Form 5500-SF	Short Form Annu		ort of Small Emplo	yee	OM	B Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service	This form is required to be fill	Benefit Pla	I N and 4065 of the Employee Ret	ree Retirement 2015				
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974	Retronom						
Pension Benefit Guaranty Corporation			nstructions to the Form 550	00-SF.		nopoonon		
Part I Annual Report For calendar plan year 2015 or f	t Identification Information		and ending 12/	31/2015				
<u> </u>	X a single-employer plan		rer plan (not multiemployer) (ing this box r	nust attach a		
A This return/report is for:	a one-participant plan	list of participatin	g employer information in acc	ordance with	n the form ins	structions)		
B This return/report is	the first return/report an amended return/report	the final return/rep	ort eturn/report (less than 12 mo	nths)				
C Check box if filing under:	 Form 5558	automatic extens			VC program			
Dart II Daaia Dian Inf	special extension (enter desc	. ,						
Part IIBasic Plan Info1aName of plan	ormation—enter all requested ir	nformation		1b Three-	digit			
VECTOR MANAGEMENT RETIR	REMENT PLAN			plan nu (PN)	umber	001		
				1c Effectiv	ve date of pla			
Mailing address (include roc	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.0			2b Employ (EIN)	01/01/20 yer Identificat 33-1188	ion Number		
City or town, state or province CTOR MANAGEMENT, LLC	ce, country, and ZIP or foreign pos	tal code (if foreign, see	instructions)	2c Sponsor's telephone number 206-388-3118				
	20			2d Busine	ss code (see	instructions)		
501 PERIMETER RD. S., STE 13 SEATTLE, WA 98108	50				481000			
3a Plan administrator's name a	and address XSame as Plan Spon	sor.		3b Admini	strator's EIN			
			-	3c Admini	strator's tele	ohone number		
4 If the name and/or EIN of th		the last return (report fi	ad for this plan, antor the	4b E 101				
	e plan sponsor has changed since umber from the last return/report.	the last return/report in	-	4b EIN 4c PN				
5a Total number of participants	s at the beginning of the plan year.			5a		4		
	s at the end of the plan year			5b		4		
	account balances as of the end of			5c		2		
. ,	articipants at the beginning of the p		T I I I I I I I I I I I I I I I I I I I	5d(1)		4		
	articipants at the end of the plan ye	-	T T	5d(2)		4		
e Number of participants that than 100% vested	t terminated employment during the	e plan year with accrue	d benefits that were less	5e	- 1 - 1	0		
Under penalties of perjury and o	or incomplete filing of this return ther penalties set forth in the instru- and signed by an enrolled actuary, notete.	ctions, I declare that I h	ave examined this return/repo	ort, including	, if applicable			
SIGN Filed with authorized	d/valid electronic signature.	05/09/2016	ZACHARY J. BARBOR	INAS				
HERE Signature of plan a	administrator	Date	Enter name of individua	al signing as	plan admini	strator		
SIGN HERE Signature of emplo	ovor/plan spansor	Date	Entor name of individua	ol cigning as	omployer			
	oyer/plan sponsor name, if applicable) and address (i		Enter name of individuation (individuation in the second s		elephone nur			
	ce and OMB Control Numbers, see th					m 5500-SF (2015)		

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)					X Yes No			
	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 a If you answered "No" to either line 6a or line 6b, the plan cann							X Yes No			
	If the plan is a defined benefit plan, is it covered under the PBGC in							No Not determined			
Par						L					
_	Plan Assets and Liabilities		(a) Beginning	n of Vo	or.	T		(b) End of Year			
	Total plan assets	7a		351				385719			
	Total plan liabilities	7b									
	Net plan assets (subtract line 7b from line 7a)	7c		351	086			385719			
	Income, Expenses, and Transfers for this Plan Year		(a) Amou	Int			(b) Total				
	Contributions received or receivable from:				000						
	(1) Employers	8a(1)			000						
	(2) Participants	8a(2)		22	381						
-	(3) Others (including rollovers)	8a(3)		2	252						
-	Other income (loss)	8b		2	202			34633			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c				-		54055			
	to provide benefits)	8d									
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				_					
	Net income (loss) (subtract line 8h from line 8c)	ne 8h from line 8c)				_		34633			
	Transfers to (from) the plan (see instructions)	8j									
Par											
9a	If the plan provides pension benefits, enter the applicable pension $2E$ 2G 2J 2K 2T 3D	feature co	odes from the List of Pl	an Chai	racteris	stic Co	odes in t	the instructions:			
В	If the plan provides welfare benefits, enter the applicable welfare fe	eature coo	les from the List of Pla	n Chara	cterist	ic Coo	les in th	ne instructions:			
Part	V Compliance Questions										
10	During the plan year:				Yes	No	N/A	Amount			
а	Was there a failure to transmit to the plan any participant contribu										
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	,		10a		x					
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10b		Х					
С	Was the plan covered by a fidelity bond?			10c	Х			25000			
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					
e		ner person ne or all of	s by an insurance the benefits under	10e		x					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		Х					
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	he require	d notice or one of the	10i							
j	Did the plan trust incur unrelated business taxable income?			10j							
Part	VI Pension Funding Compliance			,		1		ı			
44	In this a defined basefit plan subject to minimum funding requirem					0.1					

