Form 5500-SF	Bonofit Plan			oyee		OMB Nos. 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service	This form is required to be filed under sections 104 and 4065 of the Employee F Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Revenue Code (the Code).			etiremer	nt	2014			
Department of Labor Employee Benefits Security Administration				Internal	This F	This Form is Open to Public Inspection			
Pension Benefit Guaranty Corporation	Complete all entries in ac	cordance with the inst	tructions to the Form 5	500-SF.		IC inspection			
	dentification Information			124/004	<u> </u>				
For calendar plan year 2014 or fisca			H	/31/2014					
A This return/report is for:	a single-employer plan a one-participant plan the first return/report	of participating emplo a foreign plan the final return/report	oyer information in accord	oyer) (Filers checking this box must attach a list accordance with the form instructions)					
L	an amended return/report	a short plan year retur	irn/report (less than 12 m	ontns)					
C Check box if filing under:	Form 5558 [special extension (enter descript	automatic extension		Γ	DFVC progra	۱m			
Part II Basic Plan Inform	mation—enter all requested inform	mation							
1a Name of plan ARLINGTON DRY KILNS, LLC. 4011				p	Three-digit plan number (PN) ►	001			
				· · · · ·	Effective date of	ective date of plan 01/01/2010			
2a Plan sponsor's name and addr ARLINGTON DRY KILNS, LLC.	ess; include room or suite number	(employer, if for a single	e-employer plan)		Employer Identif	bloyer Identification Number			
					Sponsor's telep	onsor's telephone number			
19406 68TH DRIVE NE ARLINGTON, WA 98223					Business code (360-403-7500 iness code (see instructions)			
3a Plan administrator's name and	25		812320 ninistrator's EIN						
4 If the name and/or EIN of the c	-las appaged since the	- last seturn/report filed	for this plan, antar the	45					
 a The name and/of Env of the p name, EIN, and the plan numb a Sponsor's name 	plan sponsor has changed since the ber from the last return/report.	3 last return/report mean	וטו נוווג צומוו, פותפו נוופ	4b E 4c F					
5a Total number of participants at	t the beginning of the plan year			5a		26			
b Total number of participants at	t the end of the plan year			5b		25			
C Number of participants with ac	ccount balances as of the end of the	e plan year (defined ben	nefit plans do not	5c		11			
	cipants at the beginning of the plan			5d(1)	23			
d(2) Total number of active participants at the end of the plan year				5d(2	-	23			
 C Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested. 			5e	-	0				
Caution: A penalty for the late or				use is e	stablished.				
Under penalties of perjury and othe SB or Schedule MB completed and belief, it is true, correct, and completed	er penalties set forth in the instruction I signed by an enrolled actuary, as	ons, I declare that I have	e examined this return/rep	port, incl	luding, if applic				
	alid electronic signature.	02/18/2015	KARRI BEAZER						
HERE Signature of plan adr	ministrator	Date	Enter name of individual signing as plan administrator						
SIGN HERE				<u> </u>					
Preparer's name (including firm nar		Date ude room or suite numb	Enter name of individuer) (optional)			er or plan sponsor number (optional)			

b Are you daming a waver of the annual examination and report of an independent qualified public accountant (QPA) Image 20 F220.104-462 (see instructions on wave regulating and regulating and wave regulati	 under 29 CFR 2 If you answere C If the plan is a de Part III Finance 7 Plan Assets and a Total plan assets b Total plan liabiliti c Net plan assets 8 Income, Expense a Contributions re (1) Employers. (2) Participants (3) Others (inclue b Other income (loss) c Total expenses h Total expenses i Net income (loss) j Transfers to (from) Part IV Plan 9a If the plan provi 2E 2F 200 b If the plan provi 2F 2F 200 c Was there a fa 29 CFR 2510. b Were there any cost and the plan fa a Was there a fa 29 CFR 2510. b Were any fees insurance serv. instructions.) f Has the plan fa h If this is an ind 2520.101-3.) i If 10h was ans exceptions to p 	Vere all of the plan's assets during the plan year invested in eligible assets? (See instructions.)									
If you answered "No" to other line 6a, the plan cannot use Form S500-SF and must instead use Form S500. If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)"	If you answereCIf the plan is a dePart IIIFinance7Plan Assets andaTotal plan assetsbTotal plan assets8Income, ExpenseaContributions re (1) Employers.(2) Participants (3) Others (included)bOther income (loced)CTotal expensesaContributions re (1) Employers.(2) Participants (3) Others (included)bOther income (loced)cTotal expensesfAdministrative sgOther expenseshTotal expensesiNet income (loced)gOther expenseshTotal expensesiNet income (loced)gOther expensesiNet income (loced)jTransfers to (froPart IVPlan9aIf the plan provi 2E 2F 2C0bIf the plan provi 2E 2F 2C0bIf the plan provi 29 CFR 2510.bWere there any con dishonesty?eWere any fees insurance servi instructions.)fHas the plan fa 2520.101-3.)iIf 10h was ans exceptions to pPart VIPension11Is this a difficult stoid) and line										
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		11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form									
11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a											
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?											
(If "Yes," complete line 12a 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 instructions, and enter the date of the letter ruling	a If a waiver of th		ng amortize	ed in this plan year, see instrue		, and e	enter th Day		f the le Yea		ing

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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 onegative amount)	of a	12d				
e 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?	· 🗆 ۲	Yes X No				
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 another plan, or brought under the of the PBGC?				Yes 🗙 No		
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	e plan(s)	to				
13c(1) Name of plan(s):				13c(3) PN(s)		
Part VIII Trust Information (optional)						
14a Name of trust			14b Trust's EIN			