

<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  <b>2015</b>  <b>This Form is Open to Public Inspection</b>
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<b>Part I Annual Report Identification Information</b>	
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>05/29/2015</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) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) <input type="checkbox"/> a one-participant plan <input type="checkbox"/> a foreign plan
<b>B</b> This return/report is	<input type="checkbox"/> the first return/report <input checked="" type="checkbox"/> the final return/report <input checked="" type="checkbox"/> an amended return/report <input checked="" 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>2a</b> 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 town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)  <u>VANTEK INC.</u>  <u>7632 NE HAZEL DELL AVE.</u> <u>VANCOUVER, WA 98665</u>		<b>1c</b> Effective date of plan <u>01/01/2006</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. <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>a</b> Sponsor's name		<b>4b</b> EIN  <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>0</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>d(1)</b> Total number of active participants at the beginning of the plan year .....		<b>5d(1)</b>	<u>2</u>
<b>d(2)</b> Total number of active participants at the end of the plan year .....		<b>5d(2)</b>	<u>0</u>
<b>e</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested .....		<b>5e</b>	<u>0</u>
<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.			
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u> <b>Signature of plan administrator</b>	<u>02/09/2016</u> Date	<u>GORDON CASSIE</u> Enter name of individual signing as plan administrator
SIGN HERE	<b>Signature of employer/plan sponsor</b>	Date	Enter name of individual signing as employer or plan sponsor
Preparer's name (including firm name, if applicable) and address (include room or suite number )			Preparer's telephone number

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ..... ☒ Yes ☐ No
- 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.) ..... ☒ 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.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☒ Yes ☐ No ☐ Not determined

**Part III Financial Information**

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
<b>a</b> Total plan assets.....	<b>7a</b>	1627520	0
<b>b</b> Total plan liabilities .....	<b>7b</b>	0	0
<b>c</b> Net plan assets (subtract line 7b from line 7a) .....	<b>7c</b>	1627520	0
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
<b>a</b> Contributions received or receivable from:			
<b>(1)</b> Employers .....	<b>8a(1)</b>	15778	
<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>	31017	
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....	<b>8c</b>		46795
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits) .....	<b>8d</b>	1674315	
<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>		1674315
<b>i</b> Net income (loss) (subtract line 8h from line 8c) .....	<b>8i</b>		-1627520
<b>j</b> Transfers to (from) the plan (see instructions) .....	<b>8j</b>	0	

**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 11 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:		Yes	No	N/A	Amount
<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>				
<b>j</b> Did the plan trust incur unrelated business taxable income? .....	<b>10j</b>				

**Part VI Pension Funding Compliance**

**11** 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) ..... ☒ Yes ☐ No

**11a** Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40..... **11a** 0

**12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?... ☐ Yes ☒ No

(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)

**a** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. .... Month Day Year

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

<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

**13a** Has a resolution to terminate the plan been adopted in any plan year? ..... ☒ Yes ☐ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year ..... **13a** 0

**b** Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ..... ☒ Yes ☐ No

**c** 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)	<b>13c(3)</b> PN(s)

## Part VIII Trust Information

<b>14a</b> Name of trust	<b>14b</b> Trust's EIN
<b>14c</b> Name of trustee or custodian	<b>14d</b> Trustee's or custodian's telephone number

## Part IX IRS Compliance Questions

**15a** Is the plan a 401(k) plan? ..... ☐ Yes ☐ No

**15b** If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? ..... ☐ Design-based safe harbor method ☐ ADP/ACP test

**15c** If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))? ..... ☐ Yes ☐ No

**16a** Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b): ..... ☐ Ratio percentage test ☐ Average benefit test

**16b** Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ..... ☐ Yes ☐ No

**17a** Has the plan been timely amended for all required tax law changes? ..... ☐ Yes ☐ No ☐ N/A

**17b** Date the last plan amendment/restatement for the required tax law changes was adopted \_\_\_\_/\_\_\_\_/\_\_\_\_. Enter the applicable code \_\_\_\_ (See instructions for tax law changes and codes).

**17c** If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter \_\_\_\_/\_\_\_\_/\_\_\_\_ and the letter's serial number \_\_\_\_\_.

**17d** If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter \_\_\_\_/\_\_\_\_/\_\_\_\_.

**18** Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)? ..... ☐ Yes ☐ No

**19** Were in-service distributions made during the plan year? ..... ☐ Yes ☐ No

If "Yes," enter amount ..... **19**

**20** Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)? ..... ☐ Yes ☐ No ☐ N/A

<b>SCHEDULE SB (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 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>2015</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 05/29/2015

