## 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.

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection** 

For calenda		t Identification Information			2/21/22/2			
	ır plan year 2016 or f	fiscal plan year beginning 01/01/		and onlining	2/31/2016			
A		X a single-employer plan		plan (not multiemployer)				
A This retu	urn/report is for:	a one-participant plan	list of participating employer information in accordar a one-participant plan a foreign plan					
			a loreigh plan					
<b>B</b> This retu	rn/report is	the first return/report	the final return/repor	rt				
- 111101010	THE TOPOIC IO	an amended return/report	<b>=</b>	:urn/report (less than 12 m	nonths)			
•								
C Check b	ox if filing under:	Form 5558	automatic extension	า	DFVC program	1		
		special extension (enter desc	cription)					
Part II	Basic Plan Info	ormation—enter all requested in	nformation		_			
1a Name o		1/I/) POD			<b>1b</b> Three-digit			
UNIQUE ING	REDIENTS, LLC 40	1(K) PSP			plan numbe (PN) ▶	er   001		
					1c Effective da	nte of plan		
				01/01/2011				
	, ,	oyer, if for a single-employer plan)				lentification Number		
		om, apt., suite no. and street, or P.0 ce, country, and ZIP or foreign pos		estructions)	(=::1)	91-1944842		
	REDIENTS, LLC	se, seamly, and En en length pee	nai oodo (ii ioroigii, ooo iii			elephone number 1-653-1991		
12243 U.S. H	WY 12					ode (see instructions) 145299		
NACHES, WA	A 98937				-	143299		
3a Plan ad	lministrator's name a	and address 🔀 Same  as Plan Spo	onsor.		<b>3b</b> Administrate	or's EIN		
					3c Administrate	or's telephone number		
					Administrate	or a receptione framber		
4 If the na	ame and/or EIN of th	ne plan sponsor has changed since						
		to promit openion mane amanige a annea	the last return/report filed	d for this plan, enter the	4b FIN			
<b>a</b> Sponsor's name				d for this plan, enter the	4b EIN			
<b>u</b> oponiso	or's name	umber from the last return/report.	e the last return/report filed	d for this plan, enter the	4b EIN 4c PN			
		umber from the last return/report. s at the beginning of the plan year.	•	•		8		
<b>5a</b> Total n	umber of participants	·			4c PN	8		
5a Total n b Total n c Number	umber of participants umber of participants or of participants with	s at the beginning of the plan years at the end of the plan year	f the plan year (only define		4c PN 5a	6		
5a Total n b Total n c Number	umber of participants umber of participants or of participants with ote this item)	s at the beginning of the plan years at the end of the plan year	f the plan year (only define	ed contribution plans	4c PN 5a 5b 5c	8		
5a Total n b Total n c Number completed (1) Total	number of participants rumber of participants or of participants with ete this item)	s at the beginning of the plan year sat the end of the plan year account balances as of the end of	f the plan year (only define	ed contribution plans	4c PN 5a 5b 5c 5d(1)	6		
5a Total n b Total n c Numbe comple d(1) Total d(2) Total	number of participants number of participants or of participants with the this item)	s at the beginning of the plan year s at the end of the plan year	f the plan year (only define	ed contribution plans	4c PN 5a 5b 5c	£		
5a Total n b Total n c Numbe comple d(1) Total d(2) Total	number of participants or of participants or of participants with ote this item) Il number of active participants with other of active participants tha	s at the beginning of the plan year sat the end of the plan year	olan year (only definence) blan year e plan year with accrued l	ed contribution plans	4c PN 5a 5b 5c 5d(1)	\$ 6 5		
5a Total n b Total n c Numbe comple d(1) Tota d(2) Tota e Numbe	number of participants with ete this item)	s at the beginning of the plan year s at the end of the plan year	of the plan year (only definent blan yeareareare	ed contribution plans	4c PN 5a 5b 5c 5d(1) 5d(2) 5e	6 6 7		
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5a Total n b Total n c Numbe comple d(1) Tota d(2) Tota e Numb than 1 Caution: A Under pena SB or Schee	number of participants are of participants with the tet this item)	s at the beginning of the plan year. s at the end of the plan year. account balances as of the end of articipants at the beginning of the participants at the end of the plan year terminated employment during the process of the penalties set forth in the instruction signed by an enrolled actuary,	olan year (only define blan yeareare plan year with accrued l	ed contribution plans benefits that were less ed unless reasonable ca	4c PN 5a 5b 5c 5d(1) 5d(2) 5e suse is established eport, including, if a	pplicable, a Schedule		
5a Total n b Total n c Number completed (1) Total d(2) Total e Number than 1 Caution: A Under pena SB or Schere belief, it is tr	number of participants are of participants with the tet this item)	s at the beginning of the plan year. s at the end of the plan year. account balances as of the end of articipants at the beginning of the participants at the end of the plan year terminated employment during the process of the penalties set forth in the instruction signed by an enrolled actuary,	olan year (only define blan yeareare plan year with accrued l	ed contribution plans benefits that were less ed unless reasonable ca	4c PN 5a 5b 5c 5d(1) 5d(2) 5e suse is established eport, including, if a	pplicable, a Schedule		
