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

Parti	Allilual Nepol	t identification information	I .										
For calend	ar plan year 2015 or f	and ending 1	12/31/2015										
A This ret	turn/report is for:	(Filers checking the coordance with the	nis box must attach a form instructions)										
71 1111010	turri oport lo ror.	a one-participant plan	a foreign plan	.,		,,,							
B This ret	urn/report is	the first return/report	the final return/report										
		an amended return/report	a short plan year retu	rn/report (less than 12 m	ionths)								
C Check	box if filing under:	Form 5558	automatic extension		DFVC program								
		special extension (enter desc	' '										
Part II	Basic Plan Infe	ormation—enter all requested in	nformation			T-							
1a Name MORTON 8	of plan & ASSOCIATES 401(I	K) PLAN & TRUST			1b Three-digit plan number (PN) ▶								
					1c Effective da								
Mailing	g address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.				dentification Number 91-1155360							
	on CO., INC.	ce, country, and ZIP or foreign pos	stal code (if foreign, see ins	tructions)		telephone number 60-225-0227							
					2d Business co	ode (see instructions)							
	EDAR CREEK RD. D, WA 98674					541600							
3a Plan a	idministrator's name a	and address XSame as Plan Spor	nsor.		3b Administrat	or's EIN							
		ne plan sponsor has changed since	e the last return/report filed	for this plan, enter the	4b EIN	or's telephone number							
	e, EIN, and the plan nu sor's name	umber from the last return/report.			4c PN								
5a Total	number of participant	s at the beginning of the plan year.			5a	12							
b Total	number of participant	s at the end of the plan year			5b	12							
	er of participants with lete this item)	nefit plans do not	5c	11									
d(1) Tot	al number of active pa	articipants at the beginning of the p	olan year		5d(1)	12							
d(2) Tot	tal number of active p	articipants at the end of the plan ye	ear		5d(2)	11							
Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested						0							
		or incomplete filing of this return											
SB or Sche		other penalties set forth in the instruand signed by an enrolled actuary, aplete.											
SIGN	Filed with authorized	d/valid electronic signature.	03/31/2016	MICHAEL GILES									
HERE	Signature of plan	administrator	Date	Enter name of individ	n administrator								
SIGN													
HERE	Signature of empl	oyer/plan sponsor	Date	Enter name of individ	lual signing as emp	oloyer or plan sponsor							
Preparer's	name (including firm	name, if applicable) and address (i	include room or suite numb	er)	Preparer's teleph	none number							

	Form 5500-SF 2015		Page 2								
b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)						5500.			X Ye	
	f the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	program (see ERISA se	ection 4	021)?		Yes	No	<u></u>	lot dete	rmined
Par	t III Financial Information		1			-					
	Plan Assets and Liabilities		(a) Beginning			-		(b) E	nd of	Year	
	Fotal plan assets	. 7a		864	1564					1017	
	Fotal plan liabilities				0	-				1017	700
	Net plan assets (subtract line 7b from line 7a)	. 7c	(a) Amaz.		1564		1017708				700
	ncome, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amou	ınt				(L) Tot	aı	
	1) Employers	. 8a(1)		34	1347						
	2) Participants	. 8a(2)		126	8892						
	3) Others (including rollovers)	. 8a(3)			0						
	Other income (loss)	. 8b		-8	3095						
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c								153	144
	o provide benefits)	. 8d			0						
е	Certain deemed and/or corrective distributions (see instructions)	. 8e			0						
<u>f</u>	Administrative service providers (salaries, fees, commissions)	inistrative service providers (salaries, fees, commissions) 8f									
g	Other expenses	. 8g			0						
<u>h</u>	al expenses (add lines 8d, 8e, 8f, and 8g)										0
	let income (loss) (subtract line 8h from line 8c)									153	144
	Transfers to (from) the plan (see instructions)	8j			0						
Par			1 (0 1: (5)			0					
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D	teature co	odes from the List of Pi	an Cha	racteri	stic Co	odes in 1	ne ins	ructio	ons:	
В	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Char	acterist	ic Coc	les in th	e instr	uctior	ns:	
Part					T.,	·					
10	During the plan year: Was there a failure to transmit to the plan any participant contribu	itions with	in the time period		Yes	No	N/A			Mount	
a	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	Fiduciary Correction	10a		X					
b	Were there any nonexempt transactions with any party-in-interest	•				X					
	reported on line 10a.)			10b		^					
<u>c</u>	Was the plan covered by a fidelity bond?			10c	X						86456
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some	her persor ne or all of	s by an insurance the benefits under			X					
f	the plan? (See instructions.) Has the plan failed to provide any benefit when due under the pla			10e							
-				10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a			10g		X					
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		X					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i							
j	Did the plan trust incur unrelated business taxable income?			10i							
Part	VI Pension Funding Compliance			,	1		ı				
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									☐ Ye	s X No
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	,	Ye	s X No

