## 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

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

Revenue Code (the Code).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I		rt Identification Information								
For calend	dar plan year 2014 or	fiscal plan year beginning 01/01/	2014	and ending 12/	31/2014					
X       a single-employer plan       □ a multiple-employer plan (not multiemployer)         A This return/report is for:       □ of participating employer information in accor					=					
		a one-participant plan	a foreign plan							
<b>B</b> This re	turn/report is	the first return/report	the final return/repo	report						
		an amended return/report	a short plan year re	turn/report (less than 12 mo	onths)					
C Check	box if filing under:	Form 5558	automatic extension	ogram						
		special extension (enter des	cription)							
Part II	Basic Plan In	formation—enter all requested i	nformation							
1a Name					<b>1b</b> Three-digit					
FAIRBANKS & GALBRAITH 401(K) PLAN					plan number					
					(PN) <b>•</b>	001				
					1c Effective date of plan 01/01/2013					
		address; include room or suite num & DARCY R. GALBRAITH, DDS, PL		gle-employer plan)		entification Number 7-4349544				
acao MEDII	DIAN CT				2c Sponsor's te	elephone number				
3628 MERII SUITE 1-B						de (see instructions)				
BELLINGHA	AM, WA 98225				621210					
3a Plan	administrator's name	and address XSame as Plan Spor	nsor.		<b>3b</b> Administrator's EIN					
					<b>3c</b> Administrato	r's telephone number				
4 If the	name and/or FIN of	the plan sponsor has changed since	e the last return/report file	d for this plan, enter the	<b>4b</b> EIN					
		number from the last return/report.	3 4.10 14.01 10ta, 10po	a tot time plant, enter tile	40 EIII					
<b>a</b> Spon	sor's name				4c PN					
<b>5a</b> Total	I number of participar	its at the beginning of the plan year			5a	15				
<b>b</b> Total	I number of participar	its at the end of the plan year			5b	15				
		h account balances as of the end o	' '	•	5c	15				
<b>d(1)</b> To	otal number of active	participants at the beginning of the	olan year		5d(1)	14				
<b>d(2)</b> To	ntal number of active i	participants at the end of the plan y	aar		5d(2)	14				
<b>e</b> Numb	er of participants that	terminated employment during the	plan year with accrued b		5e					
						_				
		e or incomplete filing of this retu								
SB or Sch		other penalties set forth in the instri and signed by an enrolled actuary, molete								
SIGN		d/valid electronic signature.								
HERE				F						
	Signature of plan	administrator	Date	Enter name of individu	uai signing as plan	administrator				
SIGN										
HERE		loyer/plan sponsor	Date	Enter name of individu						
Preparer's	s name (including firm	n name, if applicable) and address (	include room or suite nur	nber) (optional)	Preparer's telepho	one number (optional)				
				ŀ						

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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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	an indepen	dent qualified public accounta	nt (IQ	PA)				ш П	es [	No
С	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance pr	ogram (see ERISA section 40	21)?		Yes	No		Not de	termi	ned
Par	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) E	nd o	Year		
<u>a</u>	Total plan assets	7a	1720	83					30	6436	i
	Total plan liabilities	7b	4700	102					20	6426	
	Net plan assets (subtract line 7b from line 7a)	. 7с	1720	103						6436	1
	Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amount				(k	o) To	al		
	(1) Employers	8a(1)	382	264							
	(2) Participants	8a(2)	844	73							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	116	16							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							13	4353	-
	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									
	Other expenses										
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h									
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							13	4353	,
j	Transfers to (from) the plan (see instructions)	· 8j									
b	If the plan provides welfare benefits, enter the applicable welfare for the compliance Questions	feature code	es from the List of Plan Charac	cterist	ic Coc	les in t	he instr	uctio	ns:		
10	During the plan year:				Yes	No		Α	moun	t	
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide			10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c	X					5	50000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X					
е	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	fits under the plan? (See	10e		X					
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	as 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 to 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)								Y	es >	× No
11a	Enter the unpaid minimum required contribution for current year for	rom Schedu	ule SB (Form 5500) line 39			11a					
12	Is this a defined contribution plan subject to the minimum funding	g requireme	nts of section 412 of the Code	or se	ction	302 of	ERISA'	?	Υ	es >	× 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 being ranting the waiver.	-			, and 6 	enter tl Day			e letter 'ear _	rulin	g 

