For	m 5500-SF	Short Form Annual R	•	of Small Employ	vee		OMB Nos. 1210-0110 1210-0089		
	tment of the Treasury nal Revenue Service	This form is required to be filed	Benefit Plan	nd 4065 of the Employee		2	2013		
	partment of Labor enefits Security Administration	Retirement Income Security Act of		ctions 6057(b) and 6058(			s Open to Public		
Complete all entries in accordance with the instructions to the Form 5500-SF.									
Part I	Annual Report Id ar plan year 2013 or fisca	entification Information al plan year beginning 10/14/2013	0	and ending 12	2/31/2	0010			
		a single-employer plan		lan (not multiemployer)	2/31/2	a one-partici	aant nian		
	urn/report is for:	the first return/report	the final return/report	ian (not muttemployer)			bant plan		
			•	n/report (less than 12 mo	nths)				
C. Check h	box if filing under:	Form 5558	automatic extension		11(10)	DFVC progra	ım		
		special extension (enter descriptio							
Part II	Basic Plan Inform	nation—enter all requested information	,						
1a Name					1b	Three-digit			
FABER CON	STRUCTION, INC 401K	PLAN				plan number (PN) ▶	001		
				-	1c	Effective date o			
					_	10/14	•		
	oonsor's name and addre	ess; include room or suite number (er	mployer, if for a single-	employer plan)	2b	Employer Identi (EIN) 95-15	fication Number 07485		
131 E GROV	/ER ST				2c	Sponsor's telep 360-354			
LYNDEN, W	A 98264				2d	Business code ( 23622	see instructions)		
3a Plan ad	dministrator's name and	address 🛛 Same as Plan Sponsor N	lame Same as Plan	n Sponsor Address	3b	Administrator's	EIN		
		lan sponsor has changed since the la	ast return/report filed fo	or this plan, enter the		EIN	telephone number		
name, <b>a</b> Sponso		er from the last return/report.			4c	PN			
- <u> </u>		the beginning of the plan year			5a		0		
		the end of the plan year			5b		52		
		count balances as of the end of the p	•	•	5c		52		
6a Were	all of the plan's assets d	uring the plan year invested in eligibl	le assets? (See instruc	tions.)			🗙 Yes 🗌 No		
		e annual examination and report of a See instructions on waiver eligibility a					X Yes 🗌 No		
		er line 6a or line 6b, the plan canno	,						
C If the p	lan is a defined benefit p	blan, is it covered under the PBGC in	surance program (see	ERISA section 4021)?		Yes No	Not determined		
Caution: A	penalty for the late or	incomplete filing of this return/rep	ort will be assessed	unless reasonable caus	se is	established.			
Under pena SB or Sche	alties of perjury and other	r penalties set forth in the instructions signed by an enrolled actuary, as we	s, I declare that I have	examined this return/repo	ort, in	cluding, if applic			
SIGN	Filed with authorized/va	lid electronic signature.							