▶ **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>2015</u>	
<b>2</b> Assets:	
<b>a</b> Market value .....	<b>2a</b> <u>1627135</u>
<b>b</b> Actuarial value .....	<b>2b</b> <u>1627135</u>
<b>3</b> Funding target/participant count breakdown	
	(1) Number of participants (2) Vested Funding Target (3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>0</u> <u>0</u> <u>0</u>
<b>b</b> For terminated vested participants .....	<u>0</u> <u>0</u> <u>0</u>
<b>c</b> For active participants .....	<u>2</u> <u>1805852</u> <u>1805852</u>
<b>d</b> Total .....	<u>2</u> <u>1805852</u> <u>1805852</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>5.99%</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>01/15/2016</u>
Signature of actuary		Date
<u>KERRY SMITH, ASA, EA, MAAA</u>		<u>14-08292</u>
Type or print name of actuary		Most recent enrollment number
<u>INDEPENDENT ACTUARIES, INC.</u>		<u>503-520-0848</u>
Firm name		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) 2015  
v. 150123**

(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: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %	<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> 68
<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 .....	178717	15607	
<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>	15607	
	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>	15607	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....	<b>37</b>	15635	
<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>	28	
<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**

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**2015 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**

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**2015 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 as adjusted by the Highway and Transportation Funding Act of 2014.
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: 4.72% Second Segment: 6.11% Third Segment: 6.81%
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 age or anniversary of normal retirement date, if later.
Average Retirement Age	Age 68.
Mortality	
Pre-Retirement	None.
Post-Retirement	See lump sum payment assumptions (above).
Salary Scale	No explicit assumption.
Turnover Rate	No explicit assumption.
Expenses	None.



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

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

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**2015 Form 5500 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods  
(Concluded)**

Future Compensation	Actual compensation for prior year.
Future Annual Hours Worked	1,000 or more in each future year.
Changes Since Prior Valuation	None.

<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>2015</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 05/29/2015

► **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) ►	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>2015</u>			
<b>2</b> Assets:			
a Market value .....	<b>2a</b>	1627135	
b Actuarial value .....	<b>2b</b>	1627135	
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	0	0	0
b For terminated vested participants.....	0	0	0
c For active participants.....	2	1805852	1805852
d Total.....	2	1805852	1805852
<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>	5.99%	
<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>	KERRY SMITH, ASA, EA, MAAA <i>KMS</i>  Signature of actuary  KERRY SMITH, ASA, EA, MAAA  Type or print name of actuary  INDEPENDENT ACTUARIES, INC.  Firm name  4500 KRUSE WAY, SUITE 200 LAKE OSWEGO OR 97035 Address of the firm	01/15/2016  Date 1408292  Most recent enrollment number 503-520-0848  Telephone number (including area code)
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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 ☐



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

<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.72%	2nd segment: 6.11%	3rd segment: 6.81%	<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> 68
<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 .....	178717	15607	
<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>	15607	
	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>	15607	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....	<b>37</b>	15635	
<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>	28	
<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>		

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

► 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)

OMB No. 1545-0212

**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> <b>Plan name</b> <b>Vantek Inc. VIP Plus Defined Benefit Plan</b>	<table border="1"><thead><tr><th colspan="3">Plan number</th><th colspan="3">Plan year ending—</th></tr><tr><th></th><th>MM</th><th>DD</th><th>YYYY</th></tr></thead><tbody><tr><td>0 0 1</td><td>05</td><td>29</td><td>2015</td></tr></tbody></table>	Plan number			Plan year ending—				MM	DD	YYYY	0 0 1	05	29	2015
Plan number			Plan year ending—												
	MM	DD	YYYY												
0 0 1	05	29	2015												

**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 **03 / 15 / 2016** 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 **03 / 15 / 2016** 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**

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## **2015 Form 5500 Schedule SB, Part V – Summary of Plan Provisions**

1. Effective Date January 1, 2006. Plan terminated effective March 15, 2015.
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**

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## **2015 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; \$265,000 for plan years beginning in or after 2015.
Plan	Total \$415 compensation, excluding elective deferrals. Compensation includes regular pay and excludes leave cashouts paid within 2½ months of the participant's severance from employment. All other types of post-severance compensation are excluded from compensation.
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

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## 2015 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 | Increases in statutory limits. Plan terminated effective March 15, 2015.                                                                                                                                                                                        |



**VANTEK INC. VIP PLUS DEFINED BENEFIT PLAN****EIN: 91-1286560 PN: 001****2015 Form 5500 Schedule SB, Line 32 – Schedule of Amortization Bases****Existing Amortization Shortfall Bases**

Year of Origin	Installment Amount	First Segment Rate		Second Segment Rate		Present Value
		# of Payments	Interest Rate	# of Payments	Interest Rate	
2014	(2,360)	5	4.72%	1	6.11%	(12,537)
2013	(984)	5	4.72%	0	6.11%	(4,496)
2012	7,161	4	4.72%	0	N/A	26,765
2011	16,098	3	4.72%	0	N/A	46,150
2010	19,511	2	4.72%	0	N/A	38,143
Total Existing:		11,499	*			94,025

**Current Year Amortization Shortfall Base**

Year of Origin	Installment Amount	First Segment Rate		Second Segment Rate		Present Value
		# of Payments	Interest Rate	# of Payments	Interest Rate	
2015	4,108	5	4.72%	2	6.11%	84,692
Total:		15,607	*			178,717

\*Installment pro-rated for short plan year due to plan termination.