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

Ρ	art I Annual Repo	rt Identification Information							
For	calendar plan year 2015 o	r fiscal plan year beginning 01/01/2015 and en	ding 12/31/2	2015					
Α	This return/report is for:	□ a single-employer plan □ a multiple-employer plan (not multie list of participating employer information a foreign plan		_					
В	This return/report is	the first return/report	han 12 months	s)					
	Check box if filing under:	Form 5558 automatic extension special extension (enter description)		DFVC prog	ram				
		formation—enter all requested information	1						
	Name of plan RBANKS & GALBRAITH 40	1(K) PLAN	1b	Three-digit plan number (PN)	001				
			1c	Effective date o	f plan 1/2013				
2a	Mailing address (include re	oloyer, if for a single-employer plan) oom, apt., suite no. and street, or P.O. Box) ince, country, and ZIP or foreign postal code (if foreign, see instructions)	2b	Employer Identi (EIN) 27-4	fication Number 349544				
//AR	CUS A. FAIRBANKS,DDS	2c	2c Sponsor's telephone number 360-676-9050						
SUIT	MERIDIAN ST. E 1-B INGHAM, WA 98225		2d	Business code (,				
<i>,</i>	IIIVOTIAIVI, WA 30223								
3a	Plan administrator's name	and address Same as Plan Sponsor.	3b	Administrator's	EIN				
	3c Administrator's telephone number								
4	If the name and/or FIN of	the plan sponsor has changed since the last return/report filed for this plan, er	iter the 4h	EIN					
		number from the last return/report.		PN					
	•	ate at the beginning of the plan year		ia l	16				
		nts at the beginning of the plan year		ib	16				
b		nts at the end of the plan year		ob	10				
С	complete this item)	th account balances as of the end of the plan year (defined benefit plans do no		ic	16				
d	(1) Total number of active	participants at the beginning of the plan year		l(1)	15				
		participants at the end of the plan year		l(2)	14				
	than 100% vested	at terminated employment during the plan year with accrued benefits that were		ie	0				
		te or incomplete filing of this return/report will be assessed unless reaso							
		other penalties set forth in the instructions, I declare that I have examined this I and signed by an enrolled actuary, as well as the electronic version of this ret							

belief, it is true, correct, and complete SIGN Filed with authorized/valid electronic signature. 05/12/2016 **CATHY FAIRBANKS HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator **SIGN HERE** Date Enter name of individual signing as employer or plan sponsor Signature of employer/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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b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								Yes No				
C	f the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ection 4	021)?	📙	Yes	No	<u></u>	Not dete	ermined		
Par	t III Financial Information		1										
	Plan Assets and Liabilities		(a) Beginning					(b) E	nd o	f Year			
	Fotal plan assets	. 7a		306	6436					433	3107		
	Fotal plan liabilities	. 7b		206	1126					422	3107		
	Net plan assets (subtract line 7b from line 7a)ncome, Expenses, and Transfers for this Plan Year	. 7c	(a) Ama-		3436	-		/	\ T_		5107		
	Contributions received or receivable from:		(a) Amou	ınt				(1	o) To	tai			
	1) Employers	. 8a(1)		41	385								
	2) Participants	. 8a(2)		90	667								
	3) Others (including rollovers)	. 8a(3)											
	Other income (loss)	. 8b		-5	381								
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c								126	6671		
	Benefits paid (including direct rollovers and insurance premiums o provide benefits)	. 8d											
е	Certain deemed and/or corrective distributions (see instructions)	. 8e											
<u>f</u>	Administrative service providers (salaries, fees, commissions)	. 8f											
g	Other expenses	. 8g											
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h											
	Net income (loss) (subtract line 8h from line 8c)									126	671		
	Transfers to (from) the plan (see instructions)	8j											
Par						0							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	teature co	odes from the List of Pi	an Cha	racteri	stic Cc	ides in 1	tne ins	tructi	ons:			
В	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acterist	ic Cod	les in th	ne instr	uctio	ns:			
Part	•				I								
10	During the plan year: Was there a failure to transmit to the plan any participant contribu	ıtione withi	n the time period		Yes	No	N/A			Amoun	<u>t</u>		
a	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	10a		X							
b	Were there any nonexempt transactions with any party-in-interest			401		X							
	reported on line 10a.)			10b		^							
c	Was the plan covered by a fidelity bond?			10c	X						50000		
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X							
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some	her person ne or all of	s by an insurance the benefits under	100		X							
f	the plan? (See instructions.) Has the plan failed to provide any benefit when due under the pla			10e		X							
-				10f									
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount a	-		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									
j	Did the plan trust incur unrelated business taxable income?			10j									
Part	VI Pension Funding Compliance			•		•							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									Ye	s X No		
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	requireme	ents of section 412 of t	he Cod	e or se	ction 3	302 of E	RISA	?	Ye	s X No		