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	al sig	ining as plan adr	ninistrator		
SIGN									
HERE		femployer/plan sponsor Date Enter name of individual s							
Preparer's	name (including firm nan	ne, if applicable) and address; includ	e room or suite numbe	r (optional)	Prep	arer's telephone	number (optional)		

l

7         Pen Assets and Liabilities         (a) Beginning of Year         (b) End of Year           a         Total plan assets         7a         0         141056           b         Total plan tabilities         7b         0         141056           c         Met plan assets (submit like 75 from line 7a)         7c         0         141056           c         Met plan assets (submit like 75 from line 7a)         7c         0         141056           d         Income, Expresses, and Transfers of this Plan Ver         (a) Amount         (b) Total         141056           d         Contributions received or receivable from:         8a(1)         112143         112143           (c) Define (including officers)         8a(2)         1833         1666         161056           d         Dorbit income (loss)         8a         2990         1611056           d         Comeling space (add lines 8d), 162, 8d(3), and 8d         0         161056           d         Comeling space (add lines 8d), 162, 8d(3), and 8d         0         2         2           d         Administrative asone provides (add lines 8d, 6d, 6d, and 8g)         8d         2         2           d         Total accentes         8g         2         2         2 <t< th=""><th>Pa</th><th>t III Financial Information</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></t<>	Pa	t III Financial Information									
Total part induities       10         Total part induities       76       0         Interpretation       76       0         Interpretation       112143       112143         Interpretation       84(1)       112143         Interpretation       84(2)       6339         (3) Others (including rollovers)       84(3)       16096         Dotters (including rollovers)       84(3)       16096         Interpretation       84(3)       16096         Interpretation       84(3)       16096         Interpretation       84(3)       16096         Interpretation       141058       141058         Interpretation       84(3)       16096         Interpretation       141058       141058         Interpretation       112       141058 <t< th=""><th>7</th><th>Plan Assets and Liabilities</th><th></th><th>(a) Beginning of Yea</th><th>ır</th><th></th><th></th><th>(b) End</th><th>of Ye</th><th>ear</th><th></th></t<>	7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End	of Ye	ear	
C       Net plan assets (subtract line 7b from line 7a)       7c       0       141056         8       Income. Expanses. and Transfers for the Flan Year       (a) Amount       (b) Total         8       Contributions received or receivable from:       8a(1)       112143         9       Participants       8a(2)       8a33         9       Others (including colourse)       8a (3)       16886         9       Others (including colourse)       8a (3)       141056         9       If the plan provide scalaries, (ince, commissions)       8d       0         9       If the plan provides person       8g       2       141056         1       Transfers to (from) the plan (see instructions)       8d       141056         1       Transfers to (from) the plan provides person benefits, enter the applicable persion feature codes from the List of Plan Characteristic Codes in the instructions:         2/A E 2/D 3 1427 (See instructions and DC): 3 Voluriasy Flauosy (Corner thropray)       10a	а	Total plan assets	7a		0				1	41056	;
B       Income, Expenses, and Transfers for this Play Yaar       10         a       Contributions received or receivable from:       112143       (b) Total         a       Contributions received or receivable from:       84(1)       112143         (c)       Engloyers       84(2)       6233         (c)       Denset income (loss)       86       2030         (c)       Other income (loss)       86       2030         (c)       Total income (add lines 84(1), 84(2), 84(3), and 80)       6c       141058         (c)       Denset is goal (including direct tolovers and insurance premiums       8d       0       141058         (c)       Denset is goal (including direct tolovers and insurance premiums       8d       0       141058         (c)       Derive direct and/or corrective distributions (see instructions)       8d       141056         (c)       Other segnese       8g       2       141056         (c)       Transfers for (from) the pain (see instructions)       8d       141056         (c)       Transfers for (from) the pain (see instructions)       8g       2       2         (c)       Total expenses       8g       2       2       141056         (c)       Transfers for (from) the pain (see instructions)	b	Total plan liabilities	7b								
a       Contributions received or receivable form:       sa(1)       112143         (2)       Participants.       sa(2)       6933         (3)       Others (including rolivers).       sa(3)       116866         (b)       Differ (including rolivers).       sa(3)       116866         (c)       Differ income (loss).       sb       2990         (c)       Total income (loss).       sb       2990         (c)       Total income (loss).       sc       0         (c)       Defer income (loss).       sc       0         (c)       Cartial income (loss).       sc       0         (c)       Cartial income (loss).       sc       0       0         (c)       Cartial income (loss).       sc       0       0         (c)       Cartial expenses (loss (loss fill income loss).       sc       2       1         (c)       Defer income (loss).       sc       141036       141036         (c)       Defer income (loss).       sc       3       141036         (c)       Defer income (loss).       sc       3       141036         (c)       Defer income (loss).       sc       141036       141036         (c)       Def	С	Net plan assets (subtract line 7b from line 7a)	7c		0	141056					
