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).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

Pension	Benefit Guaranty Corporation	▶ Complete all entries in acco	ordance with the instruc	tions to the Form 5500	to the Form 5500-SF.						
Part I	Annual Report le	dentification Information									
For calen	dar plan year 2013 or fisc	cal plan year beginning 01/01/20)13	and ending 1	2/31/2	2013					
	eturn/report is for:	an (not multiemployer)		a one-partici	pant plan						
B This r	eturn/report is:	the first return/report	the final return/report	-/							
•		an amended return/report	╡	n/report (less than 12 mo	ontns)						
C Check	box if filing under:	Form 5558 special extension (enter descript	automatic extension tion)			DFVC progra	am				
Part II	Basic Plan Infor	mation—enter all requested inform	mation								
1a Nam		enter an requested infor	madon		1b	Three-digit					
	IGREDIENTS, LLC 401(F	<) PSP				plan number					
	•					(PN) ▶	001				
					1c	Effective date o	•				
2a Plan	enoneor's name and add	ress; include room or suite number	(omployer if for a single	omployer plan)	2h	01/01 					
	NGREDIENTS, LLC	ress, include room or suite number	(employer, ir for a single-	еттрюует ріаті)		(=)	44842				
12243 US	HWY 12				2c	Sponsor's telep					
NACHES,	WA 98937				2d	Business code 44529	(see instructions)				
3a Plan	administrator's name and	d address XSame as Plan Sponsor	Name Same as Plan	Sponsor Address	3b	Administrator's					
					3с	Administrator's	telephone number				
A 15.41-			- lttt		41.						
		plan sponsor has changed since the ber from the last return/report.	e last return/report filed fo	or this plan, enter the	4b	EIN					
	sor's name				4c	PN					
5a Tota	I number of participants a	at the beginning of the plan year			5a		6				
b Tota	I number of participants a	at the end of the plan year			5b		8				
		ccount balances as of the end of the	. , ,	•	5c		8				
_	•	during the plan year invested in elig					X Yes No				
		the annual examination and report o									
		(See instructions on waiver eligibility					X Yes No				
-		her line 6a or line 6b, the plan can					1				
C If the	plan is a defined benefit	plan, is it covered under the PBGC	insurance program (see	ERISA section 4021)?		Yes X No	Not determined				
Caution:	A penalty for the late of	r incomplete filing of this return/re	eport will be assessed	unless reasonable cau	se is	established.					
SB or Scl		er penalties set forth in the instruction d signed by an enrolled actuary, as v lete.									
SIGN	Filed with authorized/va	alid electronic signature.									
HERE	Signature of plan ad	nature of plan administrator Date Enter name of individu			ual sig	ıning as plan adr	ministrator				
SIGN											
HERE		ture of employer/plan sponsor Date Enter name of individu			ual sig	ning as employe	er or plan sponsor				
Preparer'	s name (including firm na	ame, if applicable) and address; inclu	ude room or suite numbe	r (optional)	Prep	arer's telephone	number (optional)				
				ŀ							

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Pa	rt III Financial Information										
7	Plan Assets and Liabilities				ar (b) End of Year						
a	Total plan assets	4000					(2) 2		23784	4	
	Total plan liabilities										
	Net plan assets (subtract line 7b from line 7a)								23784	4	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total			
	Contributions received or receivable from:						(-)				
	(1) Employers	8a(1)	2871	7							
	(2) Participants	8a(2)	5567	0							
	(3) Others (including rollovers)	8a(3)		0							
b	Other income (loss)	8b	3260	9							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							116996	3	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0							
e	Certain deemed and/or corrective distributions (see instructions)	8e		0							
f	Administrative service providers (salaries, fees, commissions)	8f		0							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								0	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i							11699	6	
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 2E 2F 2G 2J 2K 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instru	uction	s:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	he instru	ctions	:		
Par	Part V Compliance Questions										
10	During the plan year:				Yes	No		Δm	ount		
	Was there a failure to transmit to the plan any participant contribute 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		Х		7	-		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					X					
				10b	Χ					02000	
	<u> </u>			10c						23000	
	or dishonesty?			10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all	•	•								
	instructions.)		. ,	10e		X					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
9	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10q		Χ					
h	If this is an individual account plan, was there a blackout period? ((See instru	ictions and 29 CFR	10h		Х					
i	If 10h was answered "Yes," check the box if you either provided the	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				X					
Part				10i							
11	Is this a defined benefit plan subject to minimum funding requirem								Yes	X No	
114	5500) and line 11a below)							·· L	163	^ INO	
	Enter the unpaid minimum required contribution for current year fr					11a	EDIC::	Тг] V	V NI-	
12	Is this a defined contribution plan subject to the minimum funding			or se	ection	302 of	ERISA?.	<u> </u>	Yes	X No	
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is being	ng amortize	ed in this plan year, see instru		, and e	_	l ne date o			ıling	
	granting the waiver.			th		Day		Ye	ar		
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	E IND (LOL	in Joudy, and Skip to line 13.								
h	Enter the minimum required contribution for this plan year					12b					

Page	3 -		1
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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 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?	Y	es 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 coof the PBGC?	ontrol		Yes X No				
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.)								
13c(1) Name of plan(s):				13c(3) PN(s)				
Part	VIII Trust Information (optional)							
14a Name of trust				14b Trust's EIN				