••	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			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section	302 of El	RISA?	Yes	X No

Form 5500-SF 2015

Page **3** - 1

-										
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
a	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									
lf	you c	ompleted 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						
-		the amount contributed by the employer to the plan for this plan year		12c						
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)										
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?			Υe	es X No				
		es," enter the amount of any plan assets that reverted to the employer this year		13a						
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou								
D		e PBGC?				Yes 🗙	No			
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th assets or liabilities were transferred. (See instructions.)	fy the plan(s) to							
1	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)			
Part	VIII	Trust Information								
14a	Name	of trust		14b Trust's EIN						
14c	Narr	e of trustee or custodian		14d Trustee's or custodian's telephone number						
Par	t IX	IRS Compliance Questions								
15a	Is th	e plan a 401(k) plan?		Y	es	No				
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		b h	esign- ased safe arbor nethod		ADP/ACP test			
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?		Y	es	No				
		k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	. ,	Цр	atio ercentage est		erage nefit test			
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con plan with any other plans under the permissive aggregation rules?	0	Y	es	No				
17a	Has	the plan been timely amended for all required tax law changes?		Y	es	No	N/A			
	for ta	the last plan amendment/restatement for the required tax law changes was adopted//////	•				tructions			
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placer sory letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable	IRS opinion	or			
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	in's last fa	avorable				
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		Υe	S	No				
19	Were	in-service distributions made during the plan year?		Y	es	No				
	lf "Y€	es," enter amount		19						
20		e required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wed), as required under section 401(a)(9)?		Y	es	No	N/A			

