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).

2014 This Form is Open to

Public Inspection

OMB Nos. 1210-0110

1210-0089

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

Part I		Identification Information							
For calenda	ar plan year 2014 or fis	scal plan year beginning 01/01/2	014	and ending 12/3	31/2014				
A This ret	a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan								
_		a one-participant plan							
B This retu	urn/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year return						
C Check I	box if filing under:	Form 5558	automatic extension		DFVC program				
		special extension (enter descr	ription)						
Part II	Basic Plan Info	rmation—enter all requested inf	formation						
1a Name FABER CON	of plan NSTRUCTION, INC 40	1K PLAN			•	ree-digit an number N) •	001		
					,	ective date of			
2a Plan sp FABER CON	ponsor's name and ad ISTRUCTION, INC.	dress; include room or suite numb	er (employer, if for a single-e	employer plan)	2b Em (Ell	-	ication Number 07485		
131 E GROV	ER ST				2c Sp	onsor's teleph 360-354			
LYNDEN, WA	A 98264				2d Business code (see instructions)				
3a Plan a	dministrator's name ar	nd address XSame as Plan Spons	sor.		3b Administrator's EIN				
					3c Adr	ministrator's te	elephone number		
		plan sponsor has changed since nber from the last return/report.	the last return/report filed fo	r this plan, enter the	4b EIN	N			
	or's name				4c PN	I			
5a Total i	number of participants	at the beginning of the plan year			5a		52		
b Total i	number of participants	at the end of the plan year			5b		78		
		account balances as of the end of	' '	•	5с	78			
d(1) Tota	al number of active par	rticipants at the beginning of the pl	an year		5d(1)		43		
d(2) Tot	al number of active pa	rticipants at the end of the plan year	ar		5d(2)				
		rminated employment during the p	•		5e				
Caution: A	A penalty for the late	or incomplete filing of this return	n/report will be assessed u	ınless reasonable caus	se is esta	ablished.			
SB or Sche		ner penalties set forth in the instructed signed by an enrolled actuary, and signed by an enrolled actuary, and signed by the control of the							
SIGN		valid electronic signature.							
HERE	Signature of plan a	dministrator	Date	Enter name of individu	al signino	g as plan adm	ninistrator		
SIGN									
HERE	Signature of emplo		Date	Enter name of individu	al signing	g as employer	or plan sponsor		
Preparer's	name (including firm n	ame, if applicable) and address (ir	nclude room or suite number	·) (optional)	Preparer	r's telephone ı	number (optional)		

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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 considerable or the considera	an indeper and conditi	dent qualified public accounta	int (IQ	PA)				□	es [No No
C	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		lot de	ermir	ned
Par	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) E	nd of	Year		
a	Total plan assets	7a	1410)56	_				70	6555	
	Total plan liabilities	7b									
	Net plan assets (subtract line 7b from line 7a)	7с	1410)56					70	6555	
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Tot	al		
	Contributions received or receivable from: (1) Employers	8a(1)	5425	501							
	2) Participants	8a(2)	453	360							
	(3) Others (including rollovers)	8a(3)	761	175							
b	Other income (loss)	8b	82	202							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							67	2238	
	Benefits paid (including direct rollovers and insurance premiums oprovide benefits)	8d	1066	S51							
	Certain deemed and/or corrective distributions (see instructions)	8e									
	Administrative service providers (salaries, fees, commissions)	8f									
	Other expenses	8g		88							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							10	6739	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							56	5499	
j	Transfers to (from) the plan (see instructions)	8j									
b Part	If the plan provides welfare benefits, enter the applicable welfare for V Compliance Questions	eature code	es from the List of Plan Charad	cterist	ic Cod	les in t	he instr	uction	ıs:		
10	During the plan year:				Yes	No		Α	moun	t	
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulations)	ciary Corr	ection Program)	10a		X					
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
<u>c</u>	Was the plan covered by a fidelity bond?			10c	X					8	30000
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 bene	efits under the plan? (See	10e	X					1	6119
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	s of year e	nd.)	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								ī			
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	······································		· 	<u>.</u>				Υ	es X	No
	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a		<u> </u>			
12	Is this a defined contribution plan subject to the minimum funding			or se	ection	302 of	ERISA?	·	Y	es X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			otions	224	nto- +	no dota	of the	lotto	rulin :	<u> </u>
d	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and 6 	enter ti Day			ear _	ruiin(—–

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lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip 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)	-	1 124		
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, transferred the PBGC?		inder the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify th	e plan(s) to		
1	3c(1) Name of plan(s):		13c(2) EI	N(s)	13c(3) PN(s)

