_	rm 5500-SF	Short Form Annu	al Return/Repoi Benefit Plan	rt of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089
D	ernal Revenue Service	This form is required to be file Income Security Act of 1974	d under sections 104 and (ERISA), and sections 60	057(b) and 6058(a) of the		2017 This Form is Open to
Employee Benefits Security Administration Revenue Code (the Code). Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Forn						Public Inspection
Part I	Annual Report I	dentification Information				
For calend	lar plan year 2017 or fis	cal plan year beginning 01/01/2			6/30/2018	
A This re	eturn/report is for:	X a single-employer plan		plan (not multiemployer) (employer information in ac		ing this box must attach a ith the form instructions.)
B This ret	turn/report is	the first return/report	the final return/report	t		
		an amended return/report	X a short plan year ret	urn/report (less than 12 m	onths)	
C Check	box if filing under:	Form 5558	automatic extension	I	DFVC p	rogram
		special extension (enter desci				
Part II		mation—enter all requested in	formation		4h -==	11 · 12
1a Name VECTOR M	e of plan IANAGEMENT RETIREI	MENT PLAN			1b Three plan	e-digit number
					(PN)	
					1C Effec	tive date of plan 01/01/2008
Mailin	g address (include room	rer, if for a single-employer plan) n, apt., suite no. and street, or P.C e, country, and ZIP or foreign post		structions)	(EIN)	
-	ANAGEMENT, LLC				2c Spor	sor's telephone number 206-388-3118
8285 PERIN SEATTLE, V	METER RD. S. WA 98108				2d Busir	ess code (see instructions) 481000
3a Plan a	administrator's name and	d address 🛛 Same as Plan Spor	nsor.		3b Admi	nistrator's EIN
					3c Admi	nistrator's telephone number
		plan sponsor or the plan name ha	5	•	4b EIN	
•	sor's name	sor's name, EIN, the plan name a	and the plan number from	the last return/report.	4d PN	
	Name					
5a Total	number of participants a	at the beginning of the plan year			5a	4
b Total	number of participants a	at the end of the plan year			5b	0
C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)						0
d(1) Tot	tal number of active part	ticipants at the beginning of the pl	an year		5d(1)	0
• •		ticipants at the end of the plan year			5d(2)	0
than	100% vested	terminated employment during the			5e	0
Caution: /	A penalty for the late o	r incomplete filing of this return er penalties set forth in the instruc	n/report will be assesse	d unless reasonable cau		
SB or Sch		d signed by an enrolled actuary, a				
SIGN	Filed with authorized/	valid electronic signature.	06/26/2018	ZACHARY J. BARBOI	RINAS	
HERE	Signature of plan ac	Iministrator	Date	Enter name of individe	ual signing a	as plan administrator
SIGN						
HERE	Signature of employ		Date	Enter name of individ	ual signing a	as employer or plan sponsor
For Paperw	vork Reduction Act Notice	e, see the Instructions for Form 5500	J-3F.			Form 5500-SF (2017) v.170203

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	? (See instructions.)					X Yes No
b	Are you claiming a waiver of the annual examination and report of a							X Yes No
	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		,					
C	If the plan is a defined benefit plan, is it covered under the PBGC in							Not determined
•	If "Yes" is checked, enter the My PAA confirmation number from th							(See instructions.)
			3	,				_ (,
Pa	rt III Financial Information		r					
7	Plan Assets and Liabilities		(a) Beginning ((b) En	d of Year
	Total plan assets	7a	54	41921				0
b	Total plan liabilities	7b						
C	Net plan assets (subtract line 7b from line 7a)	7c	54	41921				0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt			(b)	Total
а	Contributions received or receivable from:	8a(1)						
	(1) Employers							
	 (2) Participants	8a(2)			-			
h	(3) Others (including rollovers) Other income (loss)	8a(3) 8b		-6901	-			
				0001	-			-6901
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c						-0901
ŭ	to provide benefits)	8d	53	35020				
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						535020
i	Net income (loss) (subtract line 8h from line 8c)	8i			-541921			
j	Transfers to (from) the plan (see instructions)	8j						
Ра	rt IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2R 2T 3B 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	des in the in	structions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature coo	des from the List of Pla	n Chara	acterist	tic Cod	es in the inst	ructions:
Pa	t V Compliance Questions							
10	During the plan year:				Yes	No		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		
k	Were there any nonexempt transactions with any party-in-interest			100				
	reported on line 10a.)			10b		Х		
				10c	X			55000
C	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonestv?			10d		x		

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e 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

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the plan? (See instructions.)