nent of the Treasury al Revenue Service matment of Labor refits Security Administration efit Guaranty Corporation Annual Report rplan year 2015 or fis	Income Security Act of 19 Complete all entries i Identification Informatic	74 (ERISA), and section Revenue Code (the in accordance with the	and 4065 of the Employee Retirements 6057(b) and 6058(a) of the International Code).	al This F	2015 Form is Open to
efits Security Administration efit Guaranty Corporation Annual Report plan year 2015 or fis	Complete all entries i Identification Informatic	Revenue Code (the in accordance with the	Code).	This F	Form is Open to
Annual Report plan year 2015 or fis	Identification Informatic	in accordance with the		l Pub	lic inspection
plan year 2015 or fis	Identification Informatio		instructions to the Form 5500-SF		
	and plan waar baginaina a ways	<u>on</u>			
rn/report is for:	\overline{X} a single-employer plan		and ending 12/31/2015		
·	a one-participant plan	list of participatir	yer plan (not multiemployer) (Filers ng employer information in accordan	checking this bi ice with the form	ox must attach an instructions)
n/report is	the first return/report	the final return/rep	port		
	an amended return/report	a short plan year	return/report (less than 12 months)		
ox if filing under:	Form 5558	automatic extens	ion	DFVC progr	ram
	special extension (enter des	cription)		_	
Basic Plan Info	rmation—enter all requested	information			
plan					
NAGEMENT RETIRE	MENT PLAN				001
					pian
ddress (include room	, apt., suite no. and street, or P.	.O. Box)			
IAGEMENT, LLC	e, country, and ZIP or foreign pos	stal code (if foreign, see	instructions) 2c S	Sponsor's teleph	one number
					888-3118
TER RD. S., STE 130)				see instructions
98108					
	address X Same as Plan Spor		3h a	deninintentente C	-1. L
		1307.	30 A	dministrators E	.IN
			3 C A	dministrator's te	ephone numb
			1		
ne and/or EIN of the					
IN, and the plan num	ber from the last return/report.	the last return/report file	ed for this plan, enter the	IN	
sname			4c P	N	
nber of participants a	t the beginning of the plan year.				4
					4
of participants with ac	count balances as of the end of	the plan year (defined b	penefit plans do not	_	2
					4
					4
of participants that te	minated employment during the	e plan year with accrued	henefits that were less	<u>'</u>	
1% vested			56		0
enalty for the late or	incomplete filing of this retur	n/report will be assess	ed unless reasonable cause is es	tablished.	
e MB completed and	signed by an enrolled actuary, a	as well as the electronic	version of this return/report, and to	uding, if applicat	ble, a Schedule
e. correct, and comple	ete.	· · · · · · · · · · · · · · · · · · ·			
1AST	<u> </u>	1 5/2/201	16 × 1 Zachary J. B.	arborina.	5
ignature of plan adm	ninistrator	Date			
<u> </u>					
		Date	Enter name of individual signir	as employer	or plan sponsor
			nber) Prepare	er's telephone nu	umber
	Basic Plan Info plan VAGEMENT RETIRE Insor's name (employ ddress (include room wn, state or province IAGEMENT, LLC TER RD. S., STE 130 98108 inistrator's name and inistrator's name and ne and/or EIN of the N, and the plan num s name ne of participants a of participants with ac this item)	x if filing under: Form 5558 gecial extension (enter des Basic Plan Information—enter all requested in plan VAGEMENT RETIREMENT PLAN nsor's name (employer, if for a single-employer plan) ddress (include room, apt., suite no. and street, or P. wn, state or province, country, and ZIP or foreign post AGEMENT, LLC TER RD. S., STE 130 98108 sinistrator's name and address X Same as Plan Spor nee and/or EIN of the plan sponsor has changed since N, and the plan number from the last return/report. s name nber of participants at the beginning of the plan year. of participants with account balances as of the end of this item) umber of active participants at the beginning of the plan year of participants that terminated employment during the % vested. mailty for the late or incomplete filling of this returns of perjury and other penalties set forth in the instrue of ME complete and signed by an enrolled actuary, and the plan administrator	x if filing under: Form 5558 automatic extens gsecial extension (enter description) Basic Plan Information—enter all requested information plan VAGEMENT RETIREMENT PLAN Insor's name (employer, if for a single-employer plan) ddress (include room, apt., suite no. and street, or P.O. Box) wm, state or province, country, and ZIP or foreign postal code (if foreign, see IAGEMENT, LLC TER RD. S., STE 130 98108 inistrator's name and address Same as Plan Sponsor. ne and/or EIN of the plan sponsor has changed since the last return/report file N, and the plan number from the last return/report. ename nber of participants at the beginning of the plan year of participants with account balances as of the end of the plan year of participants that terminated employment during the plan year with accrued % vested of participants that terminated employment during the plan year with accrued % vested analty for the late or incomplete filling of this return/report will be assess s of perjury and other penalties set forth in the instructions, I declare that I ha e MB completed and signed by an enrolled actuary, as well as the electronic portect, and complete. I 5/2/226 Ignature of employer/plan sponsor Date	x if filing under: Form 5558 automatic extension gspecial extension (enter description) Basic Plan Information —enter all requested information plan 1b vAGEMENT RETIREMENT PLAN 1c dress (include room, apt., suite no. and street, or P.O. Box) 2b wn, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c AGEMENT, LLC 2d TER RD. S., STE 130 4d 98108 4d winistrator's name and address Same as Plan Sponsor. as name 3b ne and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the sname 4c ne and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the sname 5a nber of participants at the beginning of the plan year. 5a of participants at the end of the plan year. 5b of participants at the end of the plan year. 5d of participants at the end of the plan year. 5d of participants at the end of the plan year. 5d of participants at the end of the plan year. 5d of participants at the end of the plan year 5d	x if filing under: Form 5558 automatic extension DFVC progr Basic Plan Information—enter all requested information ib Three-digit plan number plan the three-digit plan number ib Three-digit plan number plan the three-digit plan number plan number ib Three-digit plan number plan defrees (include room, apt, suite no, and street, or P.O. Box) the three-digit date of of 0to1/2008 2b Employer (dentification) wn, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Zc Sponsor's telp? Sponsor's telp? AGGEMENT, LLC Zc Business code (s 481000 481000 481000 98108 and the plan number from the last return/report. 3b Administrator's tell 3c Administrator's tell ne and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the N, and the plan number from the last return/report. 4b EIN name end address a of the end of the plan year 5a 5b 5c 5b 5c of participants at the beginning of the plan year 5d(1) 5d(2) 5d(2) 5d(2) 5d(2) 5d(2) 5d(2) 5d(2)