5a Total n b Total n c Numbe comple d(1) Tota d(2) Tota e Numb than 1 Caution: A Under pena SB or Schee belief, it is tr	number of participants are of participants are of participants with ate this item) al number of active participants tha 100% vested  penalty for the late alties of perjury and of dule MB completed are, correct, and com Filed with authorized	s at the beginning of the plan year as at the end of the plan year account balances as of the end of articipants at the beginning of the participants at the end of the plan year terminated employment during the or incomplete filing of this return the penalties set forth in the instruent signed by an enrolled actuary, applete.	f the plan year (only defined blan year	benefits that were less  ed unless reasonable ca we examined this return/report version of this return/report	4c PN 5a 5b 5c 5d(1) 5d(2) 5e suse is established eport, including, if a rt, and to the best of	pplicable, a Schedule of my knowledge and		
5a Total n b Total n c Number completed (1) Total d(2) Total e Number than 1 Caution: A Under pena SB or Scheet belief, it is tr	number of participants are of participants with the tet this item)	s at the beginning of the plan year as at the end of the plan year account balances as of the end of articipants at the beginning of the participants at the end of the plan year terminated employment during the or incomplete filing of this return the penalties set forth in the instruent signed by an enrolled actuary, applete.	olan year (only define blan yeareare plan year with accrued l crn/report will be assessed actions, I declare that I have as well as the electronic v	ed contribution plans benefits that were less ed unless reasonable ca we examined this return/reportersion of this return/reportersion.	4c PN 5a 5b 5c 5d(1) 5d(2) 5e suse is established eport, including, if a rt, and to the best of	pplicable, a Schedule of my knowledge and		
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5a Total n b Total n c Number completed (1) Total d(2) Total e Number than 1 Caution: A Under pena SB or Scheet belief, it is total SIGN HERE SIGN HERE	number of participants are of participants are of participants with ate this item) al number of active participants tha 100% vested  penalty for the late alties of perjury and of dule MB completed a are, correct, and com Filed with authorized  Signature of plan	s at the beginning of the plan year. s at the end of the plan year n account balances as of the end of articipants at the beginning of the p articipants at the end of the plan ye t terminated employment during the or incomplete filing of this return ther penalties set forth in the instru- and signed by an enrolled actuary, hiplete. d/valid electronic signature. administrator oyer/plan sponsor	f the plan year (only defined blan year	ed contribution plans benefits that were less ed unless reasonable ca ve examined this return/report version of this return/report DAVID OLSEN Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e suse is established aport, including, if a rt, and to the best of the be	pplicable, a Schedule of my knowledge and n administrator ployer or plan sponsor		
5a Total n b Total n c Number completed (1) Total d(2) Total e Number than 1 Caution: A Under pena SB or Scheet belief, it is total SIGN HERE SIGN HERE	number of participants are of participants are of participants with ate this item) al number of active participants tha 100% vested  penalty for the late alties of perjury and of dule MB completed a are, correct, and com Filed with authorized  Signature of plan	s at the beginning of the plan year. s at the end of the plan year. account balances as of the end of articipants at the beginning of the plan year terminated employment during the prince of incomplete filing of this return the penalties set forth in the instruction of the plan year of incomplete filing of this return the penalties set forth in the instruction of the plan year of incomplete filing of this return the penalties set forth in the instruction of the plan year.  All year of the plan year.	f the plan year (only defined blan year	ed contribution plans benefits that were less ed unless reasonable ca ve examined this return/report version of this return/report DAVID OLSEN Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e suse is established export, including, if a rt, and to the best of the b	pplicable, a Schedule of my knowledge and n administrator ployer or plan sponsor		
5a Total n b Total n c Number completed (1) Total d(2) Total e Number than 1 Caution: A Under pena SB or Scheet belief, it is total SIGN HERE SIGN HERE	number of participants are of participants are of participants with ate this item)	s at the beginning of the plan year. s at the end of the plan year n account balances as of the end of articipants at the beginning of the p articipants at the end of the plan ye t terminated employment during the or incomplete filing of this return ther penalties set forth in the instru- and signed by an enrolled actuary, hiplete. d/valid electronic signature. administrator oyer/plan sponsor	f the plan year (only defined blan year	ed contribution plans benefits that were less ed unless reasonable ca ve examined this return/report version of this return/report DAVID OLSEN Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e suse is established aport, including, if a rt, and to the best of the be	pplicable, a Schedule of my knowledge and n administrator ployer or plan sponsor		

