## 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.

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I		t Identification Informatio	n							
For calend	dar plan year 2014 or	fiscal plan year beginning 01/01/	<u>/2014</u>	and ending 12	/31/2014					
A This re	eturn/report is for:		ver) (Filers checking this box must attach a list accordance with the form instructions)							
		a one-participant plan	a foreign plan							
<b>B</b> This re	turn/report is	the first return/report	the final return/repo	the final return/report						
		an amended return/report	a short plan year re	eturn/report (less than 12 m	onths)					
C Check	box if filing under:	Form 5558	automatic extension	on	DFVC pro	ogram				
• chook	t box ii iiiiiig diidoi.	special extension (enter des	scription)		_					
Part II	Basic Plan Inf	ormation—enter all requested i	information							
1a Name					<b>1b</b> Three-digit					
MORTON 8	& ASSOCIATES 401(F	<) PLAN & TRUST			plan number					
					(PN) •	001				
					1c Effective dat	4/01/2007				
	sponsor's name and a FON CO., INC.	ddress; include room or suite num	nber (employer, if for a sin	gle-employer plan)		entification Number I-1155360				
0040 N.E. G					2c Sponsor's te	elephone number				
	CEDAR CREEK RD. D, WA 98674				2d Business code (see instruction					
					541600					
3a Plan	administrator's name a	and address XSame as Plan Spo	onsor.		<b>3b</b> Administrato	r's EIN				
					3c Administrator's telephone number					
1 If tho	name and/or FIN of the		on the last return/report file	ed for this plan, enter the	4b FIN					
		he plan sponsor has changed sinc umber from the last return/report.	ee the last return/report file	ed for this plan, enter the	4b EIN					
name			e the last return/report file	ed for this plan, enter the	4b EIN 4c PN					
name <b>a</b> Spons	e, EIN, and the plan no sor's name			· 		12				
a Spons 5a Total	e, EIN, and the plan no sor's name I number of participant	umber from the last return/report.	r		4c PN					
a Spons 5a Total b Total c Num	e, EIN, and the plan no sor's name I number of participant I number of participant ber of participants with	umber from the last return/report.	rof the plan year (defined b	penefit plans do not	4c PN 5a	12 12 11				
a Spons 5a Total b Total c Numl	e, EIN, and the plan no sor's name I number of participant I number of participant ber of participants with olete this item)	ts at the beginning of the plan year at the end of the plan year	r of the plan year (defined b	penefit plans do not	4c PN 5a 5b	12 11				
a Spons 5a Total b Total c Numi comp d(1) To	e, EIN, and the plan not sor's name  I number of participant I number of participant ber of participants with olete this item)	ts at the beginning of the plan year at the end of the plan year	of the plan year (defined b	penefit plans do not	4c PN 5a 5b 5c	12				
name a Spon: 5a Total b Total c Numb comp d(1) To d(2) To e Numb	e, EIN, and the plan no sor's name  I number of participant I number of participant ber of participants with blete this item) btal number of active p ber of participants that	ts at the beginning of the plan year its at the end of the plan year	rof the plan year (defined b plan year reare plan year with accrued b	penefit plans do not	4c PN 5a 5b 5c 5d(1)	12 11 12 12				
name a Spon: 5a Total b Total c Numi comp d(1) To d(2) To e Numb less ti	e, EIN, and the plan no sor's name  I number of participant of participant of participants with plete this item)	ts at the beginning of the plan year its at the end of the plan year	of the plan year (defined b plan year rearee plan year with accrued b	penefit plans do not	4c PN 5a 5b 5c 5d(1) 5d(2) 5e	12 11 12 12				
name a Spon: 5a Total b Total c Numi comp d(1) To d(2) To e Numb less ti Caution: Under per	e, EIN, and the plan no sor's name  I number of participant of participant of participants with plete this item)	ts at the beginning of the plan year is at the end of the plan year account balances as of the end of the plan year articipants at the beginning of the plan year terminated employment during the period of the plan year incomplete filing of this return the penalties set forth in the instruction.	of the plan year (defined by plan year	penefit plans do not penefits that were sed unless reasonable cau	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if ap	12 11 12 12 12 0 plicable, a Schedule				
name a Spon: 5a Total b Total c Numi comp d(1) To d(2) To e Numb less ti Caution: Under per SB or Sch	e, EIN, and the plan no sor's name  I number of participant of participant of participants with plete this item)	ts at the beginning of the plan year its at the end of the plan year	of the plan year (defined by plan year	penefit plans do not penefits that were sed unless reasonable cau	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if ap	12 11 12 12 12 0 plicable, a Schedule				