Form 5500-SF 2015

	Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of	an indeper	ndent qualified public	accou	ntant (I	OPA)		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan can	and condit	ions.)					K Yes No
с	If the plan is a defined benefit plan, is it covered under the PBGC in							
	art III Financial Information							
7	Plan Assets and Liabilities							
а		. 7a	(a) Beginni	3510				(b) End of Year 385719
b		7b	······			+		303719
Ċ	Net plan assets (subtract line 7b from line 7a)			3510)86			385719
8	Income, Expenses, and Transfers for this Plan Year		(a) Amo	_				
а	Contributions received or receivable from:			Junt				(b) Total
	(1) Employers	8a(1)		100	00			
	(2) Participants			223	381	100		
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b		22	52			
<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						34633
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)					54	1.01 S.	69-5-62-02-0
e		8d						
f	Administrative service providers (salaries, fees, commissions)	8e						
	Other expenses	8f				_		
	Total expenses (add lines 8d, 8e, 8f, and 8g)	_ 8g						
	Net income (loss) (subtract line 8h from line 8c)	8h						
÷	Transfers to (from) the plan (see instructions)	8i	이 그 11. 이 가지 않는 것이 이 책이	물기르니				34633
De		8 j						
9a								
vu	If the plan provides pension benefits, enter the applicable pension to 2E 2G 2J 2K 2T 3D	leature coo	ies from the List of P	ian Cha	Iracteri	stic Co	odes in t	the instructions:
В	If the plan provides welfare benefits, enter the applicable welfare fe	ature code	s from the List of Pla	n Char	acterist	tic Coo	les in th	
Part	V Compliance Questions					-		
10	During the plan year:				Yes	No	N/A	Amount
a	Was there a failure to transmit to the plan any participant contributi described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program)	oluntary Fid	luciary Correction	10a		x		
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	(Do not in	clude transactions	10b		x	1.3	
С	Was the plan covered by a fidelity bond?			10c	x			25000
d	Did the plan have a loss, whether or not reimbursed by the plan's fi by fraud or dishonesty?	idelity bond	l, that was caused	10d		х		
е	Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.)	er persons l	by an insurance e benefits under	10e		x		
f	Has the plan failed to provide any benefit when due under the plan			10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as			10g		х		
h	If this is an individual account plan, was there a blackout period? (S			109		<u>^</u>		
				10h		×		
i 	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-	e required r 3	notice or one of the	10i				
j	Did the plan trust incur unrelated business taxable income?			101				
Part	VI Pension Funding Compliance			,				
11	Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below)	nts? (If "Ye	s," see instructions a	and corr	plete S	Schedi	ule SB (i	Form
11a	Enter the unpaid minimum required contribution for all years from So	chedule SE	3 (Form 5500) line 40)			11a	
12	Is this a defined contribution plan subject to the minimum funding re							RISA? Yes X No

	Form 5500-SF 2015 Page 3 - 1					
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		-	Т		
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver.	Month	l enter t Day		of the letter Year	ruling
1f	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		12b			
C	Enter the amount contributed by the employer to the plan for this plan year		12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)	left of a				,
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
Part						
13a	Has a resolution to terminate the plan been adopted in any plan year?			Πr	es 🛛 No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broup of the PBGC?	tht under the c			Yes X	No
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi which assets or liabilities were transferred. (See instructions.)	fy the plan(s) to	0	<u>. </u>		
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)
-						
Part	VIII Trust Information					
14a	Name of trust		14b	Trust's El	IN	
14c	Name of trustee or custodian	<u> </u>	14d		s or custod e number	lian's
Part	IRS Compliance Questions		<u> </u>			
15a	Is the plan a 401(k) plan?		[] Ye	s	No	
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	employer	ba ha	esign- ised safe irbor ethod	AD tes	P/ACP t
1	f the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cu testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.40 2(a)(2)(ii))?)1(m)-] Ye		[] No	_
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section			itio rcentage st		erage nefit test
16D I	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by comb his plan with any other plans under the permissive aggregation rules?	ining	Ye	3	No	
17a I	las the plan been timely amended for all required tax law changes?		Ye:	\$	No	N/A
f	Date the last plan amendment/restatement for the required tax law changes was adopted	Enter the a				structions
6	the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan dvisory letter, enter the date of that favorable letter and the letter's serial n	umber				ог
<u> </u>	f the plan is an individually-designed plan and received a favorable determination letter from the IRS, en letermination letter		the plan	's last fav	vorable	
18 I	s the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) hade), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin I	nas been slands)?	Yes		No	
19 v	Vere in-service distributions made during the plan year?		Yes		No	
	"Yes," enter amount	ŀ	19			
20 v	Vere required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whe etired), as required under section 401(a)(9)?	ther or not	Yes		No	N/A