Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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

2018

This Form is Open to **Public Inspection**

		identification information								
For calendar	plan year 2018 or fis	cal plan year beginning 01/01/2	2018		and ending 12	2/31/2	018			
A This retur	n/report is for:	X a single-employer plan			an (not multiemployer) (ployer information in ac		-			
	·	a one-participant plan	_	foreign plan	,			,		
B This return	n/report is	the first return/report	the	e final return/report						
		an amended return/report	a s	short plan year return	n/report (less than 12 m	onths))			
C Check bo	x if filing under:	X Form 5558	au	utomatic extension		DF	FVC program			
		special extension (enter desc								
Part II	Basic Plan Infor	rmation—enter all requested in	formation	on						
1a Name of	plan					1b	Three-digit			
ABEJA 401(K)	•						plan number			
						10	(PN) Figure (PN) Effective date of	001		
								r pian 1/2016		
2a Plan spo	nsor's name (employ	er, if for a single-employer plan)				2b	Employer Identi	fication Number		
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)							(EIN) 45-54	452549		
VIGNETTE HC		s, country, and zir or foreign post	tai code	(ii forcigii, acc iiiatii	uctions)	2c	Sponsor's telep			
	VIONETTE PIOLONICO EES					24	509-526	see instructions)		
180 TITUS LANE						Zu	`	,		
WALLA WALLA, WA 99362							3121	30		
3a Plan adn	ninistrator's name an	d address 🛛 Same as Plan Spo	nsor.			3b	Administrator's I	EIN		
						3c	Administrator's t	telephone number		
		plan sponsor or the plan name hasor's name, EIN, the plan name a				4b	EIN			
a Sponsor						4d PN				
C Plan Nar	me									
						-	_			
_		at the beginning of the plan year.				5 5		23		
		at the end of the plan year account balances as of the end of						17		
						5		17		
d(1) Total	number of active par	ticipants at the beginning of the p	lan yea	r		5d	• •	19		
		ticipants at the end of the plan ye				5d	(2)	2		
than 10	0% vested	terminated employment during the				5		6		
		or incomplete filing of this retur								
SB or Schedu		ner penalties set forth in the instru ad signed by an enrolled actuary, a elete.								
		valid electronic signature.		10/15/2019	KEN HARRISON					
HERE	Signature of plan ac	dministrator		Date	Enter name of individ	ual sig	gning as plan adr	ministrator		
SIGN	•					`				
HERE	Signature of employ	yer/plan sponsor		Date	Enter name of individ	ual sid	gning as emplove	er or plan sponsor		
	Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor									

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 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 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.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. 						X Yes No X Yes No		
	If the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes No	Not determined . (See instructions.)
Pa	t III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning o	of Year			(b) End	of Year
a	Total plan assets	7a	11	18352				128575
<u>b</u>	Total plan liabilities	7b						
	Net plan assets (subtract line 7b from line 7a)	7с	11	18352				128575
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) 1	otal
a	Contributions received or receivable from: (1) Employers	8a(1)	2	26309				
	(2) Participants	8a(2)	1	16585				
	(3) Others (including rollovers)	8a(3)		0				
b	Other income (loss)	8b		-9733				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						33161
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		19937				
е	Certain deemed and/or corrective distributions (see instructions)	8e		0				
f	Administrative service providers (salaries, fees, commissions)	8f		0				
g	Other expenses	8g		3001				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						22938
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						10223
j_	Transfers to (from) the plan (see instructions)	8j						
Pa	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D 3H	feature co	des from the List of Pla	an Chai	racteris	stic Co	des in the ins	ructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan	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 contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	•		10b		X		
С	Was the plan covered by a fidelity bond?			10c	X			10000
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		
е	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.)	ne or all of	the benefits under	10e		X		
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Χ		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-e	end.)	10g		Χ		
h	If this is an individual account plan, was there a blackout period? 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 con (Form 5500) and line 11a below)			В		es 🗌 No
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 Cod ERISA?	e or section	n 302 of		Y	es X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver		d enter t Day		of the letter Year	ruling
lf :	ou 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			
С	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 left negative amount)	of a	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?			X Yes	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 control of the PBGC?				Yes X	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	the plan(s)	to			
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)

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

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.

