Form 5500-SF		Short Form Annu	al Return/Repo Benefit Plan	•	oyee	OMB Nos. 1210-0110 1210-0089					
	rtment of the Treasury mal Revenue Service	This form is required to be file	d under sections 104 an	d 4065 of the Employee Re		2016					
Employee B	epartment of Labor enefits Security Administration	Income Security Act of 1974	(ERISA), and sections 6 Revenue Code (the Co		Internal	This Form is Open to Public Inspection					
	enefit Guaranty Corporation	Complete all entries in a		structions to the Form 55	00-SF.						
For calend	Annual Report Ic ar plan year 2016 or fisc	dentification Information al plan year beginning 01/01/2	.016	and ending 12	/31/2016						
		a single-employer plan		plan (not multiemployer) (		ing this box must attach a					
A This ref	turn/report is for:	a one-participant plan		employer information in ac		-					
<b>B</b> This ret	urn/report is	the first return/report an amended return/report	the final return/repor	rt :urn/report (less than 12 m	onths)						
C Check	box if filing under:	 Form 5558	automatic extension	n	DFVC p	rogram					
		special extension (enter descr	. ,								
Part II		mation—enter all requested inf	formation		41						
1a Name MORTON &	of plan ASSOCIATES 401(K) P	LAN & TRUST			1b Three plan (PN)	number					
					1c Effect	tive date of plan 04/01/2007					
Mailing	g address (include room,	er, if for a single-employer plan) apt., suite no. and street, or P.C		etructione)	2b Employer Identification Number (EIN) 91-1155360						
	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) IAX MORTON CO., INC.				2c Sponsor's telephone number 360-225-0227						
9010 N.E. CI WOODLANE	EDAR CREEK RD. D, WA 98674				2d Busir	ess code (see instructions) 541600					
<b>3a</b> Plan a	dministrator's name and	address X Same as Plan Spor	nsor.			nistrator's EIN nistrator's telephone number					
		plan sponsor has changed since per from the last return/report.	the last return/report file	d for this plan, enter the	4b EIN						
	or's name				<b>4c</b> PN						
5a Total	number of participants at	t the beginning of the plan year			5a	12					
<b>b</b> Total	number of participants at	t the end of the plan year			5b	13					
		count balances as of the end of			5c	12					
<b>d(1)</b> Tot	al number of active partie	cipants at the beginning of the pl	an year		5d(1)	11					
<b>d(2)</b> Tot	al number of active parti	cipants at the end of the plan yea	ar		5d(2)	12					
than	100% vested	rminated employment during the			5e	C					
		incomplete filing of this return r penalties set forth in the instruct									
SB or Sche		signed by an enrolled actuary, a									
SIGN	Filed with authorized/va	lid electronic signature.	06/28/2017	MICHAEL GILES							
HERE	Signature of plan adr	ministrator	Date	Enter name of individu	ual signing a	as plan administrator					
SIGN											
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individu	ual signing a	as employer or plan sponsor					
Preparer's	name (including firm nar	ne, if applicable) and address (ir	nclude room or suite num	iber )	Preparer's	telephone number					
		see the Instructions for Form 5500	25			Form 5500-SF (2016)					

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)				X Yes No
b	Are you claiming a waiver of the annual examination and report of						X Yes No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann						
c	If the plan is a defined benefit plan, is it covered under the PBGC in						No Not determined
		isulance pi	logiani (see ENISA section 4	021):		163	
Ра	rt III Financial Information	r r		<u> </u>			
7	Plan Assets and Liabilities		(a) Beginning of Year				(b) End of Year
а	Total plan assets	7a	1017708				738589
b	Total plan liabilities	7b	0				
С	Net plan assets (subtract line 7b from line 7a)	7c	1017708				738589
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from:		38644				
	(1) Employers	8a(1)					
	(2) Participants	8a(2)	160382				
	(3) Others (including rollovers)	8a(3)	5 40 40				
b	Other income (loss)	8b	54249				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					253275
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	532394				
e	Certain deemed and/or corrective distributions (see instructions).	8e					
f	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					532394
i	Net income (loss) (subtract line 8h from line 8c)	8i					-279119
j	Transfers to (from) the plan (see instructions)	8j					
Ра	rt IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D	feature coo	des from the List of Plan Cha	racteris	stic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Plan Chara	acterist	ic Cod	les in t	he instructions:
Par	t V Compliance Questions						
10	During the plan year:			Yes	No	N/A	Amount

10	During the plan year:		Yes	No	N/A	Amount
а	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)	10a		Х		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х		
C	Was the plan covered by a fidelity bond?	10c	Х			101771
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х		
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).	10e		Х		
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 as of year-end.)	10g		Х		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х		
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i				