(1)       Employers       8a(1)       112143         (2)       Participants       8a(2)       9939         (3)       Others (including relevens)       8a(3)       16958         (3)       Other income (loss)       8a(3)       16958         (3)       Other income (loss)       8a(3)       16958         (4)       Other income (loss)       8a       2000         (5)       Other income (loss)       8a       0       141056         (6)       Density paid (including relativity)       8a       0       141056         (7)       Administrative service providers (salaries, fees, commissions)       8d       0       2         (7)       Administrative service providers (salaries, fees, commissions)       8d       2       2         (7)       Administrative service providers (salaries, fees, commissions)       8d       2       2         (7)       Transfers to (from) the plan (see instructions)       8g       2       2       2         (7)       Transfers to (from) the plan (see instructions)       8g       3       4       4         (8)       If the plan provides reasons heat the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:       2A 2D 2E 2G 2J 2F       2D 2L 2G 2J 2G	8	8 Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total					
(2) Participants       84(2)       16393         (3) Others (including incluvers)       84(3)       16686         (b) Other income (loss)       8b       2890         (c) Total income (loss)       8b       2890         (c) Total income (loss)       8c       90         (c) Total income (loss)       8d       0         (c) Total income (loss) (losbitations (see instructions)       8d       0         (c) Total income (loss) (losbitations)       8d       2         (c) Total income (loss) (losbitations)       8d       141056         (c) Total inc	а										
b) Other income (loss)       8b)       2800       141058         c) Total income (loss)       8c)       2800       141058         c) Total income (loss)       8c)       0       141058         c) Ender income (loss)       8c)       0       141058         d) Enercity and including direction/lowers and insurance premiums       8d       0       0         e) Contain deemed and/or corrective distributions (see instructions)       8d       0       2         d) There expenses.       8g       2       2       0         f) Total expenses (add lines 8d, 8e, 8f, and 8g)		(2) Participants	8a(2)	893	9						
b       Other income (loss)       8b       2890         c       Total income (ded lines 8a(1), 8a(2), 8a(3), and 8b)       8c       141058         d       Benefits paid (including direct follows and insurance premiums and provide benefits)       0       141058         d       Derive repeases       8d       0       0         f       Administrative service providers (salaries, fees, commissions)       8f       2         d       Other expenses       8g       2       2         i       Net income (loss) (subtract line 8h from line 8c)       8i       141056         j       Transfers to (from) the plan (see instructions)       8j       141056         g       Other expenses       8g       2       2         g       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:       2         g       If the plan provides pension benefits, enter the applicable veloater codes from the List of Plan Characteristic Codes in the instructions:       2         d       If the plan provides pension benefits, enter the applicable veloater codes from the List of Plan Characteristic Codes in the instructions:       2         d       If the plan pay end       V       Vent Mara Cala Cala Cala Cala Cala Cala Cala C			8a(3)	1698	6						
d Benefits paid (ncluding direct rollovers and insurance premiums by provide herefits)	b	Other income (loss)									
to provide benefits)       8d       0         e       Certain deemed and/or corrective distributions (see instructions)	С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1	41058	
Control deemed and/or corrective distributions (see instructions)     Corrective distributions (see instructions)     Corrective providers (salaries, fees, commissions)     Se     Contain deemed and/or corrective distributions     Seg     Contain deemed and/or corrective     Seg     Contain deemed and/or corrective     Control deemed and/or corrective     Seg     Contain deemed and/or corrective     Control deemed and/or corrective     Control deemed and/or corective     Control deemed and/or correctiv	d	Benefits paid (including direct rollovers and insurance premiums			_						
f       Administrative service providers (salaries, fees, commissions)					0						
g Other expenses       Bg       2         h Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       2         i Net income (loss) (subtract line 8h from line 80	e	Certain deemed and/or corrective distributions (see instructions)	8e								
a)       Total expenses (add lines 8d, 8e, 8f, and 8g)       8i       1         b)       Total expenses (add lines 8d, 8e, 8f, and 8g)       8i       141056         c)       Transfers to (from) the plan (see instructions)       8j       141056         c)       Transfers to (from) the plan (see instructions)       8j       141056         c)       Part IV       Plan Characteristics       9a       141056         c)       26       20       21       27       20       22	f	Administrative service providers (salaries, fees, commissions)									
i       Net income (loss) (subtract line 8h from line 8c)		•	8g		2	_					
J       Transfers to (from) the plan (see instructions)	<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								
Part IV       Plan Characteristics         9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         2A       2D       2E       2G       2J       2F         b       If the plan provides weitlare benefits, enter the applicable weitlare feature codes from the List of Plan Characteristic Codes in the instructions:         Part V       Compliance Questions       10a       X         10       During the plan year:       Yes       No       Amount         a       Was there a fallure to transmit to the plan any participant contributions within the time period described in 10a       X       2         0       During the plan year:       Yes       No       Amount         a       Was there any nonexempt transactions with any part/-in-interest? (Do not include transactions report       10a       X       200000         0       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud       10d       X       200000         d       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	÷		8i			_			1	41056	;
