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.

byee Retirement 2012

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I	Annual Repor	t Identification Information							
For calend	lar plan year 2014 or	fiscal plan year beginning 01/01/201	4	and ending 12	2/31/2014				
Δ This ro	turn/report is for:	X a single-employer plan		plan (not multiemployer) oyer information in accor		this box must attach a list			
A IIIISTE	turr/report is for.	a one-participant plan	a foreign plan	oyer iniormation in accor	dance with the i	om mstructions)			
B This rot	uum/ranautia	the first return/report	the final return/report						
D This rec	urn/report is		a short plan year return/report (less than 12 months)						
		an amended return/report	a snort plan year retu	irn/report (less than 12 fr	iontns)				
C Check	box if filing under:	Form 5558	automatic extension		DFVC	program			
		special extension (enter descrip	otion)						
Part II	Basic Plan Inf	ormation—enter all requested info	rmation						
1a Name					1b Three-di	_			
IDEE FABR	IK RETIREMENT PL	AN			plan nur (PN) ▶	nber 001			
					1c Effective				
					IC Lifective	01/01/2013			
2a Plan s	sponsor's name and a	address; include room or suite number	(employer, if for a single	e-employer plan)		r Identification Number			
IDEE FABRI	IK, LLC				(EIN)	45-3038450			
4820 - 119T	H PL. N.E.				2c Sponsor	's telephone number 425-922-1456			
KIRKLAND,	WA 98033				2d Business code (see instructions)				
						339900			
3a Plan a	administrator's name	and address XSame as Plan Sponso	r.		3b Administ	rator's EIN			
name	e, EIN, and the plan n	he plan sponsor has changed since th umber from the last return/report.	e last return/report filed	for this plan, enter the	4b EIN				
	sor's name				4c PN				
_		ts at the beginning of the plan year				6			
		ts at the end of the plan year			5b	6			
		h account balances as of the end of th			5c	6			
d(1) To	tal number of active p	participants at the beginning of the plan	n year		5d(1)	Ę			
d(2) To	tal number of active p	participants at the end of the plan year			5d(2)	2			
		terminated employment during the pla	•	nefits that were	5e				
-		e or incomplete filing of this return/		d unless reasonable ca	use is establish	ned.			
Under pen SB or Sch	nalties of perjury and edule MB completed	other penalties set forth in the instructi and signed by an enrolled actuary, as	ons, I declare that I have	e examined this return/re	port, including, i	f applicable, a Schedule			
SIGN	Filed with authorize	mplete. d/valid electronic signature.	05/21/2015	EMILY BRAND HAAS	3				
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing as r	lan administrator			
SIGN	J same en plant								
HERE	Signature of own	lover/plan energer	Date	Enter name of individ	lual cianina os s	imployer or plan ananas			
Preparer's		loyer/plan sponsor name, if applicable) and address (inc				employer or plan sponsor ephone number (optional)			

	Form 5500-SF 2014		Page 2							
b	Were all of the plan's assets during the plan year invested in eligib 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 cann	an indeper and condit ot use Fo	ndent qualified public accounta ions.)rm 5500-SF and must instead	nt (IC	PA) Form	5500.		X Ye	Ξ.	No No
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40)21)?		Yes	No	Not dete	ermined	i
Par	t III Financial Information	1	Г		-					
	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End			
	Total plan assets	7a	709	975				230)439	
	Total plan liabilities	7b	709	75				220	0439	
	Net plan assets (subtract line 7b from line 7a)	7c		713			# \ T		7433	
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) T	otai		
	(1) Employers	8a(1)	241	137						
	(2) Participants	8a(2)	550)11						
	(3) Others (including rollovers)	8a(3)	711							
b	Other income (loss)	8b	91	144						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						159	9464	_
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
	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								
i	Net income (loss) (subtract line 8h from line 8c)	8i						159	9464	
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
Part		eature cod	les from the List of Plan Charac	cterist			he instruction	ons:		
10	During the plan year:	C 20-1	and the control of the second of the		Yes	No		Amount		
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	iciary Cor	rection Program)	10a		X				
	on line 10a.)	·····		10b		X				
c	Was the plan covered by a fidelity bond?			10c	X				250	00
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X				
e	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				7	59
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 a	s of year	end.)	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			10i						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Ye	es 📗 I	No
11a	Enter the unpaid minimum required contribution for current year fr					11a				
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection :	302 of	ERISA?	Υe	es X I	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,		·							
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter th Day		ne letter Year	ruling	_

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lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to lin	e 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	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	nis year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		•	ontrol		Yes	(No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	in to another plan(s), ide	ntify the plan(s) to)			
1	3c(1) Name of plan(s):		130	c(2) EI	N(s)	13c(3) P	N(s)
			1			l	