Part	VI	Pension Funding Compliance										
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co m 5500) and line 11a below)						Yes 🗙 No				
11a	Ente	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a							
12		his a defined contribution plan subject to the minimum funding requirements of section 412 of the Co						Yes 🗙 No				
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					-					
а	,	valver of the minimum funding standard for a prior year is being amortized in this plan year, see instr	uctior	ns, and	d enter t	he date	of the lett	er ruling				
	gran	ting the waiver	onth_		_ Day		_ Year					
lf	you c	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							
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le ative amount)			12d							
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A				
Part	VII	Plan Terminations and Transfers of Assets										
13a	Has	a resolution to terminate the plan been adopted in any plan year?				Yes	s XI	No				
		es," enter the amount of any plan assets that reverted to the employer this year			13a							
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough rol of the PBGC?	nt und	er the			Yes	X No				
c	lf, d	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)			to							
1		Name of plan(s):		13c(2)	EIN(s)		13c(	<b>3)</b> PN(s)				
Part	VIII	Trust Information										
14a	Name	e of trust			14b ⊺	Frust's E	IN					
14c	Name	e of trustee or custodian					s or custo ne number					
Par	t IX	IRS Compliance Questions										
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes		[	No					
							sign-based "Prior year" ADP e harbor test					
				"Curre ADP t	ent year est	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	N/A					
16a		t testing method was used to satisfy the coverage requirements under section 410(b) for the plan ? Check all that apply:		Ratio perce test	entage		verage enefit test	□ N/A				
16b		he plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No					
	the le		-			-						
	letter		ter the	e date	of the m	nost rece	ent determ	ination				
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 separce?		from	Ye	s	No					
19	Was	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Ye	s	No					

MORTON & ASSOCIATES

Form 5500-SF		Benefit Plan	of Small Employee		0-00					
Internal Revenue Service	This form is required to t Retirement Income Security	e filed under sections 104 Act of 1974 (ERISA), and	and 4065 of the Employee section 6057(b) and 6058(a) of	2016						
mployee Benefits Security Administration	the	Internal Revenue Code (the	⊇ Code).	This Form Is Open to Pu	blic					
Penalon Benefit Guaranty Corporation	Complete all entries in a	ccordance with the instr	uctions to the Form 5500-SF.	Inspection						
	lentification Information									
calendar plan year 2016 or fisca		01/01/2016		2/31/2016						
This return/report is for:	a single-employer plan       a multiple-employer plan (not multiemployer) (Filers checking this box must a list of participating employer information in accordance with the form instru- a foreign plan         a one-participant plan       a foreign plan         the first return/report       the final return/report         an amended return/report       a short plan year return/report (less than 12 months)									
Check box if filing under:	] Form 5558	automatic extension	[	DFVC program						
	special extension (enter desc	ription)	•	_						
art II Basic Plan Inform	nation enter all requested	Information	• • • • • • • • • • • • • • • • • • •		. <b></b> .					
Name of plan MORTON & ASSOCIATES			1b	Three-digit plan number						
	10	(PN) ► 001 Effective date of plan								
Plan sponsor's name (employe	r if for a pinele envel			04/01/2007						
Mailing Address (include mom	, ant., suite no. and street, or P. country, and ZIP or foreign pos	() Box)	<b>6</b> ·	Employer Identification Number (EIN) 91-1155360	er					
MAX MORTON CO., INC.		2c Sponsor's telephone number (360) 225-0227								
9010 N.E. CEDAR CREE	K RD.		20	2d Business code (see instructions) 541600						
US WOODLAND WA 98674										
Plan administrator's name and	3b	3b Administrator's EtN								
			30	Administrator's telephone nun	nber					
If the name and/or EIN of the p name, EIN, and the plan numb	vian sponsor has changed since er from the last return/report.	the last return/report filed	for this plan, enter the 4b	EIN	<del></del>					
B Sponsor's name			4c	PN						
Total number of participants at	the beginning of the plan year	**************								
	the end of the plan year			. 13						
Number of participants with ac complete this item)	count balances as of the end of	f the plan year (only define	d contribution plans 50	12						
(1) Total number of active partic	ipants at the beginning of the p	lan year		1) 11						
(2) Total number of active partic	ipants at the end of the plan ve	ar		2) 12						
	minated employment during the									
aution: A penalty for the late o	r incomplete filing of this set:	m/report will be assesse	n uniess reasonable cause is	established						
Inder penalties of penjury and other B or Schedule MB completed and elief, it is true, correct, and compl	er penalties set forth in the instr d sigped by an enrolled actuary	uctions, I declare that I hav	e examined this return/report, ir	ciuding, if applicable, a Sched	ule nd					
SIGN / Mitry 9	21g-	6/21/201	MIKE Giles							
ERE Signeture of plan somir	ristrator	Date	Enter name of individual signi	ng as plan administrator						
SIGN Mito C	-fto	6/28/201	M. 42 Giles.	······································						
ERE Signature of employering	plan sponsor	Dete		ng as employer or plan sponse	or					
reparer's name (including firm na kip this question			ber) Prep	arer's telephone number p this question						