name a Spons 5a Total b Total c Numb comp d(1) To d(2) To e Numb less ti Caution: Under per SB or Sch belief, it is	e, EIN, and the plan no sor's name  I number of participant of participant of participants with plete this item)	ts at the beginning of the plan year is at the end of the plan year account balances as of the end of the plan year articipants at the beginning of the plan year terminated employment during the plan year incomplete filing of this return the penalties set forth in the instrand signed by an enrolled actuary inplete.	of the plan year (defined by plan year	penefit plans do not penefits that were sed unless reasonable cau	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if ap	12 11 12 12 12 0 plicable, a Schedule				
name a Spon: 5a Total b Total c Numi comp d(1) To d(2) To e Numb less ti Caution: Under per SB or Sch	e, EIN, and the plan no sor's name  I number of participant of participant of participants with plete this item)	ts at the beginning of the plan year its at the end of the plan year	of the plan year (defined by plan year	penefit plans do not  penefits that were	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if ap	12 11 12 12 0 plicable, a Schedule my knowledge and				
name a Spon: 5a Total b Total c Numl comp d(1) To d(2) To e Numb less ti Caution: Under per SB or Sch belief, it is SIGN HERE	e, EIN, and the plan no sor's name  I number of participant of participant of participants with plete this item)	ts at the beginning of the plan year its at the end of the plan year	of the plan year (defined by plan year	penefit plans do not penefits that were sed unless reasonable cau	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if ap	12 11 12 12 0 plicable, a Schedule my knowledge and				
name a Spon: 5a Total b Total c Numb comp d(1) To d(2) To e Numb less ti  Caution: Under per SB or Sch belief, it is  SIGN HERE	e, EIN, and the plan no sor's name  I number of participant of participant of participants with plete this item)	ts at the beginning of the plan year its at the end of the plan year	of the plan year (defined by plan year	penefit plans do not  penefits that were	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if ap	12 11 12 12 0 plicable, a Schedule my knowledge and				
name a Spons 5a Total b Total c Numb comp d(1) To d(2) To e Numb less ti  Caution: Under per SB or Sch belief, it is  SIGN HERE  SIGN HERE	e, EIN, and the plan no sor's name  I number of participant I number of participants with olete this item)	ts at the beginning of the plan year is at the end of the plan year	plan year (defined by plan year	penefit plans do not  penefits that were  penefits that were	4c PN  5a  5b  5c  5d(1)  5d(2)  5e  use is established. port, including, if ap t, and to the best of ual signing as plan  ual signing as empl	12 11 12 12 0 plicable, a Schedule my knowledge and administrator over or plan sponsor				
name a Spons 5a Total b Total c Numb comp d(1) To d(2) To e Numb less ti  Caution: Under per SB or Sch belief, it is  SIGN HERE  SIGN HERE	e, EIN, and the plan no sor's name  I number of participant I number of participants with olete this item)	ts at the beginning of the plan year is at the end of the plan year	plan year (defined by plan year	penefit plans do not  penefits that were  penefits that were	4c PN  5a  5b  5c  5d(1)  5d(2)  5e  use is established. port, including, if ap t, and to the best of ual signing as plan  ual signing as empl	12 11 12 12 0 plicable, a Schedule my knowledge and administrator				
name a Spons 5a Total b Total c Numb comp d(1) To d(2) To e Numb less ti  Caution: Under per SB or Sch belief, it is  SIGN HERE  SIGN HERE	e, EIN, and the plan no sor's name  I number of participant I number of participants with olete this item)	ts at the beginning of the plan year is at the end of the plan year	plan year (defined by plan year	penefit plans do not  penefits that were  penefits that were	4c PN  5a  5b  5c  5d(1)  5d(2)  5e  use is established. port, including, if ap t, and to the best of ual signing as plan  ual signing as empl	12 11 12 12 0 plicable, a Schedule my knowledge and administrator over or plan sponsor				
name a Spons 5a Total b Total c Numb comp d(1) To d(2) To e Numb less ti  Caution: Under per SB or Sch belief, it is  SIGN HERE  SIGN HERE	e, EIN, and the plan no sor's name  I number of participant I number of participants with olete this item)	ts at the beginning of the plan year is at the end of the plan year	plan year (defined by plan year	penefit plans do not  penefits that were  penefits that were	4c PN  5a  5b  5c  5d(1)  5d(2)  5e  use is established. port, including, if ap t, and to the best of ual signing as plan  ual signing as empl	111 12 12 12 12 12 00 plicable, a Schedule my knowledge and administrator over or plan sponsor				

