Department of the Treasury Internal Revunce Service This form is required to be filed under a Income Security Act of 1974 (ERISA) Revenue. Pension Benefit Guaranty Corporation Complete all entries in accordant Revenue. Complete all entries in accordant Revenue. Part 1 Annual Report Identification Information For calendar plan year 2016 or fiscal plan year beginning 0/101/2016 A This return/report is for: a single-employer plan a ntil a one-participant plan B This return/report is the first return/report a shi a namended return/report B This return/report is the first return/report a shi a namended return/report Part II Basic Plan Information—enter all requested information ispecial extension (enter description) Part II Basic Plan Information—enter all requested information ispecial extension (enter description) Part II Basic Plan Information—enter all requested information ispecial extension (enter description) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (Marcus A. FAIRBANKS & GALBRAITH 401(K) PLAN 2628 MERIDIAN ST. SUTE F-B BELLINCHAM, WA 98225 3a 3a Plan administrator's name and address is same as Plan Sponsor. 5a Total number of	•		oyee	0	MB Nos. 1210-0110 1210-0089			
			d under sections 104 ar	d 4065 of the Employee R			2016	
Employee Be	enefits Security Administration	Income Security Act of 1974			Internal			
				structions to the Form 5	500-SF.	T UDI		
			016	and ending 12	2/31/2016			
		7				kina this box	must attach a	
Department is in example. State Point Partment Part Part Part Part Part Part Part Par								
B This retu	urn/report is				onths)			
C Check	box if filing under:	 Form 5558	automatic extensio	n	DFVC p	rogram		
			,					
		nation—enter all requested inf	formation					
		PLAN			plan	number	001	
					1c Effec			
Mailing	address (include room,	apt., suite no. and street, or P.C						
				istructions)	2c Spor			
SUITE 1-B					2d Busir	`	,	
		address X Same, as Plan Spor	asor.		3b Admi	nistrator's F	IN	
					3c Admi	nistrator's te	elephone number	
name	, EIN, and the plan numb		the last return/report file	d for this plan, enter the				
·					1		47	
_							17 17	
C Numb	er of participants with ac	count balances as of the end of	the plan year (only defir	ed contribution plans			17	
	,				F 1(4)			
• •			-					
e Numb	per of participants that te	rminated employment during the	plan year with accrued	benefits that were less			16 0	
Caution: A	penalty for the late or	incomplete filing of this return	/report will be assess	ed unless reasonable cau	use is estat	olished.		
Under pena SB or Sche	alties of perjury and othe edule MB completed and	r penalties set forth in the instruct signed by an enrolled actuary, a	ctions, I declare that I ha	ve examined this return/re	port, includi	ng, if applic		
SIGN	Filed with authorized/va	lid electronic signature.	03/31/2017	CATHY FAIRBANKS				
HERE	Signature of plan adr	ninistrator	Date	Enter name of individ	ual signing a	as plan adm	ninistrator	
SIGN					00			
	Signature of employe	er/plan sponsor	Date	Enter name of individ	ual signing :	as emplove	r or plan sponsor	
Preparer's								
		see the Instructions for Form 5500					orm 5500-SE (2016)	

-	Were all of the plan's assets during the plan year invested in eligib		· · · · · · · · · · · · · · · · · · ·							
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a									
	If you answered "No" to either line 6a or line 6b, the plan cann									
с	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined									
	rt III Financial Information									
– – – –										
_/	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year						
a	Total plan assets	7a	433107	611821						
<u>b</u>	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	433107	611821						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total						
а	Contributions received or receivable from:	0-(1)	53077							
	(1) Employers	8a(1)	94133							
	(2) Participants	8a(2)	94133							
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	31504							
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		178714						
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
е	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								
i	Net income (loss) (subtract line 8h from line 8c)	8i		178714						
j	Transfers to (from) the plan (see instructions)	8j								
Pa	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension $2E$ $2F$ $2G$ $2J$ $2K$ $3D$	feature coo	les from the List of Plan Characteris	tic Codes in the instructions:						

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	N/A	Amount
а	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		Х		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х		
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 fidelity bond, that was caused by fraud or dishonesty?	10d		Х		
е	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		
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х		
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				