	F	orm 5500-SF 2015 Page 3 - 1					
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul 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 t	ne minimum required contribution for this plan year		12b			
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c			
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d			
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗆	N/A
Part		Plan Terminations and Transfers of Assets			100	110	1471
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No	
		s," 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 brough	ght under the co	ontrol		Yes X	No
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)					
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)
Part	: VIII	Trust Information					
14a	Name o	f trust		14b 1	Γrust's EIN	١	
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's
	rianio	of tubics of suctorial			telephone		o
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		Ye	S	No	
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)?		ba ha	esign- ased safe arbor ethod	ADF test	P/ACP
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No	
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No	
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or
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	vorable	
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	;	No	
19	Were in	n-service distributions made during the plan year?		Ye	s	No	
	If "Yes	" enter amount		19			
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A

Form 5500-SF

Department of the Treasury Internet Revenue Service

Department of Labor Employee Benefits Security Administration

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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public

Pension Benefit Guaranty Corporation	► Complete all entries in acc	retard with the leastern			Inspection				
Part I Annual Report	i Identification information	Otherica mint file tipe."	ictions to the coun so	00-3F.					
For calendar plan year 2015 or fis	scal plan year beginning	01/01/2015	and ending	12/3	1/2015				
A This return/report is for:	a single-employer plan a one-participant plan	a list of participating e	plan (not multiemployer)	(Filers chec	cking this box must attach with the form instructions)				
B This return/report is:	the first return/report	a foreign plan the final return/report							
	an amended return/report	a short plan year rew	im/report (less than 12 r	nonths)					
C Check box if filing under:	Form 5558 [special extension (enter descript	100			DFVC program				
Part B Basic Plan Info	ormation enter all requested int	formation							
1a Name of plan FAIRBANKS & GAIBRA				15 Thr plar (PN	number				
2- Non-section (section)		ective date of plan /01/2013							
City or town, state or provinc	om, apt., suite no. and street or P.O. E ce, country, and ZIP or foreign postal	code (if foreign, see inst	meline)		ployer Identification Number N) 27-4349544				
MARCUS A. FAIRRANKS	S.DDS & DARCY R. GALBRATT	FR, DDS, PLLC	1 Contracting	2c Sponsor's telephone number (360) 676-9050					
3628 MERIDIAN ST. SUITE 1-B DS BELLINGHAM NA 98225				2d Business code (see instructions) 621210					
	nd address X Same as Plan Spons	sor Name		3h Adn	ninistrator's EIN				
	. 20 m 100	and I tention		SD Administrator's EIN					
				3c Adm	ninistrator's telephone number				
name, EIN, and the plan num	e plan sponsor has changed since the mber from the last return/report.	a last return/report filed for	or this plan, enter the	4b EIN					
a Sponsor's name				4c PN					
5a Total number of participants	at the beginning of the plan year			5a	16				
 Total number of participants : Number of participants with a 	at the end of the plan year	***************************************	***************************************	5b	16				
complete this item)				5c	16				
	ticipants at the beginning of the plan	year		5d(1)	15				
Q(2) Total number or active part Number of nerticinants that t	ticipants at the end of the plan year terminated employment during the pla			5d(2)	14				
e less than 100% vested	animisted curboliness dring the big	in year with accrued ben	ellis that were	5e	0				
Caution: A penalty for the late	or incomplete filing of this return/r	report will be assessed	uniess ressonable ca	use is esta	bilahed.				
Under penalties of perjury and of	ther penaities set forth in the instruction and signed by an enrolled actuary, as	ons I declare that I have	aversioned this entrember	mant Indicate	an Kanalinahla a Cabada				
Carryon	u Veru h)	5/12/16		airb					
Signature of plan adm	Inistrator	Date	Enter name of individu						
my		5/12/10	NY 2.1 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	4LBLAN					
Prengrar's name (including fem o	riplan sponsor name, if applicable) and address; incli	Date	Enter name of individu	7_	s employer or plan sponsor				
Flabara 9 namo (invaranti) min n	ате, и аррясавіе) ано воогева; піск	ude room of suite numbe	N .	Preparer's	s telephone number				
				12,500					