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

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

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1210-0089

2014

OMB Nos. 1210-0110

This Form is Open to Public Inspection

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Pa		rt identification information	1						
For c	alendar plan year 2014 or		1/2014	and ending	12/31/2014				
Ат	his return/report is for:	X a single-employer plan	a multiple-employer place of participating employ	an (not multiemployer) of the control of the contro	(Filers checking the dance with the for	his box must attach a list			
		a one-participant plan	a foreign plan						
B Th	nis return/report is	the first return/report	the final return/report						
	an amended return/report a short plan year return/report (less than 12 months)								
C c	heck box if filing under:	Form 5558	automatic extension			program			
		special extension (enter desc	ription)						
Par	t II Basic Plan Inf	formation—enter all requested in	formation		~ 				
	Name of plan				1b Three-digit	t			
IDEE	FABRIK RETIREMENT PL	_AN			plan numb	per 001			
					(PN) 1c Effective d				
22.1	~	<u> </u>			01/01/201	3			
Za + IDEE I	Plan sponsor's name and a FABRIK, LLC	address; include room or suite numb	er (employer, if for a single⊣	employer plan)	2b Employer I (EIN) 45-3	Identification Number 038450			
4820 -	. 119TH PL, N,E.					telephone number (425) 922-1456			
					2d Business code (see instructions)				
	AND. WA 98033	and address X Same as Plan Spons			339900				
· .	Idii daministrator e namo	and address Moanie as train opon	sor.		3b Administrator's EIN				
					3c Administra	tor's telephone number			
						•			
4	f the name and/or EiN of t	the plan sponsor has changed since	the last return/report filed fo	r this plan, enter the	4b EIN				
	name, ⊨iN, and the pian n Sponsor's name	number from the last return/report.			4c PN				
		ts at the beginning of the plan year.				6			
		ts at the end of the plan year				6			
C	Number of participants with	h account balances as of the end of	the plan year (defined bene-	fit plans do not	_				
C	complete this item)				5c	6			
		participants at the beginning of the pl			5d(1)	5			
		participants at the end of the plan year			5d(2)	4			
e N	lumber of participants that ess than 100% vested	terminated employment during the p	olan year with accrued bene	fits that were	5e				
Caut	ion: A penalty for the late	e or incomplete filing of this return	n/report will be assessed	unless reasonable cau	use is establishe	d.			
SB or	er penalties of perjury and o	other penalties set forth in the instruction and signed by an enrolled actuary, a	ctions. I declare that I have a	examined this return/rea	port including if	applicable a Schodule			
SIGN	$\sim 1/1/c$	Bul News	15/19/2015	XJ EMILY BR	AND HAAS				
HERI		<u> </u>	Date	Enter name of individ		n administrator			
SIGN					dai orgini g do pie	ii administrator			
HERI	Signature of emp	loyer/pian sponsor	Date	Enter name of individ	ual signing as em	ployer or plan sponsor			
Prepa	arer's name (including firm	name, if applicable) and address (ir	nclude room or suite number	r) (optional)	Preparer's telep	hone number (optional)			
					i	(
									
					1 T				

 Were all of the plan's assets during the plan year invested in eligib 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 cannot be a set of the	an independ and condition	dent qualified public accountaions.)	nt (IQI	PA)		
C If the plan is a defined benefit plan, is it covered under the PBGC in				_		No Not determined
Part III Financial Information						
7 Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year
a Total plan assets	. 7a	70975			-	230439
b Total plan liabilities	. 7b					· · ·
C Net plan assets (subtract line 7b from line 7a)	. 7c	70975	5			230439
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
Contributions received or receivable from: (1) Employers	8a(1)	24137	7	80		
(2) Participants	. 8a(2)	5501	1			
(3) Others (including rollovers)	. 8a(3)	71172	2	J.E		
b Other income (loss)	. 8b	9144	4	8		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c		-648			159464
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d					
e Certain deemed and/or corrective distributions (see instructions)	. 8e					
f Administrative service providers (salaries, fees, commissions)	. 8f					
g Other expenses	. 8g			=0		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h		11 114			
Net income (loss) (subtract line 8h from line 8c)			railt.			159464
j Transfers to (from) the plan (see instructions)	8j			511		
Part V Compliance Questions						
10 During the plan year:				Yes	No	Amount
a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide November 2015)	uciary Corre	ection Program)	10a		х	
b Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		х	
C Was the plan covered by a fidelity bond?			10c	Х		25000
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х	
Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all instructions.)	of the bene	fits under the plan? (See	10e	х		759
f Has the plan failed to provide any benefit when due under the pla	in?		10f		Х	
g Did the plan have any participant loans? (If "Yes," enter amount a	as of year er	nd.)	10g		Х	
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instruc	ctions and 29 CFR	10h		х	
If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10	he required	notice or one of the	10i			
Part VI Pension Funding Compliance						
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	nents? (If "Y	es," see instructions and com	plete	Sched	dule SE	3 (Form Yes No
11a Enter the unpaid minimum required contribution for current year f					11a	
12 Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of the Code	or se	ection	302 of	ERISA? Yes X No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	, as applica	ble.)				
If a waiver of the minimum funding standard for a prior year is bei granting the waiver.	ng amortize	d in this plan year, see instruc	ctions th_	, and o	enter th	

Form 5500	-SF 2014 Page 3 - 1			
If you completed	line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			
b Enter the mini	mum required contribution for this plan year	12b	T	
			<u> </u>	
C Enter the amo	unt contributed by the employer to the plan for this plan year	12c		
 Subtract the a 	mount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a	12d	0	
e Will the minim	um funding amount reported on line 12d be met by the funding deadline?		Yes	No □ N/A
Part VII Plan	erminations and Transfers of Assets			110 1107
13a Has a resolution	n to terminate the plan been adopted in any plan year?		es X No	
If "Yes," enter	the amount of any plan assets that reverted to the employer this year	13a		
b Were all the p	an assets distributed to participants or beneficiaries, transferred to another plan, or brought under the co			Yes X No
C it during this p	an year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to ir liabilities were transferred. (See instructions.))		
13c(1) Name of	plan(s):	c(2) El	N(s)	13c(3) PN(s)
		-(-/ - .	(0)	100(0) 1 11(3)
				1
Part VIII Truet I	nformation (optional)			<u> </u>
14a Name of trust	mormation (optional)			
TE Name of trust	1	4b Tr	ust's EIN	