9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         2A       2D       2E       2O       2F         b       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         Part V       Compliance Questions         10       During the plan year:       Yes       No       Amount         a       Was three a failure to transmit to the plan any participant contributions within the time period described in on line 10a.       X       X         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.       10b       X         c       Was the plan covered by a fidelity bond?       10c       X       200000         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       3330         f       Has the plan failed to provide any benefit when due under the plan?       10f       X       3330         f       Has the plan have any saticipant loans? (if "Yes," enter amount as of year end.).       10g       X       220013.         g       Did the plan have any participant loans? (if "Yes," enter amount as of year end.).       10g       X		Transfers to (from) the plan (see instructions)	8j								
2A       2D       2E       2G       2J       2F         b       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         Part V       Compliance Questions       Yes       No       Amount         a       Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-1022 (See instructions and DOL's Voluntary Fiduciary Correction Program)       10a       X         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       10b       X       200000         c       Was the plan covered by a fidelity bond?       10c       X       200000       200000         d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10c       X       200000         e       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.)       10g       X       3330         f       Has the plan failed to provide any benefit when due under the plan?       10g       X       3330         f       Has the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X											
b       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         Part V       Compliance Questions         10       During the plan year:       Yes       No       Amount         a       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)	9a	If the plan provides pension benefits, enter the applicable pension $24 \ 2D \ 2E \ 2G \ 2I \ 2E$	feature co	des from the List of Plan Chara	acteris	stic Co	odes in	the instruc	tions	:	
Part V       Compliance Questions         10       During the plan year:       Yes       No       Amount         a       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)	h		aturo cod	os from the List of Plan Chara	etoriet		loc in t	ho instruct	ione:		
10       During the plan year:       Yes       No       Amount         a       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)	D	In the plan provides wehate benefits, enter the applicable wehate to			clensi		105 111		10115.		
10       During the plan year:       Yes       No       Amount         a       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)	Par	V Compliance Questions									
a 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       ×         b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       10b       ×         c Was the plan covered by a fidelity bond?       10c       ×       20000         d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10c       ×       20000         e 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.)       10c       ×       3330         f Has the plan failed to provide any benefit when due under the plan?       10g       ×       3330         f If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 250.101-3						Yes	No		Amo	ount	
b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       10b       X         c       Was the plan covered by a fidelity bond?       10c       X       20000         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       20000         e       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.)       10d       X       3330         f       Has the plan failed to provide any benefit when due under the plan?       10f       X       3330         f       Has the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       3330         f       It is no individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)       10g       X       10d       X         if 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       10i <th>а</th> <th colspan="5">a Was there a failure to transmit to the plan any participant contributions within the time period described in</th> <th>х</th> <th></th> <th></th> <th></th> <th></th>	а	a Was there a failure to transmit to the plan any participant contributions within the time period described in					х				
c       Was the plan covered by a fidelity bond?       10c       X       20000         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       20000         e       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.)       10d       X       3330         f       Has the plan failed to provide any benefit when due under the plan?       10d       X       3330         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       10g       X         f       Has the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       20000         i       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3)       10h       X       20000         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       20000       20000         l       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       20000	b	Were there any nonexempt transactions with any party-in-interest	? (Do not	include transactions reported			х				
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         e       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       X       3330         f       Has the plan failed to provide any benefit when due under the plan?       10f       X       3330         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       10d       X         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       X       10i       X       10i       10i       X       10i	с					Х					20000
