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).

1210-0089

2015

OMB Nos. 1210-0110

This Form is Open to **Public Inspection**

▶ Complete all entries in accordance with the instructions to the Form 5500-SF. **Annual Report Identification Information** For calendar plan year 2015 or fiscal plan year beginning and ending x 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** This return/report is for: a one-participant plan a foreign plan the final return/report B This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) **C** Check box if filing under: DFVC program Form 5558 automatic extension special extension (enter description) Basic Plan Information—enter all requested information Part II 1b Three-digit 1a Name of plan plan number FABER CONSTRUCTION, INC 401K PLAN 001 (PN) • 1c Effective date of plan 10/14/2013 2a Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) (EIN) 95-1507485 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor's telephone number FABER CONSTRUCTION, INC. 360-354-3500 2d Business code (see instructions) 131 E GROVER ST **LYNDEN, WA 98264** 236220 **3a** Plan administrator's name and address XSame as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 5a 78 5a Total number of participants at the beginning of the plan year..... 5b 89 **b** Total number of participants at the end of the plan year Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 89 complete this item) 5d(1) 60 d(1) Total number of active participants at the beginning of the plan year 5d(2) 68 d(2) Total number of active participants at the end of the plan year..... Number of participants that terminated employment during the plan year with accrued benefits that were less 5e than 100% vested...... 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 Filed with authorized/valid electronic signature 06/10/2016 **RICK FABER** SIGN

HERE Signature of plan administrator Date Enter name of individual signing as plan administrator **SIGN HERE** Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

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 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 second or line 6b. 	an indepen and condition	dent qualified public a	ccount	ant (IQ	PA)			X Yes No
c If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)?		Yes] No [] I	Not determined
Part III Financial Information	, ,							
7 Plan Assets and Liabilities		(a) Beginning					(b) End o	
a Total plan assets	. 7a		706	5555				965570
b Total plan liabilities	. 7b		706	3555				965570
Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	. 7с	(a) Amou		1333			(b) To	
a Contributions received or receivable from:		(a) Amou	anı				(b) 10	ıaı
(1) Employers	. 8a(1)		466	638				
(2) Participants	. 8a(2)		45	380				
(3) Others (including rollovers)	` ` '							
b Other income (loss)			-34	728				477000
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums	. 8c							477290
to provide benefits)	. 8d		217	764				
e Certain deemed and/or corrective distributions (see instructions)	. 8e							
f Administrative service providers (salaries, fees, commissions)	. 8f							
g Other expenses	. 8g			511				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h							218275
Net income (loss) (subtract line 8h from line 8c)	. 8i							259015
J Transfers to (from) the plan (see instructions)	· 8j							
Part IV Plan Characteristics								
9a If the plan provides pension benefits, enter the applicable pension 2A 2D 2E 2G 2J 2F	feature cod	des from the List of Pl	an Cha	racteris	stic Co	des in th	ne instructi	ons:
B If the plan provides welfare benefits, enter the applicable welfare f	feature code	es from the List of Pla	n Chara	acterist	ic Coc	les in the	instructio	ns:
Part V Compliance Questions								
10 During the plan year:			1	Yes	No	N/A		Amount
Was there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's \Program)	/oluntary Fi	duciary Correction	10a		X			
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X			
C Was the plan covered by a fidelity bond?				Х				40000
d Did the plan have a loss, whether or not reimbursed by the plan's			10c	^				10000
by fraud or dishonesty?			10d		X			
Were any fees or commissions paid to any brokers, agents, or otl carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all of t	he benefits under	10e	X				1317 [,]
f Has the plan failed to provide any benefit when due under the pla					Х			1011
			10f		-			
g Did the plan have any participant loans? (If "Yes," enter amount ah If this is an individual account plan, was there a blackout period?	•	,	10g		X			
2520.101-3.)	•		10h		X			
i If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10			10i					
j Did the plan trust incur unrelated business taxable income?			10i					
Part VI Pension Funding Compliance			,			I		
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes N
11a Enter the unpaid minimum required contribution for all years from						11a		<u> </u>
12 Is this a defined contribution plan subject to the minimum funding							RISA?	X Yes N