Has the plan failed to provide any benefit when due under the plan?

If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

2520.101-3.)

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.....

g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)

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Part	VI Pension Fu	iding Compliance				
11		fit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche 11a below)	dule S	В	<u> </u>	'es 🗌 No
11a	Enter the unpaid mir	mum required contributions for all years from Schedule SB (Form 5500) line 40	11a			
12	ERISA?	ribution plan subject to the minimum funding requirements of section 412 of the Code or section me 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	302 of	f 	<u> </u>	′es X No
a		mum funding standard for a prior year is being amortized in this plan year, see instructions, and			f the lette Year _	r ruling
lf y	ou completed line 1	2a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b	Enter the minimum re	uired contribution for this plan year	12b			
С	Enter the amount con	ributed by the employer to the plan for this plan year	12c			
d		n line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a	12d			
е	Will the minimum fur	ding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
Part '	VII Plan Termii	ations and Transfers of Assets				
13a	Has a resolution to ter	ninate the plan been adopted in any plan year?		X Yes	N	0
	If "Yes," enter the an	ount of any plan assets that reverted to the employer this year	13a			0
b		ets distributed to participants or beneficiaries, transferred to another plan, or brought under the		×	Yes	No
С	, , ,	ar, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) ties were transferred. (See instructions.)	to			
1	3c(1) Name of plan(s	13c(2)	EIN(s)		13c(3) PN(s)

Form 5500-S		ual Return/Repo Benefit Plar		oyee	OMB Nos. 1210 1210
Department of the Treasury Internal Revenue Service	This form is required to be fi	led under sections 104 ar	d 4065 of the Employee R	etirement	2017
Department of Labor Employee Benefits Security Adminis	Income Security Act of 197	4 (ERISA), and sections (Revenue Code (the Ci	6057(b) and 6058(a) of the	Internal	This Form is Open
Pension Benefit Guaranty Corpo	ration Complete all entries in		,		Public Inspection
Part I Annual Re	port Identification Information	n	istructions to the Form 5	500-SP.	
For calendar plan year 201	7 or fiscal plan year beginning	01/01/2018	and ending	06/3	0/2018
A This return/report is for:	X a single-employer plan	a multiple-employer	plan (not multiemployer) (Filers check	ing this box must attach
	a one-participant plan	a foreign plan	employer information in ac	cordance w	In the form instructions
B This return/report is	the first return/report	X the final return/repo	rt		
	an amended return/report		turn/report (less than 12 m	onths)	
C Check box if filing under	:] Form 5558	automatic extension	n	DFVC pr	ogram
	special extension (enter desc	cription)		·	
Part II Basic Plan	Information-enter all requested in	formation			
1a Name of plan				1b Three	e-diait
VECTOR MANAGEMENT	RETIREMENT PLAN				umber 001
					ive date of plan 1/2008
Mailing address (include	mployer, if for a single-employer plan) e room, apt., suite no. and street, or P.0	O. Box)		2b Emplo	over Identification Numb
City or town, state or pro VECTOR MANAGEMENT	ovince, country, and ZIP or foreign pos	tal code (if foreign, see in	structions)	2c Spons	sor's telephone number
					388-3118
8285 PERIMETER RD	, S.			48100	ess code (see instructio
SEATTLE	WA 98108				
3a Plan administrator's nam	ne and address X Same as Plan Spo	nsor.		3b Admin	istrator's EIN
				3c Admin	istrator's telephone nun
4 If the name and/or EIN of this place	of the plan sponsor or the plan name ha	as changed since the last	return/report filed for	4b EIN	
 a Sponsor's name c Plan Name 	sponsor's name, EIN, the plan name a	and the plan number from	the last return/report.	4d PN	<u>.</u>
5a Total number of particina	ants at the beginning of the plan year			5a	······
	ants at the end of the plan year			5a 5b	
 C Number of participants w 	vith account balances as of the end of	the plan year (only define	d contribution plans	50 5c	
	participants at the beginning of the pl			5d(1)	
	participants at the end of the plan year			5d(2)	
 e Number of participants v 	who terminated employment during the	plan year with accrued h	penefits that were less	5e 5e	
Caution: A penalty for the la	ite or incomplete filing of this return	/report will be assessed	d uniess reasonable carr		ished
Under penalties of perjury and	d other penalties set forth in the instruct d and signed by an enrolled actuary, a	tions. I declare that I hav	e examined this return/ren	of including	if applicable a School
SIGN		6/21/201	gZACHARY J. BAR	BORINAS	<u></u>
HERE Signature of pla	n administrator	Date	Enter name of individu		nlan administrator
SIGN				a orgining da	
HERE Signature of em	ployer/plan sponsor	Date	Enter name of individu	at cigning or	
For Paperwork Reduction Act No	ployer/plan sponsor otice, see the Instructions for Form 5500	-SF.	Enter name of individu	al signing as	employer or plan spon Form 5500-SF (2

