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.

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Part I	Annual Report	t Identification Information							
For calend		iscal plan year beginning 01/01/2		and ending 12/31	/2015				
A This return/report is for: a multiple-employer plan (not multiemployer) (Filers checking this box must attact list of participating employer information in accordance with the form instructions) a foreign plan									
B This retu	urn/report is	the first return/report an amended return/report	the final return/report	n/report (less than 12 month	ns)				
C Check	box if filing under:	Form 5558 special extension (enter desc	automatic extension		DFVC prog	ram			
Part II	Basic Plan Info	ormation—enter all requested in	formation						
1a Name				11	b Three-digit plan number (PN) ▶	001			
				10	C Effective date o	f plan 11/2011			
Mailing	ponsor's name (emplo g address (include roc		b Employer Identi (EIN) 91-1	fication Number 944842					
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) INIQUE INGREDIENTS, LLC					C Sponsor's telep 509-6	hone number 53-1991			
2243 U.S. H				2	d Business code	(see instructions)			
IACHES, W	A 98937				445	299			
3a Plan a	dministrator's name a	nd address XSame as Plan Spon	sor.	3	b Administrator's	EIN			
				30	C Administrator's	telephone number			
		ne plan sponsor has changed since umber from the last return/report.	the last return/report filed fo	or this plan, enter the	b EIN				
a Spons	or's name			4	C PN				
5a Total	number of participants	s at the beginning of the plan year			5a	8			
b Total	number of participants	s at the end of the plan year			5b	8			
	• •	account balances as of the end of	• • •	•	5c	7			
d(1) Tot	al number of active pa	articipants at the beginning of the pl	an year		d(1)	7			
d(2) Tot	al number of active pa	articipants at the end of the plan ye	ar	5	d(2)	7			
than	100% vested	t terminated employment during the			5e	0			
Under pena SB or Sche	alties of perjury and o	or incomplete filing of this return ther penalties set forth in the instru- and signed by an enrolled actuary, a aplete.	ctions, I declare that I have	examined this return/report	, including, if applic				
SIGN	Filed with authorized	I/valid electronic signature.	05/20/2016	DAVID M. OLSEN					
HERE	I		1						

Date

Date

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Signature of plan administrator

Signature of employer/plan sponsor

SIGN HERE Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

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 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 a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cann 	an indepen and condition	dent qualified public a	ccount	ant (IQ	PA)			X	Yes N
c If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)?		Yes	No	Not d	etermined
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End	of Yea	ır
a Total plan assets	7a		325	8008					343588
b Total plan liabilities	7b		005						240500
C Net plan assets (subtract line 7b from line 7a)	7c	(a) A		8906			(1.)		343588
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	unt				(b)	Total	
(1) Employers	8a(1)		20	085					
(2) Participants	8a(2)		34	990					
(3) Others (including rollovers)	8a(3)			0					
b Other income (loss)	8b		-2	2671					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								52404
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		33	8884					
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								33884
i Net income (loss) (subtract line 8h from line 8c)	8i								18520
j Transfers to (from) the plan (see instructions)	8j								
Part IV Plan Characteristics									
 9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D B If the plan provides welfare benefits, enter the applicable welfare features. 									
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amo	unt
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 Fi	duciary Correction	10a		X				
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
C Was the plan covered by a fidelity bond?			10c	X					2500
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
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 t	he benefits under	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 a					X				
h If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instru	ctions and 29 CFR	10g 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	ne required	notice or one of the	10i						
j Did the plan trust incur unrelated business taxable income?			10j						
Part VI Pension Funding Compliance			,	1	<u> </u>				
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								<u>.</u>	Yes X N
11a Enter the unpaid minimum required contribution for all years from						11a			
12 Is this a defined contribution plan subject to the minimum funding						302 of E	RISA?	. П	Yes X N