Part	VI	Pension Funding Compliance							
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co m 5500) and line 11a below)						Yes 🗙 No	
11a	Ente	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12		his a defined contribution plan subject to the minimum funding requirements of section 412 of the Co						Yes 🗙 No	
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а	,	valver of the minimum funding standard for a prior year is being amortized in this plan year, see instr	uctior	ns, and	d enter t	he date	of the lett	er ruling	
	gran	ting the waiver	onth _		_ Day		Year		
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.						
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		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le ative 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?				Yes	s XI	No	
		es," enter the amount of any plan assets that reverted to the employer this year			13a				
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough rol of the PBGC?	nt und	er the			Yes	X No	
c	lf, d	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)			to				
1		Name of plan(s):		13c(2)	EIN(s)		13c(3) PN(s)	
Part	VIII	Trust Information							
14a	Name	e of trust			14b ⊺	Frust's E	IN		
14c	Name	e of trustee or custodian			14d Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes		[No		
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section)(3) for the plan year? Check all that apply:		Desig safe h	n-basec arbor	ł	"Prior y test	ear" ADP	
				"Curre ADP t	ent year est	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	N/A		
16a		t testing method was used to satisfy the coverage requirements under section 410(b) for the plan ? Check all that apply:		Ratio perce test	entage		verage enefit test	□ N/A	
16b		he plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No		
	the le		-			-			
	letter		er the	e date	of the m	nost rece	ent determ	ination	
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not separce?		from	Ye	s	No		
19	Was	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Ye	s	No		

Ø	0	0	3	/	0	0	5
							5

	Form 5500-SF	Short Form Annual F	Return/Report of Benefit Plan	of Small Employ	/ee	OM	IB Nos. 1210-0110 1210-0089			
	Internal Revenue Service	This form is required to be file Retirement Income Security Act	ed under sections 104 :	and 4065 of the Employe	e	201	16			
	Department of Labor ployee Benefits Security Administration Pension Benefit Guaranty Corporation		nal Revenue Code (the	e Code).	This Form is Open to Put					
(en el		Complete all entries in acco	rdance with the instru	ictions to the Form 550	0-SF.	inspe	CEION			
For	calendar plan year 2016 or fisc	dentification Information	01/01/2016	and sufficient			· · · · ·			
		x a single-employer plan	7	and ending	12/31/	· · · · · · · · · · · · · · · · · · ·	······			
_	This return/report is for: This return/report is:	eport is for: a list of participating employer information in accordance with the form instructions.) a foreign plan								
~			-	antropolit (5665 that 12 h	-					
C	Check box if filing under:	Form 5558	automatic extension			/C program				
		special extension (enter description	<u> </u>							
	Basic Plan Infor	mation enter all requested info	mation		·····					
Id	Name of plan				1b Three-					
	FAIRBANKS & GALBRAIT	TH 401(k) PLAN			plan nu (PN) ►		01			
						ve date of plai	n			
2a	Plan sponsor's name (employ	er, if for a single-employer plan)	<u>-</u>	······································		1/2013				
	Malling Address (include room City or town, state or province	ructions)		yer Identificati 27-43495						
	MARCUS A. FAIRBANKS,	DDS & DARCY R. GALBRAIT	H, DDS, PLLC		2c Sponso (360)	or's telephone 676-905	e number o			
	3628 MERIDIAN ST. Suite 1-b					ss code (see				
20	US BELLINGHAM WA 98225 Plan administrator's name and									
Ja	Fion auministrator s name and	address X Same as Plan Spons	or		3 b Admini	strator's EIN				
4	If the name and/or EIN of the p	plan sponsor has changed since the	last return/report filed f	or this plan, enter the	3c Admini 4b EIN	strator's telep	hone number			
_	name, EIN, and the plan numb	per from the last return/report.								
_	Sponsor's name				4C PN					
b	Total number of participants at Total number of participants at	t the beginning of the plan year	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	********	<u>5a</u>		17			
c		count balances as of the end of the			5b		17			
	complete this item)				5c		17			
d(Total number of active partic 	ipants at the beginning of the plan y	еаг	*****	5d(1)		15			
d(ipants at the end of the plan year			5d(2)		16			
е	Number of participants that ter less than 100% vested	minated employment during the plar	year with accrued ber	efits that were	5e	**************************************	0			
Ca	ution: A penalty for the late o	r incomplete filing of this return/re			l					
Ur SE	der penalties of perjury and othe	er penalties set forth in the instructio d signed by an enrolled actuary, as v	ns. I declare that I have	e examined this return/re	oort including	if applicable	a Schedule wledge and			
	Cathy m	lan X	3/3//17	Cathy Fair	<i>bank</i>	<u>۲</u>				
	Signature of plan admir	histrator	Date	Enter name of individua	al signing as pl	lan administra	ator			
	Knowl	\frown	3/31/17		(braith					
	Signature of employer/p	blan sponsor	Date	Enter name of individua		mployer or pla	an sponsor			
Pr SI	eparer's name (including firm na cip this question	me, if applicable) and address (inclu	de room or suite numb	er)	Preparer's te	lephòne num question	A COMPANY AND A MARKED AND A MARKED			
E	z Dapapuark Daduatian Act N	ntice see the instructions for For	- 5500 05	····						