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

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

Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

Part I		t Identification Informa							
For calend	lar plan year 2014 or	YYY	01/01/2014		and ending	12/31/2014			
A This re	a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a lise of participating employer information in accordance with the form instructions)								
		a one-participant plan	∐ a fo	reign plan					
B This ret	urn/report is	the first return/report	the f	inal return/report					
		an amended return/repo	ort 🗌 a sh	ort plan year retur	rn/report (less than 12 i	months)			
C Check	box if filing under:	Form 5558		omatic extension		DFVC	program		
		special extension (enter	description)						
Part II	Basic Plan Info	ormation—enter all reques	ted information						
1a Name						1b Three-dig	ıt		
FABER CO	NSTRUCTION, INC 4	101K PLAN				plan numb	per 001		
						(PN)			
						1c Effective of 10/14/201			
	ponsor's name and a truction, Inc.	ddress; include room or suite	number (emplo	yer, if for a single	-employer plan)	2b Employer (EIN) 95-1	Identification Number 507485		
						1	telephone number (360) 354-3500		
131 E Grove							code (see instructions)		
Lvnden, WA		and address X Same as Plan	Spansor			3b Administrator's EIN			
oa mana	idiffiliation of fidine d	Ma addition Plante do Flant	оринооп.			Administrator's Env			
						3c Administrator's telephone number			
4 If the	name and/or EIN of th	ne plan sponsor has changed	eince the last re	aturn/report filed f	or this plan enfor the	4b EIN			
name	, EIN, and the plan nu	imber from the last return/repo	ort.	eturineport meu i	or this plan, enter the	4D CIN			
	or's name					4c PN			
5a Total	number of participants	s at the beginning of the plan	year	•••••		5a	52		
b Total	number of participants	s at the end of the plan year	***************************************			5b	78		
		account balances as of the e				5c	78		
d(1) Tot	al number of active pa	articipants at the beginning of	the plan year	***************************************		5d(1)	43		
d(2) Tot	al number of active pa	articipants at the end of the pla	an year	**********		5d(2)	44		
		erminated employment during				5e			
	· · · · · · · · · · · · · · · · · · ·					use is establishe	d.		
Under pena SB or Sche	Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and								
13. 1910 P. 13. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14	true, correct, and com	The state of the s		6-2-15	Rick Faber				
SIGN HERE	7								
	Signature of plan a	administrator		Date	Enter name of indivi	dual signing as pla	n administrator		
SIGN									
HERE	Signature of emplo	oyer/plan sponsor		Date			ployer or plan sponsor		
Preparer's	name (including firm	name, if applicable) and addre	ess (include roo	om or suite numbe	r) (optional)	Preparer's telep	hone number (optional)		

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	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See Instructions on waiver eligibility and conditions.)								
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.								
С	If the plan is a defined benefit plan, is it covered under the PBGC Ir					_			
	rt III Financial Information								
7	Plan Assets and Liabilities	7757800000	(a) Beginning of Ye	er	T		(b) End of Year		
		. 7a	(a) Beginning of 1e		\dashv		706555		
_ <u>a</u> b	Total plan liabilities	7a 7b	14100				10000		
	Net plan assets (subtract line 7b from line 7a)	76 7c	14105	6			706555		
		Carte Days No. N	:		-				
- <u>8</u> a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount 54250		2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		(b) Total		
	(1) Employers	8a(1)	4536						
	(2) Participants	8a(2)	·		17.95 2765				
	(3) Others (including rollovers)	8a(3)	7617		(46)3 (48)				
	Other income (loss)	8b	820		CAR Jan	\$4994 FEE			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	Bc Bc			935) 32	Journal Rowald	672238		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	10665	1					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e			- 3				
f	Administrative service providers (salaries, fees, commissions)	8f			- 184	7-16			
g	Other expenses	8g	8	8					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					106739		
i_	Net income (loss) (subtract line 8h from line 8c)	81	Fig. 2. Sec. 1. Sec. 1	KAR		565499			
j	Transfers to (from) the plan (see instructions)	8]							
Pai	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2A 2D 2E 2G 2J 2F	feature co	des from the List of Plan Char	acteri	stic Co	des in	the instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Chara	cterist	ic Coc	les in t	he instructions:		
Par	Compliance Questions								
10	During the plan year:				Yes	No	Amount		
а	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	·	10b		х			
С	Was the plan covered by a fidelity bond?			10c	Х		80000		
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud	10d		Х			
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all of the commissions.	er person of the ben	s by an insurance carrier, efits under the plan? (See	10a	х		16119		
f	instructions.)					Х	10119		
g						Х			
	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR					Х			
ı	2520.101-3.)								
Part	VI Pension Funding Compliance	·		10i	<u> </u>		 Controller St. St. Physics A. W. B. C. 4884-381, 23 (1997). 		
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)								
11a	Enter the unpaid minimum required contribution for current year fro					11a			
12	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA? Yes X No		

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

Day

Year

(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)

granting the waiver......Month

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lf	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			
С	Enter the amount contributed by the employer to the plan for this plan ye	ear	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the re negative amount)		12d			
е	Will the minimum funding amount reported on line 12d be met by the fun	ding 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 X No		
	If "Yes," enter the amount of any plan assets that reverted to the employ	er this year	13a			
b	Were all the plan assets distributed to participants or beneficiaries, trans of the PBGC?		ne control		Yes X No	
С	If during this plan year, any assets or liabilities were transferred from this which assets or liabilities were transferred. (See Instructions.)	s plan to another plan(s), identify the plan	s) to			
1	3c(1) Name of plan(s):		13c(2) E	EIN(s)	13c(3) PN(s)	
Part	VIII Trust Information (optional)					
14a Name of trust				14b Trust's EIN		