Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee **Benefit Plan**

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).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

For calendar plan year 2017 of fiscal plan year beginning 0.01/2017 an autiple-employer plan an autiple-employer plan (not multiemployee) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)		al Report Identification Informatio							
A This return/report is for: a one-participant plan a foreign plan a short plan year return/report (less than 12 months) C C Check box if filling under:	For calendar plan ye	ar 2017 or fiscal plan year beginning 01/0	1/2017	and ending 12/	31/2017				
B This return/report is	A This return/repor	A distribution plant							
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C Check box if filing under:	B This return/report	the first return/report	the final return/repor	t					
Part II Basic Plan Information—enter all requested information To Effective date of plan		an amended return/report	a short plan year ret	urn/report (less than 12 mo	nths)				
Part II Basic Plan Information—enter all requested information 1a Name of plan SIGMA 401K PLAN 1c Effective date of plan 1c Ceffective date of	C Check box if filing	H . e 2000		automatic extension DFVC program					
1		special extension (enter des	scription)						
plan number (PN) 001 1c Effective date of plan	Part II Basic	Plan Information—enter all requested	information						
plan number (PN) 001 1c Effective date of plan					1b Three	e-digit			
2a 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) KIRSTEN ROSE VINEYARD, L.P. 2a Business code (see instructions) 3a Plan administrator's name and address Same as Plan Sponsor. 3a Plan administrator's name and address Signature of the plan sponsor. 3is W. KENNEWICK, WA 99336-3827 3b Administrator's land Signature of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4b EIN 4d PN 4d PN 5a Total number of participants at the beginning of the plan year 5 Plan Name 5 Total number of participants at the beginning of the plan year 6 Number of participants with account balances as of the end of the plan year. 6 Number of participants with account balances as of the end of the plan year. 6 Number of participants with account balances as of the end of the plan year. 6 Number of participants with erminated employment during the plan year with accrued benefits that were less than 100% vested. 6 Number of participants with terminated employment during the plan year with accrued benefits that were less than 100% vested. 6 Number of participants with terminated employment during the plan year with accrued benefits that were less than 100% vested. 6 Number of participants with terminated employment during the plan year with accrued benefits that were less than 100% vested. 6 Number of participants with cerminated employment during the plan year with accrued benefits that were less than 100% vested. 6 Number of participants with terminated employment during the plan year with accrued benefits that were less than 100% vested. 6 Number of participants with terminated employment during the plan year with accrued benefits that were less than 100% vested. 6 Number of participants a	•				plan	number	001		
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d(2) Total number of active participants at the end of the plan year				-	5c	5c 4			
Provided the second straight of the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 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 Filed with authorized/valid electronic signature. Date Enter name of individual signing as plan administrator	d(1) Total number of active participants at the beginning of the plan year				5d(1) 5				
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HERE	HERE Signatu	re of plan administrator	Date	Enter name of individua	al signing a	as plan adn	ninistrator		
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor									
	HERE Signatu	re of employer/plan sponsor	Date	Enter name of individua	al signing a	as employe	r or plan sponsor		

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	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)					X Yes	☐ No			
С	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 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year						Not dete	rmined		
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End	nd of Year		
a	Total plan assets	7a	14	42635				192756		
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	14	42635				192756		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t	(b)			o) Total		
a	Contributions received or receivable from: (1) Employers	8a(1)		18776						
	(2) Participants	8a(2)		9768						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b	2	21577						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						50121		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0						
е	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		0						
g	Other expenses	8g		0						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						0		
<u></u>	Net income (loss) (subtract line 8h from line 8c)	8i						50121		
j	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3D	feature co	des from the List of Pla	an Cha	racteris	stic Co	des in the ins	tructions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	acterist	ic Cod	les in the instr	uctions:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Amount		
а	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 F	iduciary Correction	10a		X				
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			10b		X				
С	C Was the plan covered by a fidelity bond?			10c	Χ			150	00	
d	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		X				
е	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 the plan? (See instructions.)			10e		X				
f	f Has the plan failed to provide any benefit when due under the plan?			10f		X				
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)			10g		X				
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			10h		X				
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			10i						

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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)						
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 Code or section 302 of ERISA? (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							
lf y	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							
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)	12d					
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?		Yes	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 brought under the control of the PBGC?		Yes X No				
С	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.)						
1	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3) PN(s)			