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	(If "Ye	s," 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							ing	
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui		
b	Enter tl	ne minimum required contribution for this plan year		12b			447196	
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c			447196	
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ve amount)		12d				
е		e minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No X	N/A	
Part		Plan Terminations and Transfers of Assets			<u>_</u>	<u> </u>		
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 employer this year		13a				
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou PBGC?		ontrol		Yes X	No	
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)	fy the plan(s) to	1				
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)	$-\!\!\!+$	13c(3) F	PN(s)	
Part		Trust Information		l				
14a	Name o	f trust		14b Trust's EIN				
14c	Name	of trustee or custodian		14d Trustee's or custodian's				
				telephone number				
Par	t IX	IRS Compliance Questions		l				
15a	Is the	plan a 401(k) plan?		Ye	S	No		
				Design				
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		│				
15c		DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c		Yes No				
		method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?						
16a	16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):				Ratio percentage b			
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by comin with any other plans under the permissive aggregation rules?		Ye		No		
17a Has the plan been timely amended for all required tax law changes?				Ye	S	No	N/A	
17b Date the last plan amendment/restatement for the required tax law changes was adopted// Enter the applicable code (See instructions for tax law changes and codes).							tructions	
17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter/ and the letter's serial number								
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	orable/		
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	3	No		
19	19 Were in-service distributions made during the plan year?				s	No		
	If "Yes	" enter amount	·····	19				
Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)?							N/A	

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.

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information	1					
		scal plan year beginning 01/01/20		31/2015				
	turn/report is for:	(Filers checking thi						
A This return/report is for: a one-participant plan a foreign plan								
B This ret	urn/report is	the final return/report						
_		an amended return/report	a short plan year return/report (less than 12 r	months) —				
C Check	box if filing under:	Form 5558 special extension (enter description)	automatic extension	DFVC pr	ogram			
Dort II	Beele Blen Info	<u> </u>						
Part II		rmation—enter all requested in	rormation	1b Three-digit				
1a Name FABER CO	of plan NSTRUCTION, INC 40	1K PLAN		plan number	001			
				1c Effective date of plan 10/14/2013				
Mailin	g address (include roor	yer, if for a single-employer plan) n, apt., suite no. and street, or P.C		2b Employer Identification Number (EIN) 95-1507485				
Faber Cons	•	e, country, and ZIP or foreign post	tal code (if foreign, see instructions)	2c Sponsor's telephone number (360) 354-3500				
131 E Grove	er St			2d Business cod 236220	e (see instructions)			
Lynden, WA	08264							
		d address X Same as Plan Spon	sor.	3b Administrator	's EIN			
		<u> </u>		20 Administrator	's telephone number			
				3C Administrator	's telephone number			
		. :						
		,						
		plan sponsor has changed since ober from the last return/report.	the last return/report filed for this plan, enter the	4b EIN				
	, Env, and the plan hun or's name	iber from the last return/report.		4c PN				
5a Total i	number of participants	at the beginning of the plan year		. 5a	78			
b Total i	number of participants	at the end of the plan year		. 5b	89			
			the plan year (defined benefit plans do not	5c	89			
d(1) Tota	al number of active par	ticipants at the beginning of the pl	an year		. 60			
			ar	5d(2)	68			
e Numb	per of participants that t 100% vested	erminated employment during the	plan year with accrued benefits that were less	5e				
Caution: A	penalty for the late o	r incomplete filing of this return	n/report will be assessed unless reasonable ca	use is establigifed.				
Under pena SB or Sche belief, it is t	alties of perjury and oth edule MB completed an true, correct, and comp	er penalties sertorth in the instruct of signed by an enrolled actuary, a lete.	ctions, I declare that I have examined this return/re as well as the electronic version of this return/regor	port, including, it app to the best of	ny knowledge and			
SIGN	1	AL	Rick Faber	1/				
HERE	Signature of plan ac	iministrator	Date 4/10/2016 Enter name of individ	lual signing as plan a	dministrator			
SIGN								
HERE	Signature of employ	/er/plan sponsor	Date Enter name of individ					
Preparer's	name (including firm na	ame, if applicable) and address (in	clude room or suite number)	Preparer's telephor	ne number			
				gas - 1 - minimized annual school make an early annual and a second a second and a second a second and a second a second and a second and a second and a second and a second a second and a	and the second s			
		A STATE OF THE STA						
				-	14.			