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6a	Were all of the plan's assets during the plan year invested in eligible	assets? (S	ee instructions.)						XYes	□No
b	Are you claiming a waiver of the annual examination and report of a	n independ	ent qualified public accor	untani	(IQP	A)				
	under 29 CFR 2520 104-462 (See instructions on walker alleitables	and annualista.	\				**********	********	Yes	□No
C	is you asswered "140" to either line 6a or line 6b, the plan canno	xt use Forn	ı 5500-SF and must ins	beet	use F	orm 5	500.			
Too.	If the plan is a defined benefit plan, is it covered under the PBGC in	surance pro	gram (see ERISA sectio	n 402	1)?		Yes	□ No	☐ Not de	etermined
1172	rt III Financial Information									
_	Plan Assets and Liabilities	200	(a) Beginning o	f Yea	F			(b) End o	of Year	
a	Total plan assets	7a	3	06,4	36				433,	107
P	Total plan liabilities	7b				╀				
	Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	7c		06,4	36	╄-			433,	107
	Contributions received or receivable from:	3624	(a) Amount	<u> </u>		┼		(b) To		
	(1) Employers	8a(1)		41.3	85	15			The same	
	(2) Participants	8a(2)		90,6	67	-21	1		and the best daily	
_	(3) Others (including rollovers)	8a(3)				1.1	4.5	100		10-6
	Other income (loss)	8b	(!	5,38	1)	***	18.5		1.71.50	
त	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c				5			126,	671
	to provide benefits)	. 8d					7.4		23.4	
8	Certain deemed and/or corrective distributions (see instructions)	- 8e				175	De Triba	JO 25 6	TAPPA CUENC	
	Administrative service providers (salaries, fees, commissions)	81				255	1000	1,000	Control of the Contro	22
	Other expenses	. 8g							7.5.47	
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		F 1 163	1,52					A STATE OF THE PARTY OF
	Net income (loss) (subtract line 8h from line 8c)	8i	** III III	33	6 2				126,	671
	Transfers to (from) the plan (see instructions)	81				25.0	13 - Y	4500	9.65	
$\overline{}$	In TV Plan Characteristics If the plan provides pension benefits, enter the applicable pension fe									
للج	If the plan provides welfare benefits, enter the applicable welfare fea	ature codes	from the List of Plan Cha	aracte	ristic	Codes	in the I	nstruction	18:	
	rt V Compliance Questions									
10 a	During the plan year: Was there a failure to transmit to the plan any participant contribut	17	4		Yes	No	NA	4	Amount	
	described in 29 CFR 2510.3-1027 (See instructions and DOL's Vo	ountary Fide	the time period actary Correction	40-		×				
ь	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not in	clude transactions	10a		×				
C	Was the plan covered by a fidelity bond?			10c	ж		10.11			50,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bond	I, that was caused	10d		x				
8	Were any fees or commissions paid to any brokers, agents, or other organization that provides som the plan? (See instructions.)	er persons e or all of th	by an insurance te benefits under	10e		x				
f	Has the plan falled to provide any benefit when due under the plan	n?		10f		x	25,00	· ·		
a	Did the plan have any participant loans? (If "Yes," enter amount a			10g						
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)					×			100	经建
1	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne required	notice or one of the	10h		X				The state of
j	Did the plan trust incur unrelated business taxable income?			10i			ghar	100	位置公共 40	
Pa	t.VI Pension Funding Compliance		-	10j						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (if "Y	es," see instructions and	comp	olete S	Schedi	ıle SB (Form	Yes	I No
11	Enter the unpaid minimum required contribution for current year from the current year from the current year from the current year.	om Schedu	le SB (Form 5500) line 4	0			11a			
12					N SOC		12 of ER	RISA?	Yes	X No