	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 1						
14c Name of trustee or custodian						14d Trustee's or custodian's				
140 Haine of trades of castedian						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/ACF harbor test method							
15c	testing	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?								
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			

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Department of the Tregarry Internal Revenue Service

Department of Labor Employee Benefits Security Administration Penalon 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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

renoun benom Saarany Corporator	Complete all entries in accordance	se with the instructi	OUR IO HIS COLLEGEOV	31.1					
Part I Annual Report	t Identification Information	01/01/2015	and ending	12/31/2015	5				
or calendar plan year 2015 or fi	Octification year eaglest								
This return/report is for: This return/report is:	a fit a one-participant plan the first return/report	st of participating emporeign plan final return/report	n (not multiamployer) (Fi ployer information in acc report (less than 12 mor	cordance with the	form instructions)				
A A Land College and April	☐ Form 5558 ☐ aut	omatic extension		☐ DFVC pn	ogram				
Check box if filing under:	special extension (enter description)				_				
Distill Design Dies Inf	ormation enter all requested informat	ioo							
<u>Part'II:I Basic Plan Inf</u> a Name of plan	Officiation enter an requested implimat	120		1b Three-digit					
	S 401(k) PLAN & TRUST		Ĺ	plan number (PN) ▶ 001					
				1c Effective da 04/01/20	'				
Mailina Addrace finduda re	loyer, if for a single-employer plan) oom, apt., suite no. and street or P.O. Box) nce, country, and ZIP or foreign postal code	(if foreign see instru	ctions)		lentification Number -1155360				
MAX MORTON CO., IN		(It ibibigit, odd itiolia	0.101.07	2c Sponsor's telephone number (360) 225-0227					
9010 N.E. CEDAR CI	REEK RD.			2d Business co 541600	ode (see instructions)				
US WOODLAND WA 98674				3b Administrat	ada CINI				
a Plan administrator's name	and address X Same as Plan Sponsor N	ame	•	SU AQUINIQUE	DI \$ C114				
If the name and/or EIN of	the plan sponsor has changed since the last	return/report filed for	this plan, enter the	3c Administrat	lor's telephone number				
name, EIN, and the plan n	number from the last return/report	(Aran (Araban)	(4c PN					
a Sponsor's name				5a	12				
Total number of participar	nts at the beginning of the plan yearnts at the end of the plan year	4/440/419/3/47777777777777777777777	******************************	5b	12				
 Number of participants will 	th account balances as of the end of the plan	n year (defined benef	it plans do not	5c	11				
	participants at the beginning of the plan year		***************************************	5d(1)	12				
• 1			***************	5d(2)	11				
Number of participants the less than 100% vested	at terminated employment during the plan ye	ear with accrued bene	efils that were	5e	0				
Caution: A nanalty for the l	ate or incomplete filing of this return/repo			use is establishe	:d.				
	d other penalties set forth in the Instructions, id and signed by an enrolled actuary, as well	I double an ibed I boug	avamined this return/to	nor including, it.	ADDICADIO, 8 SCHOULIG				
11/5-14	MAD-	3/3//2db	MICHAEL GILES						
		Date	Enter name of Individu	al signing as plan	administrator				
SIGN SIGN	dministrator	Date	THE PROPERTY OF LABORATOR						
HERE Signature of plan	administrator	3/31/2016	MICHAEL GILES						
HERE Signature of plan	1110	3/31/20%	MICHAEL GILES		player or plan sponsor				
HERE Signature of plans SIGN HERE Starture of emplo	1110	3/31/20/16 Date	MICHAEL GILES Enter name of individu		ployer or plan sponsor phone number				
HERE Signature of plans SIGN HERE Signature of employee	over/plan sponsor	3/31/20/16 Date	MICHAEL GILES Enter name of individu	al signing as emp	olayer or plan sponsor phone number				