1210-0089

OMB Nos. 1210-0110

2018

This Form is Open to Public Inspection

Part I		t Identification Informatio				
For calenda	ar plan year 2018 or	fiscal plan year beginning	01/01/2018	and ending	12/31/2	2018
A This ret	urn/report is for:	X a single-employer plan	a multiple-employer pl list of participating en	lan (not multiemployer) nployer information in a		and the same and t
	** 	a one-participant plan	a foreign plan			
B This retu	rn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year retur	n/report (less than 12	months)	
C Check b	oox if filing under:	X Form 5558	automatic extension		DFVC progra	ım
		special extension (enter de				
Part II	Basic Plan Inf	ormation—enter all requested	information			
1a Name ABEJ	ofplan A 401(k) Pla	n			1b Three-dig plan numl (PN) ▶	
					1c Effective of 01/01/	
		loyer, if for a single-employer plar om, apt., suite no. and street, or F				Identification Number -5452549
	town, state or proving ette Holding	nce, country, and ZIP or foreign pors S LLC	ostal code (if foreign, see inst	ructions)	2c Sponsor's	s telephone number
180	Titus Lane					code (see instructions)
Wall	a Walla	WA 99	362		312130	1
3a Plan a	dministrator's name	and address X Same as Plan S	nonsor		3b Administra	
Ja Flalla	ummstrator s marine	and address A dame as rian o	3011301.		ob rammen	
					3c Administra	ator's telephone number
4 If the r	name and/or EIN of t	he plan sponsor or the plan name	has changed since the last	return/report filed for	4b EIN	
this pl	an, enter the plan sp	oonsor's name, EIN, the plan nam	e and the plan number from	the last return/report.	4d PN	
c Plan N	or's name				70 110	
O I Idil I	idillo					
5a Total	number of participan	ts at the beginning of the plan yea	ar		5a	23
		ts at the end of the plan year			- Eh	17
c Numb	er of participants wit	h account balances as of the end	of the plan year (only define		5c	17
•		participants at the beginning of the			5d(1)	1:
d(2) Tot	al number of active p	participants at the end of the plan	year		5d(2)	
than	100% vested	no terminated employment during			5e	
Caution: A	A penalty for the lat	e or incomplete filing of this ret	urn/report will be assessed	unless reasonable o	ause is establish	ned.
SB or Sche	alties of perjury and edule MB completed true, correct,/and co	other penalties set forth in the ins and signed by an enrolled actuar	tructions, I declare that I have y, as well as the electronic ve	examined this return/ ersion of this return/rep	report, including, roort, and to the bes	t applicable, a Schedule at of my knowledge and
SIGN		Hum	10/14/19	Ken Harrison		
HERE	Signature of plan		Date	Enter name of indiv	vidual signing as p	lan administrator
SIGN						
HERE		oloyer/plan sponsor	Date	Enter name of indiv	vidual signing as e	mployer or plan sponsor Form 5500-SF (2018)
For Danony	ork Poduction Act No	tice, see the Instructions for Form 5	SOULSE			roim 5500-5r (2018)

Form 5500-SF (2	20	11	8
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С	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 ir If "Yes" is checked, enter the My PAA confirmation number from the	an independ and condition of use Form Isurance pro	dent qualified public a ons.) m 5500-SF and must ogram (see ERISA se	t instea	ant (IQ Id use 021)?	PA) Form 550	0	X Yes No X Yes No Not determined (See instructions.)
Par	t III Financial Information	The same of the same of						
	Plan Assets and Liabilities		(a) Beginning o		250		(b) End	of Year
	Total plan assets	7a		118,	352	75.00		128,575
	Total plan liabilities	7b		7.7.0	0.5.0			100 505
	Net plan assets (subtract line 7b from line 7a)	7c		118,	352			128,575
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b)	Total
а	Contributions received or receivable from: (1) Employers	8a(1)		26,	309			
-	(2) Participants	8a(2)		16,				
	(3) Others (including rollovers)		VACUUM - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		0			
h	Other income (loss)	8b		-9,	733			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						33,161
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		19,	937			33,101
е	Certain deemed and/or corrective distributions (see instructions)	8e			0	1950		
f	Administrative service providers (salaries, fees, commissions)	8f			0	1.2 6		
g	Other expenses	8g		3,	001			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						22,938
i	Net income (loss) (subtract line 8h from line 8c)	8i						10,223
j	Transfers to (from) the plan (see instructions)	8j					dinghaga ia	
Par	t IV Plan Characteristics	1 01 1						
b	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D 3H If the plan provides welfare benefits, enter the applicable welfare f							tructions:
Par	t V Compliance Questions				acterisi	10 00dc3 1	n the insti	ructions:
Par 10		San Transport Control of the Control				1		
10 a	During the plan year: Was there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's Normal Program)	/oluntary Fi	duciary Correction	10a	Yes	No X		Amount
10 a	During the plan year: Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's Nerogram) Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	/oluntary Fi	duciary Correction	10a 10b	Yes	No		Amount
10 a	During the plan year: Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Nerogram) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond?	/oluntary Fi	duciary Correction			No X		Amount
10 a b	During the plan year: Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's \ Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	/oluntary Fi	duciary Correction nclude transactions d, that was caused	10b	Yes	No X		Amount
10 a b	During the plan year: Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's National Program). Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	/oluntary Fi	duciary Correction nclude transactions d, that was caused by an insurance he benefits under	10b 10c	Yes	No X		
10 a b	During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's National Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or off carrier, insurance service, or other organization that provides son the plan? (See instructions.)	t? (Do not in fidelity bon her persons ne or all of t	duciary Correction nclude transactions d, that was caused by an insurance he benefits under	10b 10c 10d	Yes	No X X		Amount
10 a b c d e f g	During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's \ Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or ott carrier, insurance service, or other organization that provides son the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a	t? (Do not ir fidelity bon her persons ne or all of the sas of year-er	duciary Correction nclude transactions d, that was caused by an insurance he benefits under	10b 10c 10d	Yes	No X X X		Amount
10 a b c d e f	During the plan year: 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) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or off carrier, insurance service, or other organization that provides son the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a	fidelity bon of the or all of the or all of the orange of year-en (See instruction)	duciary Correction nclude transactions d, that was caused by an insurance he benefits under nd.) ctions and 29 CFR	10b 10c 10d 10e 10f	Yes	No X X X X X X		Amount

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Page	3-

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)		edule S	В		Yes No
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 CERISA?					Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
	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 i		of the let Year	
lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.			100000000000000000000000000000000000000	SERVICE COMP. TO VALOR MATERIAL
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			
	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			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
Part '	/II Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?			X Yes		No
***************************************	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a		A PERCENTAGE AND A STATE OF	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broucontrol of the PBGC?	ight under the		[Yes	⊠ No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden which assets or liabilities were transferred.	tify the plan(s)	to			
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c	(3) PN(s)
-						