	F	orm 5500-SF 2015 Page 3 - 1						
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing	
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui		
b	Enter t	ne minimum required contribution for this plan year		12b				
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c				
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d				
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A	
Part		Plan Terminations and Transfers of Assets			100	110	1471	
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No		
		s," 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 brough	ght under the co	ontrol		Yes X	No	
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)						
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)	
Part	: VIII	Trust Information						
14a	Name o	f trust		14b Trust's EIN				
14c	Name	of trustee or custodian		14d Trustee's or custodian's				
	rianio	of tubics of suctorial		telephone number				
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan?		Ye	S	No		
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe ADP/AC harbor test method				
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No		
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test	
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No		
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A	
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions	
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or	
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable		
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No		
19	Were in	n-service distributions made during the plan year?		Ye	s	No		
	If "Yes	" enter amount	······	19				
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A	

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

2015

This Form is Open to Public Inspection

Part I		Identification Information									
For calenda	ar plan year 2015 or f	iscal plan year beginning 01/01/201	15	and ending 12/3	1/201	5					
A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions)											
71 1110101	armoport is ion.	a one-participant plan	a foreign plan	projet illomation il de	ooraa	ioc war are for	ii iiioti dottorio)				
B This retu	rn/report is	the first return/report	the final return/report								
an amended return/report a short plan year return/report (less than 12 months)											
C Check b	oox if filing under:	Form 5558	automatic extension DFVC program								
Part II	Rasic Plan Info	special extension (enter descr prmation—enter all requested inf	At _ 053								
1a Name	The second secon	ormation—enter all requested in	omation		1h	Three-digit	Г				
	edients, LLC 401(k) P			plan number (PN)	001						
					1c	Effective date of 01/01/2011	of plan				
Mailing	address (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.O				Employer Ident (EIN) 91-19448	ification Number 42				
Unique Ingre		e, country, and ZIP or foreign poste	al code (it foreign, see instru	uctions)	2c	Sponsor's teler (509)	ohone number 653-1991				
12243 U.S. F	łwy 12					Business code 445299	(see instructions)				
Naches, WA	98937										
3a Plan ac	lministrator's name a	nd address Same as Plan Spons	sor.		3b Administrator's EIN						
				<u> </u>	3с	Administrator's	telephone number				
							iorophiono namaon				
4 If the n	ame and/or EIN of the	e plan sponsor has changed since	the last return/report filed fo	r this plan, enter the	4b	FIN					
name,	EIN, and the plan nu	mber from the last return/report.)				
5a Total n		at the beginning of the plan year	Section 1997		4c PN 8						
	9 1	at the end of the plan year			5k		8				
c Numbe	er of participants with	account balances as of the end of t	the plan year (defined bene	fit plans do not	50	;	7				
areas:		rticipants at the beginning of the pla			5d(1)	7				
Ca900 Assault		irticipants at the end of the plan yea	-		5d(2)	7				
		terminated employment during the			56	•	0				
Caution: A	penalty for the late	or incomplete filing of this return	n/report will be assessed u	unless reasonable cau							
SB or Schee		her penalties set forth in the instruction and signed by an enrolled actuary, a plete									
SIGN	pano	12, Olsa		David M. Olsen							
HERE	Signature of plan administrator Date 5/26/16 Enter name of individual signing as plan administrator										
SIGN HERE		700		- 11 - XXI - XX							
	Signature of emplo		Date	Enter name of individu		The second secon					
Preparers	iame (including iim) r	name, if applicable) and address (in	iciude room of suite numbel	1)	Prepa	arer's telephone	number				