Form 5500-SF 2016 Page **2** 

b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (ICPA) under 20 FF 250:104-46 (See instructions on waiver eligibility and conditions). Yes \( \) No If you answered "No" to either line 6 are I fine 6b, the plan cannot use Form 5500-5F and must instead use Form 5500.  If you answered "No" to either line 6 are I fine 6b, the plan cannot use Form 5500-5F and must instead use Form 5500.  If the plan is a defined benefit plan, is a toowered under the PBGC insurance program (see ERISA acction 4217)	6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	? (See instructions.)						X Yes	S No
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	b									X Yes	s No
Part III   Financial Information   (a) Beginning of Year   (b) End of Year   (c) End of Year   (d) End of Year   (e) End		If you answered "No" to either line 6a or line 6b, the plan cann	ot use Fo	orm 5500-SF and mus	t instea	ad use	Form	5500.		_	_
7 Plan Assets and Liabilities	С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not det	ermined
a Total plan assets	Pa	rt III Financial Information									
D Total plan liabilities	7	Plan Assets and Liabilities		(a) Beginning	of Year			(	(b) End	of Year	
C Net plan assats (subtract line 7b from line 7a)	<u>a</u>	Total plan assets	7a		343588	3				39068	7
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers. (2) Participants. (3) Others (including rollovers). 8a(1) 9 Other browner (loss). 8b(2) 34048 3 Others (including rollovers). 8b(2) 9 Other common (loss). 8c											
a Contributions received or receivable from: (1) Employers (2) Participants	C	Net plan assets (subtract line 7b from line 7a)	7c		343588	3				390687	7
(1) Employers 8a(1) 19560 (2) Participants 8a(2) 34048 (3) Others (including rollovers) 8a(2) 0 (5) Others (including rollovers) 8a(2) 0 (6) Others (including rollovers) 8a(2) 0 (73957 (73957 (73957 (73957) (73957) (73957 (73957)				(a) Amour	nt				(b) T	otal	
(2) Participants	а		92/1)		19560						
(3) Others (including rollovers)					34048						
b Other income (loss)						_					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		· · · · · · · · · · · · · · · · · · ·			20349						
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)		· · ·								7395	7
e Certain deemed and/or corrective distributions (see instructions).  e Certain deemed and/or corrective distributions (see instructions).  f Administrative service providers (salaries, fees, commissions)			- 55								
f Administrative service providers (salaries, fees, commissions)			8d		26708						
g Other expenses	e	Certain deemed and/or corrective distributions (see instructions).	8e								
Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f								
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g		0						
Transfers to (from the plan (see instructions)	<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								
Part IV Plan Characteristics  9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:  Part V Compliance Questions  10 During the plan year:  a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i				47099				9
9a   If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:    b   If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:    Dark V   Compliance Questions	j	Transfers to (from) the plan (see instructions)	8j		C	)					
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:    Part V   Compliance Questions	Pai	t IV Plan Characteristics									
Part V Compliance Questions  10 During the plan year:  a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	9a		feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the insti	ructions:	
10 During the plan year:  a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)  c Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  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.)  f Has the plan failed to provide any benefit when due under the plan?  g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)  h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  10 If 10h was answered "Yes," check the box if you either provided the required notice or one of the	b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	ictions:	
10 During the plan year:  a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)  c Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  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.)  f Has the plan failed to provide any benefit when due under the plan?  g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)  h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  10 If 10h was answered "Yes," check the box if you either provided the required notice or one of the	Par	t V Compliance Questions									
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program).  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.).  c Was the plan covered by a fidelity bond?	10	During the plan year:				Yes	No	N/A		Amount	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	а	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	Fiduciary Correction	102		X				
C Was the plan covered by a fidelity bond?	b	Were there any nonexempt transactions with any party-in-interest	t? (Do not	include transactions			X				
by fraud or dishonesty?	С	Was the plan covered by a fidelity bond?			10c	X					25000
carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	d		•		10d		X				
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	е	<b>e</b> 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					X				
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X				
2520.101-3.)	g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		X				
	h	·	•		10h		X				
	i				10i						