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_	Were all of the plan's assets during the plan year invested in eligit 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 second to the plan cannot be a secon	an indepe	endent qualified public	accoun	tant (IC	QPA)	·····			Yes No	
С	If the plan is a defined benefit plan, is it covered under the PBGC li					_	_		Not d	etermined	
	irt III Financial Information	1100101100	program (000 E/MC) to	0011011	1021).	L		LJ L] 1101 0		
7	Plan Assets and Liabilities		(a) Barlania	= -6 V		$\neg \Gamma$		(h) En d	-	_	
_ <u>'</u>	Total plan assets	7-	(a) Beginnin	7065		_		(b) End		5570	
_ <u>a</u>	Total plan liabilities			7000		\dashv				,,,,,	
	Net plan assets (subtract line 7b from line 7a)	1		7065	55				965	5570	
8	Income, Expenses, and Transfers for this Plan Year	. 76	/a\ Ama			┪	(b) Total				
	Contributions received or receivable from:	137,385,355,4	(a) Amo	um		+		(0)	iotai	gara e a	
	(1) Employers	. 8a(1)		4666	38						
	(2) Participants	. 8a(2)		453	80						
	(3) Others (including rollovers)	8a(3)					y				
<u>b</u>	Other income (loss)	. 8b		-347				A. 121	Part S	i da es	
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							477	290	
d		۱		2177	84	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
	to provide benefits)	8d				7.04 7.5			tanikan Teren		
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e				- 1		4 4 4	diami - 11 Villey - 12		
	Administrative service providers (salaries, fees, commissions)	8f			11		تحجي				
_ <u>g</u>	Other expenses	8g		511			218275				
<u>-n</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)					-	218275 259015				
	Net income (loss) (subtract line 8h from line 8c)										
J Fileson	Transfers to (from) the plan (see instructions)	8]				l'a.	. Fu 🤻	14.53.			
B Par	2A 2D 2E 2G 2J 2F If the plan provides welfare benefits, enter the applicable welfare for the compliance Questions	eature cod	des from the List of Pla	n Char	acterist	ic Cod	des in th	ne instruct	ions:		
10	During the plan year:	****			Yes	No	N/A		Amou	ınt	
	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		x			74110		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		х					
C	Was the plan covered by a fidelity bond?			10c	х					100000	
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	•		10d		х			****		
е					х					13171	
f	Has the plan failed to provide any benefit when due under the plan	າ?		10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of vear e	end.)	10g		Х					
h		See instru	ictions and 29 CFR	10g 10h		Х	V see				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required	notice or one of the	10i							
j	Did the plan trust incur unrelated business taxable income?	*************		10							
Part	VI Pension Funding Compliance			4				·			
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)								Y	es No	
11a	Enter the unpaid minimum required contribution for all years from					1	11a				
12	Is this a defined contribution plan subject to the minimum funding							RISA?	k γ	es No	

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	(If "Ye	s," 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 waiverMonthDayYear								
	you co	npleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.						
t	Enter t	ne minimum required contribution for this plan year		12b		47196			
<u>C</u>	Enter th	e amount contributed by the employer to the plan for this plan year	******************	12c		4	47196		
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the /e amount)		12d			0		
е	Will th	e minimum funding amount reported on line 12d be met by the funding deadline?	***************************************		Yes	No X	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					
		," enter the amount of any plan assets that reverted to the employer this year		13a					
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug PBGC?				Yes 🛚	No		
		ig this plan year, any assets or liabilitles were transferred from this plan to another plan(s), identi assets or liabilities were transferred. (See instructions.)	fy the plan(s) to	1					
	13c(1) N	ame of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)		
Par	t VIII	Trust Information							
14a	14a Name of trust				14b Trust's EIN				
140	14c Name of trustee or custodian				14d Trustee's or custodian's telephone number				
					tolognono name				
Par	t IX	IRS Compliance Questions							
15a	15a Is the plan a 401(k) plan?					No			
	. 10 110 1	and to (typian)		Design-					
15b	15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?					ADP/ACP test			
1 5 c	15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-				Yes				
16a	2(a)(2)(ii))?				Ratio percentage test		erage nefit test		
16b	16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?				3	No			
17a	17a Has the plan been timely amended for all required tax law changes?				3	∏ No	□ N/A		
17b	17b Date the last plan amendment/restatement for the required tax law changes was adopted Enter the applicable code (See instructions for tax law changes and codes).								
	17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter and the letter's serial number								
17d	17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter								
18						∏No			
19	19 Were in-service distributions made during the plan year?					. Yes No			
	If "Yes,"	enter amount		19					
20		quired minimum distributions made to 5% owners who have attained age 70 ½ (regardless of what required under section 401(a)(9)?	1	Yes	Yes No				

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