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If	you 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)	,		12d			
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	1	
	If "Yes," enter the amount of any plan assets that reverted to the employer the	his year		13a			
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?						Ye	es 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	he plan(s) t	0			
1	3c(1) Name of plan(s):		13	3c(2) EI	N(s)	13c(	( <b>3)</b> PN(s)
Part	VIII Trust Information (optional)						

**14a** Name of trust FAIRBANKS & GALBRAITH 401(K) PLAN

**14b** Trust's EIN 462045944

Form 5500-SF	The state of the s					
Internal Revenue Senice	This form is required to be t	_  -		2014		
Department of Labor Employee Burnellin Security Administration	Retirement Income Security Ac the Inte	Form is Open to Public				
Person Bereill Gueranty Corporation	Inspection					
For calendar plan year 2014 or flect	► Complete all entries in acci lentification information					
· · · · · · · · · · · · · · · · · · ·		01/01/2014	and ending		31/20	
A This return/report is for:	a single-employer plan a one-participant plan	i a πε <b>ιπρίο-e</b> mployer of perticipating empl a foreign plan	plan (not multlemployer) oyer information in accon	(Filers che dance with	cking if the for	is box must attach a list n instructions)
B This return/report is:						
C Charlebou ##For	an amended return/report		um/report (less than 12 n	_		
C Check box if filing under:	Form 5558	automatic extension		□ t	DFVC F	rogram
	special extension (enter descrip	•				
Part B Basic Plan Infon	nation — enter all requested in	formation		<del></del>		
FAIRBANKS & GALBRAIT	E 401(k) PLAN				ree-digi n mumit vi) ▶	001
						te of plan
29 Plan sponents name and add				01	/01/2	019
28 Plen sponsor's name and addr MARCUS A. FAIRBANKS,	665; Ficule from of Sume number DDS & DARCY R. CALERAT!	(employer, if for a single FII , DDS , PLLC	employer plan)			dentification Number -4349544
						slephone number
3628 MERIDIAN ST. SUITE 1-B						76-9050
UM BELLINGEN WA 96225				20 Ba	1210	ode (see instructions)
3a Plen administrator's name and	address X Same as Plan Spon	sor Name		3b Artr	ministra	or's EIN
				3c Adi	TÜVSITE	or's lalephona number
4 If the name and/or EIN of the p name, EIN, and the plan numb	ian sponsor has changed since the er from the last relum/report.	a last return/report filed t	or this plan, enter the	4b EIN		
# Sponsor's name	F			4c PN		
6a. Total number of participants at	the beginning of the plan year			5a		15
<ul> <li>D Total number of participants at</li> </ul>	the end of the plan year			5b		15
C Number of perticipants with accomplete this item)	count balances as of the end of the	pizn year (defined bon	ett plans do not	5c		
d(1) Total number of active partic	nants at the beginning of the plan					15
		,		5d(1)	$\vdash \vdash \vdash$	14
d(2) Total number of active particle. Number of particles itset ten	pants at the end of the plan year trinified employment during the pla	and the case of th		5d(2)		14
less then 100% vested		you will accided be	WARD FIRST MOLD	5e		0
Caution: A penalty for the late or	incomplete filing of this return/	report will be assessed	l uniosa resconable cau	ماردة عا معر	hillshar	
Under penalties of perjury and other SB or Schedule MS completed and bellef, it is true, correct, and complete	r penalites set forth in the instructi signed by an enrolled actuary, as	one, I declare that I have	examined this returning	nort fractive	- IF	<u> </u>
Carryon	Lacry J	41115	CATHU F	tiRPM	t	<del>.</del>
Signature of plan attents		Date	Enter name of Individua			elministrator
I from L		41615	DARCY R	4 4	_	AITH
Signature of employersp	len sponsor	Date	Enter name of individua			
Preparer's name (including firm na			er (options!)			one number (optional)
		N			1	(cyanta)