or dishonesty? 10d     e 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 10e X 3330)   f Has the plan failed to provide any benefit when due under the plan?   g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)   h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 10h X 2520.101-3.)   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.   11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)   12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?   12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?   14 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 granting the waiver.   4 If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud			X				
insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)		or dishonesty?	·····		10d		X				
Instructions.)       Ide       3330         instructions.)       Ide       <	е	insurance service, or other organization that provides some or all	of the ben	efits under the plan? (See		x					
Image the plan haloe of plottee any benefit when due duicer the plan in image in the plan in image in the plan haloe of the plan in the plan in image in the plan in t					10e		X				3330
i       Dra the plan have any planopart totals (if if res), effect announces of year end.)	f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X				
2520.101-3.)       10h       ▲         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       10i         Part VI       Pension Funding Compliance       10i       Yes X       No         11       Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)       Yes X       No         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?       Yes X       No         (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)       Image: Additional completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.       Day Year Year	g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х				
exceptions to providing the notice applied under 29 CFR 2520.101-3 10i     Part VI Pension Funding Compliance     11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)     11 Is this a defined contribution for current year from Schedule SB (Form 5500) line 39     12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?     12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?     13 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 granting the waiver.     16 Year	h		•		10h		х				
Part VI       Pension Funding Compliance         11       Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)       Yes X         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?       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 instructions, and enter the date of the letter ruling granting the waiver.       Month       Day       Year         If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.       12t       12t	i		•		10i						
<ul> <li>11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)</li></ul>	Part										
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?       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 instructions, and enter the date of the letter ruling granting the waiver.       Month		Is this a defined benefit plan subject to minimum funding requirem	•	-	•			•		Ves	No.
12       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?       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 instructions, and enter the date of the letter ruling granting the waiver.       Month Day Year         If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.       12t	110							<u></u>		100	
(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 granting the waiver.         Month Day Year         If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.										Vaa	V 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 granting the waiver.	12				e or se	ection (	302 of	ERISA?	ЦЦ	res	∧ INO
granting the waiver	- 2				rtione	and	ontor th	e date of f	he lo	tter rul	ina
		granting the waiver.	-	Mon		, and t	_				<u>9</u>
			•			Т	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 of a 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?	Ye	es 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?	control		Yes 🗙 No		
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)						
1	3c(1) Name of plan(s): 1	3c(2) EIN	l(s)	<b>13c(3)</b> PN(s)		
Part	VIII Trust Information (optional)					
14a	Name of trust	14b Trust's EIN				

Form 5500-SF Short Form Annual Return/Report of Small Employee OMB Nos.										
	Intment of the Treasury mail Revenue Service	ee	2	2013						
Employee B	epartment of Labor Benefits Security Administration	ctions 6057(b) and 605 Code).			s Open to Public					
Complete all entries in accordance with the instructions to the Form 5500-SF.										
For calend	Annual Report Id			and ending	12/31/2	2013				
			multiple-employer p	lan (not multiemployer)		a one-partici	nant plan			
	turn/report is:		he final return/report							
	•			n/report (less than 12 n	nonths)					
C Check	box if filing under:	3 3	utomatic extension		,	DFVC progra	m			
Part II	Basic Plan Inform	nation—enter all requested informati					·····			
1a Name					1b	Three-digit				
FABER CO	NSTRUCTION, INC 401	K PLAN				plan number	001			
					10	(PN) Effective date o				
						10/14/2				
2a Plan s Faber Const	ponsor's name and addre truction, Inc.	ess; include room or suite number (em	ployer, if for a single	-employer plan)	1	Employer Identi (EIN) 95-150				
131 E Grove	ar St				2c	Sponsor's telep (360) 35				
Lynden, WA					2d	Business code ( 236220	see instructions)			
3a Plan a	dministrator's name and	address 🏼 Same as Plan Sponsor Nar	me Same as Plar	n Sponsor Address	3b	Administrator's I	EIN			
		lan sponsor has changed since the las	t return/report filed fo	or this plan, enter the	4b	<u> </u>	elephone number			
	, EIN, and the plan humb or's name	er from the last return/report.			4c	<b>4c</b> PN				
		the beginning of the plan year			5a	·····				
<b>b</b> Total r	number of participants at	the end of the plan year	••••••	••••••	5b		52			
		count balances as of the end of the pla			5c		52			
b Are yo under If you	ou claiming a waiver of th 29 CFR 2520.104-46? (S answered "No" to eithe	uring the plan year invested in eligible a e annual examination and report of an See instructions on waiver eligibility and er line 6a or line 6b, the plan cannot lan, is it covered under the PBGC insu	independent qualifie d conditions.) use Form 5500-SF	d public accountant (IQ and must instead use	PA)	5500.	Yes No     Yes No     Yes No			
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 belief, it is true, correct, and complete.									