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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 lif you answered "No" to either line 6a or line 6b, the plan cannot be a continuous control of the plan cannot be a control of the control of th	an indeper and condit ot use Fo	ndent qualified public accounta tions.) rm 5500-SF and must instea	int (IQ d d use	PA)  <b>Form</b>	5500.			Yes [	No No
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	program (see ERISA section 40	21)?		Yes	No	No	ot determi	ned
Par	t III Financial Information				-					
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) Eı	nd of \	/ear	
a	Total plan assets	7a	6967	721					864564	ļ
b	Total plan liabilities	7b		0					C	
C	Net plan assets (subtract line 7b from line 7a)	7c	6967	721					864564	ļ
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b	) Tota	I	
	Contributions received or receivable from:	2 (1)	326	807						
	(1) Employers	8a(1)	1025							
	(2) Participants	8a(2)	1020	0						
	(3) Others (including rollovers)	8a(3)	326							
	Other income (loss)	8b	320	1 00					4.070.40	,
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							167843	3
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0						
	Certain deemed and/or corrective distributions (see instructions)	8e		0						
	Administrative service providers (salaries, fees, commissions)	8f		0						
	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							C	)
	Net income (loss) (subtract line 8h from line 8c)	8i							167843	3
	Transfers to (from) the plan (see instructions)	8i		0						
Par	t IV Plan Characteristics	٠,								
9a b	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 3D  If the plan provides welfare benefits, enter the applicable welfare fe									
Part	V Compliance Questions									
10	During the plan year:				Yes	No		An	ount	
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	iciary Cor	rection Program)	10a		Χ				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•		10b		X				
С	Was the plan covered by a fidelity bond?			10c	X				(	69672
d	Did the plan have a loss, whether or not reimbursed by the plan's 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.)	of the ben	efits under the plan? (See	10e		X				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					X				
h	If this is an individual account plan, was there a blackout period? (	(See instru	uctions and 29 CFR	10g		X				
	2520.101-3.)			10h		^				
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						
Part	• •							•		
11	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)									
<u>11a</u>	1a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39									
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction 3	302 of	ERISA?		Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applic	able.)							
а	If a waiver of the minimum funding standard for a prior year is being	na amortiz	ed in this plan year, see instru	rtions	and e	nter th	he date d	of the I	etter rulin	a

......Month

Day

Year

granting the waiver.