•	÷.	(~~)
	V.	170203

Form 5500-SF 2017

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6a b	 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 under 29 CFR 2520.104-462 (See instructions on waiver eligibility) 	' an indene	endent qualified public	accour	tant /l.			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) 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 i If "Yes" is checked, enter the My PAA confirmation number from the	nsurance	program (see ERISA	section	4021)?	· [Yes No	Not determined
D					ai	······		(See instructions.)
7		T			·····			
	Plan Assets and Liabilities		(a) Beginning	j of Yea	r		(b) End	of Year
	Total plan assets	7a		541,	921			(
<u>_b</u>		7b						
<u> </u>		70		541,	921			(
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	int			(b)	Total
a	(1) Employers	8a(1)						
	(2) Participants	8a(2)						14. 1
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b		-6,	901			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-6,901
d 	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		535,	020			
e	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						535,020
i	Net income (loss) (subtract line 8h from line 8c)	81						-541,921
j	Transfers to (from) the plan (see instructions)	8j						
	rt IV Plan Characteristics				I.			······
9a	If the plan provides pension benefits, enter the applicable pension $2E$ 2G $2J$ 2K 2R 2T 3B 3D	feature co	des from the List of P	lan Cha	racteri	stic Co	des in the inst	ructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Pla	an Chara	acteris	tic Cod	es in the instri	uctions:
Par	tV Compliance Questions							
10	During the plan year:				Yes	No		Amount
а	described in 29 CFR 2510.3-102? (See instructions and DOL's Vi	oluntary F	iduciary Correction			x		
b	Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not i	nclude transactions	10a 10b		x	<u></u>	
c				10c	x			55,000
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		55,000
e	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	by an insurance	10e		x		
f	Has the plan failed to provide any benefit when due under the plan			10f		x		
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year-e	nd.)	10g		x		
h	If this is an individual account plan, was there a blackout period? (\$	See instru	ctions and 29 CFR	<u>~</u>		x		

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2520.101-3.)

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

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Part VI Pension Funding Compliance					
 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500) and line 11a below) 	complete Sch	nedule S	SB		Yes [N
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		112		<u></u>	
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the C ERISA?	Code or sectio	on 302 c	ı ıf		Yes 🛛 N
a 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	d enter Da		of the lette Year	er ruling
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		<u> </u>		
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	12d			
e 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					<u> </u>
13a Has a resolution to terminate the plan been adopted in any plan year?			X Yes	<u> </u>	10
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 broug control of the PBGC?	abt updar the	i	5	<pre>X Yes [</pre>] No
C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident which assets or liabilities were transferred. (See instructions.)	ify the plan(s)	to	t		
13c(1) Name of plan(s):	13c(2)	EIN(s)	EIN(s) 13c(3) F		
					/