For	rt of Small Empl	oyee	C	MB Nos. 1210-0110 1210-0089						
	rtment of the Treasury mal Revenue Service	This form is required to be filed	Benefit Plan d under sections 104 and		etirement		2016			
Employee B	epartment of Labor enefits Security Administration	Income Security Act of 1974		057(b) and 6058(a) of the			orm is Open to c Inspection			
	enefit Guaranty Corporation	Complete all entries in a	accordance with the inst	structions to the Form 5	500-SF.					
For calenda	ar plan year 2016 or fisc	dentification Information al plan year beginning 01/01/2	016	and ending 12	2/31/2016					
A This ref	turn/report is for:	a single-employer plan a one-participant plan		plan (not multiemployer) (employer information in ac		-				
B This retu	urn/report is	the first return/report an amended return/report	the final return/repor	t urn/report (less than 12 m	onths)					
C Check	box if filing under:	Form 5558 special extension (enter descr	automatic extension	1	DFVC p	rogram				
Part II	Basic Plan Infor	nation —enter all requested inf	1 ,							
1a Name		•			(PN)	number				
Mailing	g address (include room,	r, if for a single-employer plan) apt., suite no. and street, or P.O country, and ZIP or foreign posta		structions)	(EIN)	33-11	ication Number 88750			
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) VECTOR MANAGEMENT, LLC					2c Sponsor's telephone number 206-388-3118					
8285 PERIM SEATTLE, W	ETER RD. S. /A 98108				2d Busir	ness code (s 48100	see instructions)			
3a Plan a	dministrator's name and	address 🛛 Same as Plan Spon	isor.			nistrator's E nistrator's te	IN elephone number			
name	, EIN, and the plan numb	blan sponsor has changed since to be from the last return/report.	the last return/report file	d for this plan, enter the	4b EIN					
	or's name				4C PN					
-		t the beginning of the plan year			5a 5b		4			
C Numb	er of participants with ac	t the end of the plan year count balances as of the end of t	he plan year (only define	ed contribution plans	50 50		2			
	,	cipants at the beginning of the pla			5d(1)		4			
		cipants at the end of the plan yea			5d(2)		4			
than	100% vested	rminated employment during the	• •		5e		C			
Under pena	alties of perjury and othe	incomplete filing of this return r penalties set forth in the instruc- signed by an enrolled actuary, a	tions, I declare that I have	ve examined this return/re	port, includi	ng, if applic				
	true, correct, and completed					best of my	Knowledge and			
SIGN	Filed with authorized/va	lid electronic signature.	07/10/2017	ZACHARY J. BARBOR	RINAS					
HERE	Signature of plan adr	ninistrator	Date	Enter name of individ	ual signing	as plan adm	ninistrator			
SIGN HERE	Signature of employe	er/plan sponsor	Date	Enter name of individ	ual signing :	as emplove	r or plan sponsor			
Preparer's		ne, if applicable) and address (in				s telephone				
		see the Instructions for Form 5500	05				orm 5500-SE (2016)			

b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in	an indeper and condit ot use Fo	ndent qualified public accountant (ions.) rm 5500-SF and must instead us	IQPA) Xes No Se Form 5500.
Pa	rt III Financial Information	÷		
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	385719	432841
b	Total plan liabilities	7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	385719	432841
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	10592	
	(2) Participants	8a(2)	22777	
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	13753	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		47122
d	Benefits paid (including direct rollovers and insurance premiums 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		
i	Net income (loss) (subtract line 8h from line 8c)	8i		47122
j	Transfers to (from) the plan (see instructions)	8j		
Pa	rt 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: 2E 2G 2J 2K 2R 2T 3B 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
а	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)	10a		Х		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х		
C	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 fidelity bond, that was caused by fraud or dishonesty?	10d		Х		
е	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.)	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 of year-end.)	10g		Х		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х		
i	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	10i				

Part	VI	Pension Funding Compliance							
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co m 5500) and line 11a below)						Yes	No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Con						Yes 🗙	No
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				•••••			
а		valver of the minimum funding standard for a prior year is being amortized in this plan year, see instr	uctior	ns, and	l enter t	he date	of the lette	er ruling	
	gran	ting the waiver	onth _	-	_ Day		Year_		
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	3.						
b	Enter	the minimum required contribution for this plan year			12b				
с	Enter	the amount contributed by the employer to the plan for this plan year			12c				
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le ative amount)			12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A	۱
Part	VII	Plan Terminations and Transfers of Assets							
13a	Has	a resolution to terminate the plan been adopted in any plan year?				Yes	5 X N	lo	
		es," enter the amount of any plan assets that reverted to the employer this year			13a				
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough rol of the PBGC?	nt und	er the			Yes	< No	
C	lf, du	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th assets or liabilities were transferred. (See instructions.)			to				
		Name of plan(s):		13c(2)	EIN(s)		13c(3	B) PN(s))
	. ,			. ,	. /			, ()	
Part	VIII	Trust Information							
14a	Name	of trust			14b ⊺	Frust's E	EIN		
14c	Name	e of trustee or custodian					s or custoc ne number	lian's	
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes		[No		
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section)(3) for the plan year? Check all that apply:		Desig safe h	n-basec arbor	1	Prior y test	ear" AD	Ρ
				"Curre ADP t	ent year est		N/A		
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	entage		verage enefit test		N/A
16b		he plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No		
	the le		-			-			of
	letter		ter the	e date	of the m	ost rece	ent determ	ination	
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not separ ce?		from	Ye	s [No		