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

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Part I	Annual Report Identification Information			D				
For calenda	ar plan year 2013 or fiscal plan year beginning 01/01/2013		and ending	2/31/2	2013			
A This ret	turn/report is for: a single-employer plan	a single-employer plan 🛛 a multiple-employer plan (not multiemployer) 🔲 a one-participant plan						
B This ret	turn/report is:	e final return/report						
	an amended return/report as	hort plan year return	/report (less than 12 m	onths)				
C Check I	box if filing under: Form 5558 au	itomatic extension			DFVC progra	am		
	special extension (enter description)				_			
Part II	Basic Plan Information—enter all requested information	on	33/3//	- D.F.G		Marie - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970		
1a Name	of plan			1b	Three-digit			
Unique Ingre	edients, LLC 401(k) PSP				plan number (PN) ▶	001		
		10	Effective date o	f nlan				
					01/01/2	CALCULATION CO.		
2a Plan s _i Unique Ingre	ponsor's name and address; include room or suite number (empedients, LLC	loyer, if for a single-	employer plan)	2b Employer Identification Number (EIN) 91-1944842				
				2c	Sponsor's telep (509) 65			
12243 US H	wy 12			2d		(see instructions)		
Naches, WA	v 98937				445299			
3a Plan a	dministrator's name and address 🏿 Same as Plan Sponsor Nam	ne Same as Plan	Sponsor Address	3b	Administrator's	EIN		
				3с	Administrator's	telephone number		
	name and/or EIN of the plan sponsor has changed since the last	4b EIN						
	, EIN, and the plan number from the last return/report.			4-	IDM.	•		
IV-SIII	or's name number of participants at the beginning of the plan year	4c 5a	PN	6				
b Total number of participants at the end of the plan year					-	8		
	er of participants with account balances as of the end of the plan			5b	 			
compl	lete this item)			5c		8		
	all of the plan's assets during the plan year invested in eligible a		nedget in taking 🕏 taking i sawan balang katang peratan palabahan dan saturah sawa		**********	X Yes No		
	ou claiming a waiver of the annual examination and report of an 29 CFR 2520.104-46? (See instructions on waiver eligibility and					X Yes ☐ No		
	answered "No" to either line 6a or line 6b, the plan cannot	ALL DELL'AND						
C If the p	plan is a defined benefit plan, is it covered under the PBGC insu	rance program (see	ERISA section 4021)?		Yes 🛮 No	Not determined		
Caution: A	penalty for the late or incomplete filing of this return/repor	t will be assessed u	ınless reasonable cau	se is	established.			
SB or Sche	alties of perjury and other penalties set forth in the instructions, I edule MB completed and signed by an enrolled actuary, as well a true, correct, and complete.							
	Day Dn Dl		David M. Olsen					
SIGN HERE	Jack M. O. Viller	12/	David M. Olsen					
TILIXL	Signature of plan administrator	Date 6/13/14	Enter name of individ	ual sig	ning as plan adr	ninistrator		
SIGN		, ,						
HERE	Signature of employer/plan sponsor	Date	Enter name of individ					
Preparer's	name (including firm name, if applicable) and address; include r	oom or suite number	(optional)	Prep	arer's telephone	number (optional)		
					1.00			

Pa	rt III Financial Information										
7	Plan Assets and Liabilities (a) Beginning of Yea				(b) End of Year						
a	otal plan assets								37844		
b	Total plan liabilities										
С	Net plan assets (subtract line 7b from line 7a)	7c	12084	8	237844						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total				
а	Contributions received or receivable from:	0-(4)	2871	7		Fire in					ii.
	(1) Employers	8a(1)	5567	7							
-	(2) Participants	8a(2)		0					-		1
b	(3) Others (including rollovers)	8a(3)	3260								
	Other income (loss)	8b 8c	3200	3		-	44000				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	oc				339			16996		
	to provide benefits)	8d	į	0							
е	Certain deemed and/or corrective distributions (see instructions)	8e		0							i i
f	Administrative service providers (salaries, fees, commissions)	8f		0							
g	Other expenses	8g						1/10		P-1	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0	16	
	Net income (loss) (subtract line 8h from line 8c)	8i						1	16996		
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics					E					
9a	If the plan provides pension benefits, enter the applicable pension	feature coo	des from the List of Plan Char	acteris	tic Co	des in	the instru	ctions	•)		
	2E 2F 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare fe	atura anda	on from the List of Dian Chara	atariati	o Cod	on in t	ha laatu isi				_
D	In the plan provides wellare benefits, effer the applicable wellare le	alure coue	es nom the list of Flan Chara	cteristi	C Cou	es in t	ne mstruci	10115.			
Par	V Compliance Questions										
10	During the plan year:				Yes	No		Amo	unt		_
a	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu		The state of the s	10a		×					
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	Х					23000	0
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		Х					-
е	Were any fees or commissions paid to any brokers, agents, or oth			100		11000					_
	insurance service, or other organization that provides some or all	of the bene	efits under the plan? (See			Х					
	instructions.)			10e						_	_
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х					_
g				10g		Х			- 100		
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			10h		×					
i	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					х					10
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)			•			The state of the s		Yes	X N	0
11a	Enter the unpaid minimum required contribution for current year from	om Schedu	ule SB (Form 5500) line 39			11a					
12	Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of the Code	or se	ction 3	302 of	ERISA?		Yes	X N	0
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applica	ible.)								
а	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										
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (Forr	m 5500), and skip to line 13.								
b	Enter the minimum required contribution for this plan year	b Enter the minimum required contribution for this plan year									