<u> </u>	Form 5500-SF 2015		Page 2									
b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cannulf the plan is a defined benefit plan, is it covered under the PBGC in	an independ and conditio ot use Forn	ent qualified public ans.) ns.) n 5500-SF and must	ccount	ant (IC	PA) Form	n 5500.	MERCENE)		Yes Yes		
	rt III Financial Information		9.4 (0.0 = 1.0.)	0] L],,,	11101	doton	111110	
7	Plan Assets and Liabilities		(a) Beginning	of Vo	ar .	T		(b) End	of V			
a	Total plan assets	7a	(a) Degiiiiiii	32506		+		(b) End		43588	1	
1000	Total plan liabilities	7b			-	+						
	Net plan assets (subtract line 7b from line 7a)	7c		32506	58	\top			3	43588		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	ınt				(b) T	otal			
а	Contributions received or receivable from:	0-(4)	1000	2008	25							
	(1) Employers	8a(1) 8a(2)		3499	200	+						
	(2) Participants	8a(3)			0							
b	Other income (loss)	8b		-267	71							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								52404		
d	Benefits paid (including direct rollovers and insurance premiums			2200							H	
	to provide benefits)	8d		3388	0							
	Certain deemed and/or corrective distributions (see instructions)	8e			0						- 4	
700001	Administrative service providers (salaries, fees, commissions) Other expenses	8f 8g	Aller Trees							-		
740	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		A SEC		100				33884		- Comp
-	Net income (loss) (subtract line 8h from line 8c)	8i								18520		
j	Transfers to (from) the plan (see instructions)	8j					Y. (4)			1,43		
Par	t IV Plan Characteristics											
9a	If the plan provides pension benefits, enter the applicable pension	feature code	es from the List of Pla	an Cha	racteris	stic Co	des in th	e instruc	ctions			
В	2E 2F 2G 2J 2K 3D		from the Lint of Dis-	- 01			POSE VENEROS		•0000000000000000000000000000000000000			-
Ь	If the plan provides welfare benefits, enter the applicable welfare fe	ature codes	s ironi the List of Plai	Chara	acterist	.ic Coc	ies in the	mstruct	ions.			
Part	V Compliance Questions											
10	During the plan year:				Yes	No	N/A		Am	ount		
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 Fid	uciary Correction	10a		х						
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not inc	dude transactions	10b		Х						- 0
С	Was the plan covered by a fidelity bond?			10c	Х						250	00
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х						
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.)	er persons i e or all of th	oy an insurance e benefits under	10e		х						
f	Has the plan failed to provide any benefit when due under the plan	1?		10f		Х						
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year end	d.)	10g		Х						
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)		CASA CANDA C	10h		х						
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required r	notice or one of the	10i								
j	Did the plan trust incur unrelated business taxable income?			10i								
Part	VI Pension Funding Compliance			12 N T 1								
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	ents? (If "Ye	s," see instructions a	and con	nplete	Sched	lule SB (I	Form		Yes	X	No
11a	Enter the unpaid minimum required contribution for all years from											
											X	No

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	(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 instructions the waiver.	ructions, and e				ling	
11	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1		Day_		Year		
314	Enter the minimum required contribution for this plan year		12b			•	
	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 le	ft of a	12d				
	negative amount)		120			X175	
Part	VII Plan Terminations and Transfers of Assets	******************		Yes	No	N/A	
200000000000000000000000000000000000000	Has a resolution to terminate the plan been adopted in any plan year?			П Уос	X No	,	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a		NO NO		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough		ii sanesaan ()				
	of the PBGC?			Ш	Yes X	No	
	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					
	13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)	
Part	VIII Trust Information		145				
14a	Name of trust		14b T	rust's EIN			
140	Name of trustee or custodian		14d Trustee's or custodian's				
			telephone number				
Dou	IN IDS Compliance Overtions						
Par	STANDARD TO THE STANDARD AND ST						
15a	Is the plan a 401(k) plan?		∐ Yes	5	No		
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and	emplover	7.2	sign- sed safe	□ ADF	/ACP	
	matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		harbor te				
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cur	rent year	☐ Yes		По		
	testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.40 2(a)(2)(iii)?	1(m)-			Пио		
160			☐ Ra		☐ Ave	rage	
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section	410(b):	□ pe tes	rcentage it		efit test	
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combithis plan with any other plans under the permissive aggregation rules?	ning	Yes	5	No		
17a	Has the plan been timely amended for all required tax law changes?		Yes	3	No	□ N/A	
17b	Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).	Enter the ap	pplicable	e code	_ (See in:	structions	
17c	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan advisory letter, enter the date of that favorable letter and the letter's serial number of the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan and the letter's serial number of the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan advisory letter, enter the date of that favorable letter		t to a fav	vorable IR:	S opinion	or	
	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter determination letter	er the date of t	the plan	's last favo	orable		
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Is	as been lands)?	Yes		No		
19	Were in-service distributions made during the plan year?		Yes	1	No		
	If "Yes," enter amount		19				
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whe retired), as required under section 401(a)(9)?	ther or not	Yes	î	No	N/A	