F	orm 5500-SF	Short Form Anni	ual Return/Repor Benefit Plan	t of Small Emplo	byee		OMB Nos. 1210-0 1210-00	
	epartment of the Treasury nternal Revenue Service	This form is required to be fil		4065 of the Employee Re	tirement		2016	
Employe	Department of Labor e Benefits Security Administratio	Income Security Act of 197		057(b) and 6058(a) of the I	This Form is C Public Inspe			
	Benefit Guaranty Corporation		accordance with the ins					
Part	Annual Report	rt Identification Information			00-3F.		• ••• ••	
	ndar plan year 2016 or	fiscal plan year beginning 01/01/20	016	and ending 12/31	/2016		_	
A This	return/report is for:	X a single-employer plan	list of participating e	olan (not multiemployer) (F mployer information in acc		-		
		a one-participant plan	a foreign plan					
B This n	eturn/report is	the first return/report	the final return/report					
		an amended return/report	a short plan year retu	rn/report (less than 12 mo	nths)			
C Chec	k box if filing under:	Form 5558	automatic extension	Г	DFVC pr	maram		
		special extension (enter desc		L		ogram		
Part II	Basic Plan Inf	ormation—enter all requested in	<u> </u>					
and the second state of th	ne of plan				1b Three	e-digit	<u> </u>	
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						1/2008	n pian	
		loyer, if for a single-employer plan)			2b Emplo	oyer Identi	fication Number	
		om, apt., suite no. and street, or P.(nce, country, and ZIP or foreign pos		tructions)		33-11887		
	MANAGEMENT, LLC	,			2c Spon		hone number	
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Form 5500-SF 2016

24

	Were all of the plan's assets during the plan year invested in eligi Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cam	f an indeper / and conditi	ident qualified public	accour	itant (I	QPA)			X Yes	No No
c	If the plan is a defined benefit plan, is it covered under the PBGC i								Not deter	mined
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Yea	r			(b) End o	f Year	
a	Total plan assets	. 7a		3857	'19				43284	1
b	Total plan liabilities	. 7b								
C	Net plan assets (subtract line 7b from line 7a)	. 7c		3857	'19				43284	1
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	nt				(b) To	tal	
а	Contributions received or receivable from:			405	~	1.1.1		ALC: NO	20.14	1.1
	(1) Employers	the start	···	105		1	E			
	(2) Participants			227	<i>//</i>			_		_
	(3) Others (including rollovers)	1 1		407						
	Other income (loss)	. 8b		137	53					
100	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c		112					47122	2
a	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
е	Certain deemed and/or corrective distributions (see instructions)	. 8e						Carlor II		-
f	Administrative service providers (salaries, fees, commissions)				-					-
g	Other expenses	1								
	Total expenses (add lines 8d, 8e, 8f, and 8g)		민리는 바람이 같		1.2					
	Net income (loss) (subtract line 8h from line 8c)	1							47122	,
-i-	Transfers to (from) the plan (see instructions)				-					
Da	t IV Plan Characteristics	8j								
	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2R 2T 3B 3D If the plan provides welfare benefits, enter the applicable welfare f									
Par		2								
10	During the plan year:			_	Yes	No	N/A		Amount	
a	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	/oluntary Fig	duciary Correction	10a		x			Anounc	
b		t? (Do not in	clude transactions	10b		х				
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 by fraud or dishonesty?	fidelity bond	d, that was caused	10d		х				
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ner persons ne or all of th	by an insurance he benefits under	10e		х				
f				10f		х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-en	id.)	10g		х			<u></u> .	
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instruc	tions and 29 CFR	10g		x				
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10	ne required	notice or one of the	10i						

Form 5500-SF 2016

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Page **3**- 1

Part VI Pension Funding Compliance					
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500) and line 11a below)	i complete Sc	hedule S	SB	Y	es 🗌 N
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40.		. 11a			
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the ERISA?	Code or secti	on 302 o	f		es 🗙 N
 (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 in creating the waiver. 	nstructions, ar				ruling
granting the waiver If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Da	<u>y</u>	Year	
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)	e left of a	12d			
e Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
art VII Plan Terminations and Transfers of Assets					
13a Has a resolution to terminate the plan been adopted in any plan year?			Ye	s X No	
If "Yes," enter the amount of any plan assets that reverted to the employer this year		. 13a			
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broucontrol of the PBGC?	ught under the	• •		Yes 🛛	No
C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ider which assets or liabilities were transferred. (See instructions.)	ntify the plan(s	i) to	•		
13c(1) Name of plan(s):	13c(2) EIN(s)		13c(3)	PN(s)
4a Name of trust		14b 1	rust's E	EIN	
14C Name of trustee or custodian				s or custodia ne number	n's
Part IX IRS Compliance Questions					
	Yes		Г	7 No	
15a Is the plan a 401(k) plan? If "No," skip b	····· L		L		
5b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	U safe r ⊡ "Curre	ent year"	E F	 "Prior yea test N/A 	r" ADP
6a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	ADP 1 Ratio		 Av	rerage nefit test	N/A
6b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?			[] No	
7a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS the letter and the serial number	opinion letter	or advis	ory lette	er, enter the	date of
7b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, e letter	enter the date	of the me	ost rece	nt determina	tion
8 Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not sep service?	arated from	[] Yes		No	_
9 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		Yes		No	