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lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and s	kip 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 negative amount)				12d		
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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 the	his year			13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferrof the PBGC?		an, or brought u	under the o	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this play which assets or liabilities were transferred. (See instructions.)	an to another pla	an(s), identify th	e plan(s)	to		
1	3c(1) Name of plan(s):			1:	3c(2) Ell	V(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)						
14a n	Name of trust TON & ASSOCIATES 401(K) PLAN & TRUST					ust's EIN 10523975	

## Form 5500-SF

Department of the Treesury Internal Revenue Service

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## 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 section 6057(b) and 6058(a) of

OMB Nos. 1210-0110 1210-0089

2014

Empl	bloyse Benefits Security Administration the Internel Revenue Code (the Code).								
Pe	Inspection  Complete all entries in accordance with the instructions to the Form 5500-SF.								
Pa	rt I Annual Report	Identification Information							
For c	alendar plan year 2014 or fis		01/01/2014	and ending	12/	/31/2014			
_	a single-employer plan  a multiple-employer plan (not multiemployer) (Filers checking this box must attach a of participating employer information in accordance with the form instructions)  a one-participant plan  a one-participant plan  bis return/report is:  the first return/report  an amended return/report  a short plan year return/report (less than 12 months)								
<b>C</b> c	heck box if filing under:	Form 5558	autometic extension			DFVC program			
Pa	+ ii Damia Blass Info		***************************************						
	Name of plan	ormation — enter all requested info	maten		1h T	hree digit			
	•	s 401(k) plan & Trust			p (f	lan number PN) ► 901			
					1C Effective date of plan				
2a	Pian soonsor's name and ar	dress; include room or suite number (	employer if for a single	emolover plan)		4/01/2007 mployer Identification Number			
	MAX MORTON CO., IN		erribratert er ter år omfler	mistanter breist		IN) 91-1155360			
					2c 5	ponsor's telephone number 360) 225-0227			
	9010 N.E. CEDAR CREEK RI US WOODLAND WA 98674	D.			2d B	usiness code (see instructions) 41600			
		nd address X Same as Plan Spons	or Name		3b A	dministrator's EIN			
	name, EIN, and the plan nui	e plan sponsor has changed since the mber from the last return/report.	last return/report filed fi	or this plan, enter the	<b>4b</b> ∈				
	Sponsor's name				40 P				
		at the beginning of the plan year			5a	12			
		at the end of the plan year			5b	12			
	complete this item)	account balances as of the end of the	*************************	***************	5c	11			
-	•	rticipanta at the beginning of the plan y	ear	***************************************	5d(1	12			
		rticipants at the end of the plan year			5d(2	12			
•		terminated employment during the plan			5e	0			
Und SB (	er penalties of perjury and o	or incomplete filing of this return/no other penalties set forth in the instruction and signed by an enrolled actuary, as we replate.	ns, I declare that I have	examined this return/re	port, inch	uding, if applicable, a Schedule			
810	Makes	- flow		MICHAEL GILES	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
	RE Signature of plan adp	77 7	Date 3/27/2015	Enter name of Individua	al alonico	s se nion administrator			
	111-11	The	- Date Copy of the	MICHAEL GILES	as signing	23 pan eumananaro			
SIC HE	RE Signature of employe		Data 2 Jan In		-1 -1 t				
e. etc	Tarantara at attached a	name, if applicable) and address; Inclu	Date 3/27/265 de room or suite numbe	enter hang of molvidus ≥r (optional)		as employer or plan sponsor er's telephone number (optional)			