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Page 3-	1	

Part	VI	Pension Funding Compliance						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and constructions and constructions and constructions and constructions and constructions and constructions are set of the constructions and constructions are set of the constructions				Y	es No	
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a		•		
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co			f	ΠY	es X No	
	ERIS (If "\	A?				🖰		
а		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ing the waiver		nd enter i		of the letter Year _	ruling	
lf	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.					
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				
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the letive amount)	eft of a	12d				
е	Will t	he 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	a resolution to terminate the plan been adopted in any plan year?			Yes	s X No	)	
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year		13a				
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug				Yes X	No	
С		rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif h assets or liabilities were transferred. (See instructions.)	fy the plan(	s) to				
	13c(1)	Name of plan(s):	13c(	<b>2)</b> EIN(s)		<b>13c(3)</b> PN(s)		
Part	VIII	Trust Information						
14a	Name	of trust		14b	Trust's E	EIN		
14c	Name	of trustee or custodian				s or custodia ne number	an's	
Par	t IX	IRS Compliance Questions		•				
15a	Is the	plan a 401(k) plan? If "No," skip b	Yes			No		
15b		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		gn-based harbor	d [	Test	ar" ADP	
				rent year test	,"	N/A		
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	Rat	centage		verage enefit test	□ N/A	
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes			No		
	the le		<u>'</u>					
	letter		nter the date	e of the n	nost rec	ent determir	ation	
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa		Ye	s [	No		
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			s	No		

