-retirement.  |
| Mortality                     | Pre-retirement:       None.<br><br>Post-retirement:    1994 Group Annuity Reserve, projected to 2002, blended 50% Male / 50% Female.  |
| §417(e)                       | Stability period is plan year; lookback month is third month preceding plan year.   |
| 16. Top-Heavy Provisions      | In the event the plan becomes top-heavy, certain provisions will apply. Generally, a plan is top-heavy if more than 60% of the total present value of accrued benefit and account balances are held for key employees, as defined in the Internal Revenue Code. |
| Minimum Accrual               | Each non-key participant shall receive 2% of top-heavy monthly compensation for each year of top-heavy service, up to 10 years.   |
| Top-Heavy Compensation        | Plan compensation averaged over the five consecutive plan years that produce the highest average, excluding compensation in a year during which the plan is not top-heavy.  |
| Vesting                       | The regular vesting schedule meets the minimum requirements.  |
| Status                        | Plan is top-heavy.  |
| 17. Changes Since Last Report | None, other than increases in statutory limits.   |

**VANTEK, INC. VIP PLUS DEFINED BENEFIT PLAN****EIN: 91-1286560 PN: 001**

---

**2013 Form 5500 Schedule SB, Line 32 – Schedule of Amortization Bases****Existing Amortization Shortfall Bases**

Year of Origin	Installment Amount	<u>First Segment Rate</u>		<u>Second Segment Rate</u>		Present Value
		# of Payments	Interest Rate	# of Payments	Interest Rate	
2012	7,161	5	4.94%	1	6.15%	37,902
2011	16,098	5	4.94%	0	N/A	73,260
2010	19,511	4	4.94%	0	N/A	72,704
Total Existing:		42,770				183,866

**Current Year Amortization Shortfall Base**

Year of Origin	Installment Amount	<u>First Segment Rate</u>		<u>Second Segment Rate</u>		Present Value
		# of Payments	Interest Rate	# of Payments	Interest Rate	
2013	(984)	5	4.94%	2	6.15%	(5,897)
Total:		41,786				177,969