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6a	Were all of the plan's assets during the plan year invested in eligible	aceate? (	See instructions \					X Yes	F7M <sub>m</sub>
	Are you claiming a waiver of the annual examination and report of a		•	/IOP	Δ\	******	# <del>###****</del>	[A] 195	∐N0
	under 29 CFR 2520.104-467 (See instructions on waiver eligibility ar	-	•					X Yes	□No
	If you answered "No" to either line 6a or line 6b, the plan canno	t use Fon	m 5500-SF and must instead (					-	
C	If the plan is a defined benefit plan, is it covered under the PBGC ins	surance pr	ogram (see ERISA section 402	1)7	[	Yes	No 🗀 No	Not c	letermined
P	rt III Financial Information				•				
7	Plan Assets and Liabilities	,. ·	(a) Beginning of Year	r	7		(b) End c	of Year	
а	Total plan assets	7a	696,7	21				864	, 564
b	Total plan liabilities	7b		0					0
C	Net plan assets (subtract line 7b from line 7a)	7¢	696,7	21	,			864	,564
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	······································			(b) To	otal	
a	Contributions received or receivable from: (1) Employers	Sa(1)	32,6	07		٠٠,			- 1 T
	(2) Participants	8a(2)	102,5		1				
-	(3) Others (including rollovers)	8a(3)		0					
þ	Other income (loss)	8b	32,6	61					**************************************
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	Be		1.			4	167	,843
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0					
8	Certain deemed and/or corrective distributions (see instructions)	Se Se		0	+				
f	Administrative service providers (salaries, fees, commissions)	8f		0	+	111.		·. •	
9	Other expenses	8g		O	1	٠	***	.,	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0
<u>i</u>	Net income (toss) (subtract tine 8h from line 8c)	81						167	, 843
بنہ	Transfers to (from) the plan (see instructions)	8		0	·		· ,,		
_	rt IV Plan Characteristics							**********	
9a	If the plan provides pension benefits, enter the applicable pension fe	ature code	es from the List of Plan Charact	eristic	: Code	s in th	e instructio	ms:	
$\dashv$	2A 2E 2F 2G 2J 2K 3D			· · · · · · · · · · · · · · · · · · ·					
þ	if the plan provides welfare benefits, enter the applicable welfare fea	ture code:	s from the List of Plan Characte	ristic (	Codes	In the	Instruction	e:	
	31/ 0 1: 0 2:						·····		······································
10	nt V   Compliance Questions				r				
IV	During the plan year:  Was there a fallure to transmit to the plan any participant contribut	ione within	the firm period described in	<del></del>	Yes	No		Amount	
	29 CFR 2510.3-102? (See Instructions and DOL's Voluntary Fiduc	ary Corre	ction Program)	10a		х			
b	and the state of t								·····
	on line 10a.)	·		10b		X			
d	Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's f			10c	x				69.672
_	or dishonacty?	······································	u, mai was caused by fraud	104		x			
e	Were any fees or commissions paid to any brokers, agents, or other	er persons	by an insurance carrier.					······································	-
	insurance service, or other organization that provides some or all of instructions.)	of the bene	ofits under the plan? (See	10e		x			
f				101		x			
9				-					
— P				10g		Х			<del></del>
	2520.101-3.)	occ iisuu	come and sa falk	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	-3		10i	L		11:		
	rt VI Pension Funding Compliance							·	
11	Is this a defined benefit plan subject to minimum funding requireme	ents? (If "\	es," see instructions and comp	iete S	ichedu	ie SB	(Form	l	F2-1
44	5500) and line 11a below)  11a Enter the unpaid minimum required contribution for current year from Schedule SR (Form 5500) line 39								
12						n		T [ ]	107
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			sect	ion 30	2 OT E	XISA?	ļ ∐ Ye	s X No
a		as applice estimation	role.) ed in this nlan year see instanct	one d	and en	tor the	data of the	a latter r	lina
								Year Year	III IA

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lf y	ou completed line 12a, complete lines 3, 9, and 10 of <u>Schedule MB</u> (Form 5500),	and skip to line 13.				
b	Enter the minimum required contribution for this plan year		***************************************	12b	,	
			J L			
C	Enter the amount contributed by the employer to the plan for this plan year		***************************************	12¢		
þ	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a negative amount)			126		
6	Will the minimum funding amount reported on line 12d be met by the funding deadlin	e7	*********	<u>  </u>	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?	44444444444444		□ Y <sub>6</sub>	es X No	D
	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 any of the PBGC?		nder the co	ntrol	Ε	Yes X No
C	If during this plan year, any assets or liabilities were transferred from this plan to ano which assets or liabilities were transferred. (See instructions.)	ther plan(s), identify th	e plan(s) to			
1	3c(1) Name of plan(s):		130	(2) EIN(	s)	13c(3) PN(6)
Part	VIII Trust Information (optional)					
1481	vame of trust			14b T	rust's EIN	
M	DORTON & ASSOCIATES 401(k) PLAN & TRUST				11-0523	3975