SF (2016) v.160205 Form 550(

03/31/2017 14:25 FAX

₫ 004/005

	Form 5500-SF 2016	. <u></u>	Page 2			-			
6a	Were all of the plan's assets during the plan year invested in eligible	assets? (S	See instructions.)						Yes No
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	n independ	ent qualified public accor	untant	(IOP	A)			Yes No
	If you answered "No" to either line 6a or line 6b, the plan canno	t use Form	n 5500-SF and must ins	tead (use F	orm 55	00.		
C	If the plan is a defined benefit plan, is it covered under the PBGC ins	surance pro	gram (see ERISA sectio	n 402	1)?	Г	∃Yes	No 🗐	Not determined
	Financial Information	• <u>.</u>							
<u>7</u>	Plan Assets and Liabilities		(a) Beginning o	f Yea	r		(b	End of Ye	ar
<u>a</u>	Total plan assets	7a	4:	33,1	07				511,821
b	Total plan liabilities	7b					•		
c	Net plan assets (subtract line 7b from line 7a)	7c	4	33,1	07	1		· · · · · · · · · · · · · · · · · · ·	511,821
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			1		(b) Total	
а	Contributions received or receivable from:		internet in the second s			114 - 144 172 - 21			
	(1) Employers	8a(1)		53,0					
	(2) Participants	8a(2)		94,1	33	-			
Ь	(3) Others (including rollovers)	8a(3)				1997 - A.S.			
Č	Other income (loss)	8b		31,5	04				
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c		1.25			y sign a d	1	178,714
	to provide benefits)	8d							
e	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		a estas La contro	(<u>ب</u> وبدي).				
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	81							78,714
L	Transfers to (from) the plan (see instructions)	8j	·						
	Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension fe	ature code	s from the List of Plan Ch	naract	eristic	Codes	in the in	structions:	
-	2E 2F 2G 2J 2K 3D								<u> </u>
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	from the List of Plan Cha	aracte	ristic (Codes	in the insi	ructions:	
	Compliance Questions								
<u>10</u>	During the plan year:				Yes	No		Amo	unt
а	and plan any paraopart contribut	ions within	the time period						·
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vol								
	Program) Were there any nonexempt transactions with any party-in-interest?		****	10a		х			· · · · · · · · · · · · · · · · · · ·
	reported on line 10a.)	r (Do not in	ciude transactions	10b		х			
C	Was the plan covered by a fidelity bond?			10c	x				50,000
d	Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty?			10d		x			· · · ·
6	Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.)	e or all of th	e benefits under	10e		x			······
f	Has the plan failed to provide any benefit when due under the plan		the second s	10f		X			· · · · ·
g		·		10g	·	x			
h		See instruc	tions and 29 CFR	10h		x			
1	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101	e required	notice or one of the	10i					
				L				ogan isriidi (A.	

Form 5500-SF 2016 Page 3 -							e Se Se Se		
Pension Funding Compliance									
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes." see instruction	ne and com	nioto Se	bodula		<u></u>				
		piece oc		00 		Yes	X No)	
 11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) lin 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of EDEA2 	ne 40.		11a		1			<u> </u>	
ERISA?	of the Code	or secu	on 302 (of 		Yes	X No)	
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, granting the waiver	see instruc	tions, a					uling	, . 	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip t	Monu		Da	iy	Ye	ar		• . • •	
b Enter the minimum required contribution for this plan year.		******	12Ь					<u>.</u>	
Enter the amount contributed by the employer to the plan for the plan year									
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign negative amount)	ofa	12d				<u></u>			
e Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No		N/Á		
Plan Terminations and Transfers of Assets			1				·		
3a Has a resolution to terminate the plan been adopted in any plan year?			Г	│ Yes	X	No			
If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a	<u></u>					
Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, control of the PBGC?	or brought u	Inder the) 9						
C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s which assets or liabilities were transferred. (See instructions.)	;), identify th	ne plan(s	s) to	L	<u> </u>				
13c(1) Name of plan(s):	1	3c(2) E	c(2) EIN(s)			13c(3) PN(s)			
Trust Information - Skip These Questions 4a Name of trust			14b	Trust's E					
4c Name of trustee or custodian				d Trustee or custodian's telephone number					
IRS Compliance Questions - Skip These Questions			•				,		
5a is the plan a 401(k) plan? If "No," skip b.	********	ΠY	es			No			
5b How did the plan satisfy the nondiscrimination requirements for employee deferrals under sectio 401(k)(3) for the plan year? Check all that apply:	ะ		esign-ba			"Prior y test	year" AI	DP	
			Current y DP test	/ear"		N/A			
6a What testing method was used to satisfy the coverage requirements under section 410(b) for the year? Check all that apply:	e plan	🗆 р	atio ercentaç est	pe 🗖	Avera			V/A	
6b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 40 for the plan year by combining this plan with any other plan under the permissive aggregation rule.	1(a)(4) lles?		es			No			
7a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favora the letter// and serial number									
7b If the plan is an individually-designed plan that received a favorable determination letter from the letter/	e IRS, enter	the date	e of the	most rec	ent del	ermina	tion		
8 Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had service?	not separat	ed from] Yes		No			
9 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan y] Yes		No		<u>.</u>	