SIGN	N.I.		RICK FABER							
HERE	Signature of plan adm	inistrator	Date 6.2.15	Enter name of individ	ual sior	ning as plan adm	inistrator			
SIGN	• · · · · · · · · · · · · · · · · · · ·									
HERE	Signature of employer	r/plan sponsor	ual sion	ing as employer	or plan sponsor					
Preparer's r		e, if applicable) and address; include n	Date oom or suite number				number (optional)			
For Paperwo	rk Reduction Act Notice a	nd OMB Control Numbers, see the instruc	ctions for Form 5500-5	3F.		F	orm 5500-SF (2013)			
-	07-25 797-05-00	•					v. 130118			

Plan Assets and Liabilities		(a) Beginning of Ye	ar			(b) End	d of Year	
a Total plan assets	7a		0		141056			
o Total plan liabilities	7b				1			
C Net plan assets (subtract line 7b from line 7a)	70		0		141056			
Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total			
a Contributions received or receivable from:								
(1) Employers	8a(1)	11214		oda Ista				
(2) Participants	8a(2)	893		195	Arten Art			ileo). Tarr
(3) Others (including rollovers)	1	1698						908.0 33 - 4
Other income (loss)	. 8b	299		202 				എല
Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	<u>8c</u>		n (n Fr	(12) 	9 10 10 10 2	or 4 k mala mana	141058	
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	- 8d		0					
Certain deemed and/or corrective distributions (see instructions)	. <u>         8e</u>							
Administrative service providers (salaries, fees, commissions)	<u>8f</u>					equest de		
Other expenses	8g	terrene and the second se	2		95-9X1	ens-engle(y)		
Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						2	-
Net income (loss) (subtract line 8h from line 8c)	<u>8i</u>		a di pag	933 		1991-1991 - 1991 - 1991 - 1991 - 1991 - 1991 - 1991 - 1991 - 1991 - 1991 - 1991 - 1991 - 1991 - 1991 - 1991 - 1	141056	
Transfers to (from) the plan (see instructions)	8]							
1								
rt V Compliance Questions								
Int V Compliance Questions During the plan year:				Yes	No		Amount	
			10a	Yes	No X		Amount	
During the plan year: <b>a</b> Was there a failure to transmit to the plan any participant contribution	ciary Corr ? (Do not	ection Program)		Yes			Amount	
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest</li> </ul>	ciary Corr ? (Do not	ection Program) include transactions reported	10a	Yes	x			2000
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> </ul>	iciary Corr ? (Do not fidelity bo	ection Program) include transactions reported	10a 10b		x			2000
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<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all</li> </ul>	iciary Corr ? (Do not fidelity born ner person of the ben	ection Program) include transactions reported and, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10a 10b 10c 10d 10e	x	x x			
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Form 5500-SF 2013

Page **3 -** 1

c	Enter the amount contributed by the employer to the plan for this plan year	12c	Τ			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d				
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No 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	0	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a	Τ			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control	T		[] Ye	s X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to				
	3c(1) Name of plan(s): 1	3c(2) E	IN(s	5)	13c(	3) PN(s)
Part	VIII Trust Information (optional)			· · · · · · · ·		
-	Name of trust	14b ⊺	rust	's EIN		