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6a	Were all of the plan's sausis during the plan upper important to effect the	Annaha 276						<u> </u>		
Were all of the plan's assets during the plan year invested in eligible assets? (See Instructions.)      Are you claiming a weiver of the annual examination and report of an Independent qualified public accountant (IQPA)								- XX Yes	∐No	
	under 29 CFR 2520.104-48? (See instructions on waiver eligibility and conditions.)							X Yes		
	at Area semanated no to eacher this all or live ap' the blast cause	xt use Form	5000-8F and must instead a	use F	oran S	<b>80</b> 0.		(67,109		
c	If the plan is a defined benefit plan, is it covered under the PBGC in	surance pro	gram (see ERISA section 402	1)?		Ye		No Not de	<b>sterm</b> ined	
Pı	it ill Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea		1		(b	End of Year		
	Total plan assets	. 74	172,0		1			306,436		
<u>b</u>	Total plan Habilities	. 7b			1					
	Net plan assets (subtract line 7b from line 7a)	. 7c	172,0	83				306,	436	
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	10,50	(a) Amount					(b) Total	-	
_	(1) Employers	. 8a(1)	30,2	64	3.00	X. Z.	ัน อัง	がはは、古本学者		
	(2) Participants	Se(2)	84,4		42.0		3.53 3.53			
	(3) Others (including rollovers)	. 8a(3)			7	rancis. Servicia		x +Nt; ; ; ; ; ; ; ; ; ; ; ;		
-	Other income (loss)	. 8b	11,6	16	1.4		e to te	(A) PER CONTRA		
	Total income (add lines 6a(1), 6a(2), 8a(3), and 8b)	. Sc						134.	353	
d	Benefits peid (including direct rollovers and insurance premiums to provide benefits)	. 8d				N 23		10.71		
•	Certain deamed and/or corrective distributions (see instructions)	. Be			80.00					
	Administrative service providers (salaries, fees, commissions)	24	<del></del>		0.55°	1 () 1 ()				
-	Other expenses	. 8g				es grand				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h		\$5.2	-	<u> </u>		100 May 100 Ma		
	Net income (loss) (subtract line 8h from line 8c)	81		× :				134,	353	
	Transfers to (from) the plan (see instructions)	. 9			2,71		17.2	<u> </u>		
Pi	rt iV Plan Characteristics	-						THE PARTY OF THE P		
	If the plan provides welfare benefits, enter the applicable welfare tex	ALUE CACICA (	TOTAL SHE LIST OF PLAN CHARACIE	HSBC 9	Codes	IN THE	. insi	ructions:		
10	During the plan year:	<del></del>				<del></del>	Т	<b></b>		
	Was there a failure to transmit to the plan any perticipent contribut	inne wilhin t	he time merical alexandred to		Yes	No	Н	Amount		
	29 CFR 2510.3-102? (See Instructions and DOL's Voluntary Fiduc	tary Correct	ion Program)	10a		x				
	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (De net inc	dude transactions reported	10b		x				
	Was the plan covered by a fidelity bond?		·····	10c	x				50,000	
	or dishonesty?			10d		x				
•	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	er persons t of the benefi	y an insurance carrier, is under the plan? (See	10e		x				
f		1?		10f		x	Н			
g			1)	10g		x	Н			
h	If this is an individual account plan, was there a blackout period? ( 2520.101-3.)			10h		x	201			
Ī	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					12" 14" 14"				
Pa	t VI Pension Funding Compliance			<u> </u>	<b></b>		L			
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "Ye	s," see instructions and comp	eto S	ichedu	de SB	(Fo		I No	
	B Enter the unpaid minimum required contribution for current year for				T			•		
12	is this a defined contribution plan subject to the minimum funding			r seci	on 30	2 of E	RIS	47 ☐ Yes	X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applicab	ia.)			$\Box$				
<b></b>	If a waiver of the minimum funding standard for a prior year is being rarriing the waiver	ng amortized		one, a Wh	and er	der the Da		e of the letter ruli Year	ng	
									<del></del> -	