PAGE U4/Ub

	Form 5500-SF 2015		Page 2							
b A	fore all of the plan's assets during the plan year invested in eligible re you claiming a walver of the annual examination and report of ar	ı independ	lent qualified public accoun						XYes []No
if	nder 29 CFR 2520.104-46? (See instructions on waiver eligibility ar you answered "No" to either line 6a or line 6b, the plan cannot the plan is a defined benefit plan, is it covered under the PBGC ins	t use Forn	n 5500-SF and must inste					□No [Not dete	ermine
Parl	III Financial Information									
7 P	an Assets and Liabilities	<u> </u>	(a) Beginning of	fear		<u> </u>	((b) End of	Year	
a T	otal plan assets	7a	864	1,56					1,017,7	08
	otal plan liabilities	7b		1127-1270 PW	0	<u> </u>				0
	et plan assets (subtract line 7b from line 7a)	7c		1,56	4	ļ			1,017,7	08
a C	come, Expenses, and Transfers for this Plan Year ontributions received or receivable from:) Employers	8a(1)	(a) Amount	1,34	17	2	5-44 (# - 5-44 (#)	(b) To		
	Participants	8a(2)	126	5,89	2					
	Others (including rollovers)	8a(3)			0				((,))	200
	ther income (loss)	86		095	5)				<i>:::</i>	·
	otel income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8¢		·. :		<u> </u>			153,1	44
	enefite pald (including direct rollovers and insurance premiums	80			0		• • •		ang kalipatan s	· .
	ertain deemed and/or corrective distributions (see instructions)	8e		******	0			.;: 1 :::	 	
-	dministrative service providers (salaries, fees, commissions)	8f			0	11.77				••••
	Wher expenses	89			o	1				
	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h			· · :			,		0
	et income (loss) (subtract line 8h from line 8c)	. 8i		<u></u>	વ્યુંત્રજ				153,1	
T	ranafers to (from) the plan (see instructions)	. 8j			0			190	S	4.117
	the plan provides welfare benefits, anter the applicable welfare fea			•						
_	t.V Compliance Questions				Yes	No	N/A		Amount	
10 a	During the plan year: Was there a fallure to transmit to the plan any participant contribu	tions withi	n the time period			1				
4	described in 29 CFR 2510.3-1027 (See instructions and DOL's Vo	oluntary Fi	dudary Correction				1: . 1			
	Program)	*************	***************	10a		X				
b	Were there any nonexempt transactions with any party-in-interest			10b		x				
	Was the plan covered by a fidelity bond?			10c		† 	 		ε	36,45
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused			 				
u	by fraud or dishonesty?		***************************************	10d		х	ļ			
e	Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides sorthe plan? (See instructions.)	ne or all of	the benefits under	10e		×				
f	Has the plan failed to provide any banefit when due under the plan			10f		x	·			
<u>.</u> g	Did the plan have any participant loans? (If "Yes," enter amount			10g		х	1.			·
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instr	uctions and 29 CFR	10h		ж				
	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10	the require	ed notice or one of the	101					ignatur.	
j	Did the plan trust incur unrelated business taxable income?			10j			<u> </u>	<u></u>		
Pa	VI Pension Funding Compliance		4450000							
11	Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)	ments? (If	"Yes," see instructions and	com	plete	Sche	fule SB	(Form	Ye	s 🕱 1
11:	a Enter the unpaid minimum required contribution for current year	from Sche	dule SB (Form 5500) line 4	0 .			11a			
12	is this a defined contribution plan subject to the minimum funding	g requirem	ents of section 412 of the C	Code	or se	ction 3	302 of E	ERISA?	Ye	SX

Form 5500-SF 2015 Page 3-					
/if "Yes " complete line 12s or lines 12b, 12c, 12d, and 12e below, as applicable.)				· ·	
a. If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Month	uctions, and er Day	nter the d	iate of the lette Year	er rullng	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
b Enter the minimum required contribution for this plan year		12b			
c Enter the amount contributed by the employer to the plan for this plan year		12c			
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	of a	12d			
e Will the minimum funding amount reported on line 12d be met by the funding deadline?		<u>. 🗆 Y</u>	res No		V/A
Part VII Plan Terminations and Transfers of Assets					
13a Has a resolution to terminate the plan been adopted in any plan year?		Yes	X No		
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			
	under the con				
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	<u> </u>		☐ Ye	5 X	No
which essets or liabilities were transferred. (See instructions.)		0) FIN(a)	1 400	/2\ D\	(a)
13c(1) Name of plan(s):	130(2) EIN(s)	130	(3) PN	(8)
Part VIII Trust Information					
14a Name of trust		146 Tru	ıst's EIN		
14¢ Name of trustee or custodian		14d Trustee or custodian's telephone number			
Part IX IRS Compliance Questions					
15a is the plan a 401(k) plan:		Yes Yes		No .	
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and metching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	employer	hart	ed safe 🔲 A	ADP/AC	P
15c If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg. section 1.401(k)-2(a)(2)(ii) and 1.401 (2(a)(2)(ii))?	(m)-	Yes No			
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section		Ratio Percentage Average Test Benefit Test			
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by comb this plan with any other plans under the permissive aggregation rules?		Yes	* James	No	, , , , , , , , , , , , , , , , , , ,
17a Has the Plan been timely amended for all required law changes?	Catacita	e applies		. (See	
17b Date of the last plan amendment/restatement for the required tax law originals was attached				_ `	
instructions for tax law changes and codes). 17c If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volume submitter plan the advisory letter, enter the date of that favorable letter / and the letter's serial num. 17d If the plan is an individually-designed plan and recieved a favorable determination letter from IRS, please	ber, enter the date	e of plan	's last favorabl	le	
determination letter	as been				
made), American Samoa, Guarri, the Commonwealur of the Northern Marienta Islands of the Programme		Ye		No	
19 Were in-service distributions made during the plan year?	****************	Ye	·s	INO	
If Yes, enter amount	***************************************	19			
Were minimum required distributions made to 5% owners who have attained age 70 ½ (regardless of who not retired) as required under section 401(a)(9)?	ether or	Ye	es <u> </u>	No	