06/29/2017 10:52 3602250229

MORTON & ASSOCIATES

PAGE 04/05

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	Form 5500-SF 2016		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 If you answered "No" to either time 6a or line 6b, the plan canno	indepen Ind conditio	dent qualified public accounta	nt (iQ	PA)		
C Frankiski	If the plan is a defined benefit plan, is it covered under the PBGC in						No Not determined
	Plan Assets and Liabilities						
			(a) Beginning of Ye		_		(b) End of Year
	Total plan assets		1,017,				738,589
	Total plan liabilities			0			
	Net plan assets (subfract line 7b from line 7a)	. 7c	1,017,	708	_		738,589
	Contributions received or receivable from:	<u>. 1990 - 19</u>	(a) Amount				(b) Total
	(1) Employers	. 8a(1)	38,	644			
	2) Participants	. 8a(2)	160,		i in ini Sila		
	(3) Others (including rollovers)				1000-13 2010-1		<u>an an a</u>
	Other income (loss)		54	249	24 - 54 145 N.28	<u>2 1999 - 2 (99</u> 2 1995 - 2 199	
	Total income (add lines \$a(1), 8a(2), 8a(3), and 8b)	. 8c		36444 3	- 2800 - 2	<u> an </u>	
d	Benefits paid (including direct rollovers and insurance premiums			al hours of the	6646 - 112 - 112 - 112 - 112 - 112 - 112 - 112 - 112 - 112 - 112 - 112 - 112 - 112 - 112 - 112 - 112 - 112 - 112 - 1	1.582.201	253,275
	to provide benefits)	. 8d	532,	394	1996. 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -		
e	Certain deemed and/or corrective distributions (see instructions)	. 8e					
<u>f</u>	Administrative service providers (salaries, fees, commissions)	. 8f					
g	Other expenses	. 8g				A terre official	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h		ly dê Mê Dê wîk Sûk	2463 94.25		532,394
1	Net income (loss) (subtract line 8h from line 8c)	. 81	NY ROMAN AND A COMPANY	4. (S)	<u>0 8</u>		(279,119)
j i	Transfers to (from) the plan (see instructions)	. 8i	Contraction of the second s		2 - 1 - 1 - 1 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
	rt IV Plan Characteristics					lan dala nyafiki ya t <u>i</u> ki	<u>and "Contraction of the Castern Contractors" (* 1984) 1999</u>
9a	if the plan provides pension benefits, enter the applicable pension for 2A 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare fe						
På	rt V Compliance Questions		· · · · · · · · · · · · · · · · · · ·				
<u>10</u>	During the plan year:			Ye	6 No	N/A	Amount
a	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-1027 (See instructions and DOL's View Program)	oluntary Fi	duciary Correction	la.	x		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			ю	x		
c	Was the plan covered by a fidelity bond?	*****		ic X			101,771
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d				x		
0	<ul> <li>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.)</li> </ul>				x		
f	Has the plan failed to provide any benefit when due under the pla	зл?		ж	x		
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year (	and.)	)g	x		
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			)h	x		
ł	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10	the require	d notice or one of the	Dì			

06/29/2017 10:52 3602250229 MORTON & ASSOCIATES

	Form 5500-SF 2016 Page 3 -								
Part	VI Pension Funding Compliance								Ì
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com-	lete	Schedule	e SB			Yes	<u>.</u>	No
11a	(Form 5500 and line 11a below)			1	*****	ļ u	100	<u></u>	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code ERISA?			? of			Yes	X	No
-	(if "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc granting the waiver	lions,		er the Dav		of the Ye		#ing	
	ou 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 the plan year	*****	. 12c						
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)		12d						
(73.5°).	Will the minimum funding amount reported on line 12d be met by the funding deadline?		<u>,   [</u>	] Ye	5	No	1	N/A	
art									
t3e	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						
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u control of the PBGC?		********			/es	XN	ło	
	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	e pla	n(s) to						
13	c(1) Name of plan(s):	3c(2)	EiN(s)			13	c(3) Pi	l(s)	
art	Vill Trust Information - Skip These Questions				<u>-</u> [		2		-
	Name of trust		14	b Trus	it's El	N			
140	Name of trustee or custodian						dian's		
л т <b>у</b>			14			numt	-		
Part	IRS Compliance Questions - Skip These Questions								
15a	is the plan a 401(k) plan? If "No," skip b.		Yes				No		
16b	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section		Design		ż		"Prior	year	' AD
	401(k)(3) for the plan year? Check all that apply:		safe ha "Currer	nt year	<b>н</b>		test N/A		
			ADP te	st					
16a	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:		Ratio percen test	tage		Avera bene	ige fit test		IN
16b	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes				No		
17a	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS op the letter/ and serial number	Inton	letter or	advisc	ry let	ter, en	ter the	date	of
17b	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, ente letter	the c	date of th	ne mos	st reca	ent de	termina	ition	
18	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separa service?				Yes		No		
19	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?	******			Yes		No		
19	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?				Yes		No		