## 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).

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

	on Benefit Guaranty Corporation	Complete all entries in	accordance with the i	netructions to the Form	- <i>EE</i> OO OE	Put	blic Inspection
Part For cale		t Identification Information	1	istructions to the Form	5500-SF.	<u></u>	-
_FUI Cale	andar plan year 2016 or th	fiscal plan year beginning 01/01/20	16	and ending 12	2/31/2016		
A This	s return/report is for:	X a single-employer plan	a multiple-employe	er plan (not multiemplover	er) (Filers check	king this b	ox must attach a
	returnineport to tor.	a one-participant plan	list of participating a foreign plan	employer information in	accordance w	ith the for	m instructions.)
<b>B</b> This	return/report is	the first return/report	the final return/repo	ort :			
C Cha	· ·	an amended return/report	_	eturn/report (less than 12	months)		
C Chec	ck box if filing under:	X Form 5558	automatic extension	ın	DFVC pr	rogram	
Part II	I Rocio Blan Info	special extension (enter descri	iption)			-5	
	ne of plan	rmation—enter all requested info	íormation				
	gredients, LLC 401(k) PS	;P				number	
					(PN)		001
2a Plan	sponsor's name (employ	yer, if for a single-employer plan)			1c Effect 01/01	tive date of 1/2011	i plan
IVICILI	illy address unclude room	m ant quite no and atreat and a	. Box)		2b Emplo	yer Identif	fication Number
Oit,	gredients, LLC	e, country, and ZIP or foreign posta	il code (if foreign, see in	structions)		91-194484 sor's telent	42 hone number
				:		(509) 6	553-1991
2243 U.S	. Hwy 12				2d Busine 445299	ess code (s	see instructions)
laches, W	/A 98937				770200	J	
		d address X Same as Plan Spons	oor .	<del></del>			<u></u> -
		Manual Manual Manual Shares	301.		3b Admini	istrator's E	.IN
				1	3c Admin	istrator's tr	elephone number
		plan sponsor has changed since the ber from the last return/report.	ne last return/report filed	for this plan, enter the	4b EIN	<del></del>	
a Spons	sor's name			<u></u>	<b>4c</b> PN		- Sec
<b>b</b> Total	number of participants at	t the beginning of the plan year			. 5a		8
C Numb	ber of participants at	It the end of the plan year			5b		6
comp	olete this item)	balances as of the end of the	e plan year (only defined	d contribution plans	5c		6
W(1) 100	tal number of active partic	cipants at the beginning of the plan	ı vear	Ţ.	5d(1)		5
~(~)	rai number of active partic	Cidants at the end of the plan year		Γ	5d(2)	<del></del>	3
than	100% vested	irminated employment during the pla	lan year with accrued be	enefits that were less			0
Jnder pen	alties of perium and other	r populies ast fault this return/re	eport will be assessed	unless reasonable cau	use is establis	shed.	
B or Sche	edule MB completed and s true, correct, and complet	r penalties set forth in the instruction signed by an enrolled actuary, as wete.	ns, I declare that I have well as the electronic ve	examined this return/repression of this return/report	ort, including, t, and to the be	if applicat est of my k	ole, a Schedule nowledge and
IGN IERE	1) dus	in Oliv	9/29/17	David Olsen			
	Signature of plan adm	inistrator	Date	Enter name of individu	ial signing as	nlan admir	introtor
IGN ERE	Circuture of applement	<del></del>			ar organization	Maii auriii.	IStrator
reparer's i	Signature of employer name (including firm name	r/plan sponsor ne, if applicable) and address (includ	Date	Enter name of individua	ual signing as (	employer (	r nlan snonsor
	_	о, н арриовыю <i>)</i> ана <del>асаново</del> (шовы	de room or suite numbe	r)	Preparer's tele	ephone nu	mber
				-	<del></del>		
				l		25 00	
r Paperwo	rk Reduction Act Notice, se	ee the Instructions for Form 5500-SF					_