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(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
at if a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc-	tions, and e	enter the	e date of t	he lett	er ndir	<u> </u>
Month Month	Di	ly	Ye.		07 1Gill	'¥
If 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				
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 negative amount)	a	12d				
e Will the minimum funding amount reported on line 12d be met by the funding deadline?		🗀	Yes [] No		N/A
Part Vil. Plan Terminations and Transfers of Assets						
13a Has a resolution to terminate the plan been adopted in any plan year?		☐ Yı	s X N	0		
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 perticipants or beneficiaries, transferred to another plan, or brought un of the PBGC?	nder the cor	vtrol	1	Tve	s X	No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	plan(s) to					110
13c(1) Name of plan(s):	13ci	2) EIN(s)	13c	(3) PN	l(s)
			,		(-)	-(-)
Park VIII. Trust Information						
14a Name of trust		14b Tr	ust's EIN			
400						
14C Name of trustee or custodian			rustee or e		ian's	
		reiel	ohone nun	nber		
Part IX IRS Compliance Questions					•	
15a is the plan a 401(k) plan:	1	Yes		□ N		
				<u> </u>	0	
15b if "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employee	plover	De:	sign- ed safe		DP/AC	P
matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		har	bor thod	te	st	
15c H ADDIACO test did the 404(b) also perfers ADDIACO to the factor of the second		1110	0100			
15c if ADP/ACP test, 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. section 1.401(k)-2(a)(2)(ii) and 1.401(m)-		Yes	3	□ N	0	
2(a)(2)(ii))?						
45-01-11-1		Ra	tio			
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 41	O(b):	L Per	centage		verage enefit	
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining		Tes	·			1681
this plan with any other plans under the permissive aggregation rules?	····	Ye	3	□ N	0	
17a Has the Plan been timely amended for all required law changes?		Ye:	3	□ N	o [□ N/A
17b Date of the last plan amendment/restatement for the required tax law changes was adopted/_/ instructions for tax law changes and codes).	.Enter the					
17c If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volume submitter plan that is	subject to	a favor	ble IRS o	pinion	Or	
advisory letter, enter the date of that favorable letter / and the letter's serial number. 17d If the plan is an individually-designed plan and recleved a favorable determination letter from IRS, please enterting determination letter / / / / / / / / / / / / / / / / / / /	or the date	of plan	s last favo	rable		
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has b made), American Samoa, Guam, the Commonwealth of the Northern Marians Islands or the U.S. Virgin Island	een ds)?	Yer	3	□ N	0	
19 Were in-service distributions made during the plan year?		— □ Ye	B		0	
If Yes, enter amount			-			
		19				
Were minimum required distributions made to 5% owners who have attained age 70 ½ (regardless of whether not retired) as required under section 401(a)(9)?	ror	Ye:	3	□ N	o [] N/A