	Form 5500-SF 2016		Page <b>2</b>							
	Were all of the plan's assets during the plan year invested in eliging. 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 can lift the plan is a defined benefit plan, is it covered under the PBGC art III Financial Information	y and cond	endent qualified publi fitions.)	c accou	ıntant	(IQPA)	)		🗵	Yes N
7	Plan Assets and Liabilities	Τ	(a) Barrieri			_				
a	Total plan assets	. 7a	(a) Beginnin	and an in	The second second	<b>├</b> ─		(b) E	nd of Year	
b	Total plan liabilities	7b	<del> </del>	343	588	-		-	3	90687
<u>c</u>		7c		242	500	├				
_8_	Income, Expenses, and Transfers for this Plan Year	70	(2) 4	343	200	-			39	90687
а	Contributions received or receivable from:		(a) Amou	unt				(b	) Total	
	(1) Employers	. 8a(1)		19	560					
	(2) Participants	8a(2)		34	048					
	(3) Others (including rollovers)	8a(3)			0					<del></del>
	Other income (loss)	8b		203	349					
_d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							7	3957
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	!	267	200		V			20 - 200
e	Certain deemed and/or corrective distributions (see instructions)	8e		207	-		1 1			
f	Administrative service providers (salaries, fees, commissions)	8f	<del></del>	150						
g	Other expenses	8g	<del></del>	'						·
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			0					
_ <u>i</u> _	Net income (loss) (subtract line 8h from line 8c)	8i								6858
j	Transfers to (from) the plan (see instructions)								4	7099
Pai	t IV Plan Characteristics	8 <u>j</u>			0					
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature co	des from the List of P	lan Cha	racteri	istic C	odes in	n the in:	structions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe									
Par							-		-	
10	During the plan year:				Yes	No	N/A			<del></del>
а	Was there a failure to transmit to the plan any participant contributi described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program)	aluntan, Ei	ducione Compatible		163	X	IVA		Amoun	<u>t                                      </u>
b	Program)	/D		10a		х			<del></del>	
С	Was the plan covered by a fidelity bond?	***************************************		10b						
d	Did the plan have a loss, whether or not reimburged by the plants of	-1 - 1% 1		10c	Х	х				25000
е	by fraud or dishonesty?  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	10d		×				
f	Has the plan failed to provide any benefit when due under the plan?	?		10e	-+	<del>.</del>	$\dashv$			
g	Did the plan have any participant loans? (If "Yes," enter amount as	of veer on	d.)	10f	$\dashv$	X				
	If the in the state of the stat	or year-en	u.)	10g	- 1	Х	- 1			

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

exceptions to providing the notice applied under 29 CFR 2520.101-3

If 10h was answered "Yes," check the box if you either provided the required notice or one of the

Х

10g

10h

10i

	Form 5500-SF 2016 Page <b>3</b> - 1						
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding any in the subject to minimum funding and any in the subject to minimum funding an	000001-4	- 0 1 1				
110				ule S	3B	] [	Yes 🗌
12	- to the dipaid illimitati required contributions for all years from Schodule CD (Farm From )						
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the CERISA?(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						Yes 🛛
а	If a walver of the minimum funding standard for a prior year is being a security to the	truction	s, and e	nter 1	the date of	f the le	ter ruling
If y	granting the waiver	Nonth_		Day	/	Yea	
b	Enter the minimum required contribution for this plan year	13.	1	2b	<del></del>		
c i	Enter the amount contributed by the employer to the plan for this plan year		······ '				
d	Substitute the amount in line 120 Horn the amount in line 12h Enter the asset to			2c			·
			1	2d			
Part \	will the millimum randing amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
	The result of Assets						
	Has a resolution to terminate the plan been adopted in any plan year?				Yes	X	No
b	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13	а			
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug					Yes	X No
-	lf, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi which assets or liabilities were transferred. (See instructions.)	y the pla	an(s) to	•••••			
	c(1) Name of plan(s):						
		13	c(2) EIN	(s)		13c(	3) PN(s)
					ŀ		
Part V	/III Trust Information						
	ame of trust						
			14	<b>b</b> Tr	ust's EIN		
44.5							
14C N	ame of trustee or custodian		14	d Tr	ustee's o	custoc	lan'e
				te	lephone r	number	iai i S
Part I	X IRS Compliance Questions						
15a la							
	the plan a 401(k) plan? If "No," skip b	.  ∐ Y€	es		<u> </u>	Vo	
<b>15b</b> но 40	ow did the plan satisfy the nondiscrimination requirements for employee deferrals under section 1(k)(3) for the plan year? Check all that apply:	☐ De sai	sign-bas fe harbo	ed		Prior ye	ear" ADP
			urrent ye	ar"	П	N/A	
<b>16a</b> w ye	hat testing method was used to satisfy the coverage requirements under section 410(b) for the plan ear? Check all that apply:	Ra	P test atio rcentage	ا د	Avera	 ge	
		tes		۱ ا	benef	it test	∐ N/A
for	the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4)	Пу			П.		

17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of

17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination

Yes

Yes

Yes

No

☐ No

No

for the plan year by combining this plan with any other plan under the permissive aggregation rules?....

Were any distributions made during the plan year to an employee who attained age 62 and had not separated from

19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year? .....

Defined Benefit Plan or Money Purchase Pension Plan Only: