FORM SDUC-SF Department of the Treasury Internal Revenue Service Short From Animular Ketturi/Keport of Smail Employee Benefit Plan 1210 Department of tabor Employee Benefits Security Administration Pension Benefit Guaranty Corporation 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). This Form is Open Public Inspection Part I Annual Report Identification Information Error calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018 A This return/report is for: a single-employer plan a foreign plan B This return/report is a one-participant plan a foreign plan B The first return/report the final return/report a short plan year return/report a numended return/report a short plan year return/report a short plan year return/report										
Inter De	Dependence Benefit Pian Conversion Dependence This form is required to be filled under sections 104 and 4055 of the Employee Retirem 2018 Dependence This form is required to be filled under sections 104 and 4055 of the Employee Retirem 2018 Dependence This form is required to be filled under sections 104 and 4055 of the Employee Retirem 2018 Dependence This form is required to be filled under sections 104 and 4055 of the Employee Retirem 2018 Dependence This return/report Complete all entries in accordance with the instructions to the Form 5500-SF. 1000000000000000000000000000000000000									
Intervent extent rector interport of similar Employee 1210-008 Dependent is in required to be filled under sections 104 and 4065 of the Employee Retiremed Technology and the internal increase Section 4.04 1974 (ERISA), and sections 65(67) and 65(83) (eVI) and 1974 (ERISA), and sections 65(70) and 65(83) (eVI) and 1974 (ERISA), and sections 65(70) and 65(83) (eVI) and 1974 (ERISA), and sections 65(70) and 65(83) (eVI) and 1974 (ERISA), and sections 65(70) and 65(83) (eVI) and 1974 (ERISA). Image: Technology and the internal increase of t										
For calenda	ar plan year 2018 or fis	scal plan year beginning 01/01/2		0		de la dede la construction de la co				
A This ret	urn/report is for:		list of participating e			-				
B This retu	urn/report is									
					onths)					
C Check I	box if filing under:				_	rogram				
			B □ automatic extension □ DFVC program tension (enter description) □ DFVC program Inter all requested information 1b Three-digit plan number (PN) ▶ Image: tension (PN) 001 1c Effective date of plan (01/01/2013) Image: tension (enter description) 2b Employer Identification Number (EIN) (27-4349544) Image: tension of tension postal code (if foreign, see instructions) 2c Sponsor's telephone number (360-676-9050)							
Part II	Basic Plan Info	rmation—enter all requested inf	ormation							
	•									
FAIRBANKS	& GALBRAITH 401(K) PLAN			•					
					()	tive date of plan				
					2b Empl					
City or	town, state or province	e, country, and ZIP or foreign post	al code (if foreign, see ins	tructions)	()					
MARCUS A.	FAIRBANKS,DDS & D	DARCY R. GALBRAITH, DDS, PLL	.C							
					2d Busir					
SUITE 1-B						621210				
		nd address 🛛 Same as Plan Spor	nsor.		3b Admi	nistrator's EIN				
					3c Admi	nistrator's telephone number				
					4b EIN					
a Spons	or's name MARCUS A				4d PN					
C Plan N	lame									
5a Total r	number of participants	at the beginning of the plan year			5a	19				
					5b	20				
					5c	20				
d(1) Tota	al number of active par	rticipants at the beginning of the pla	an year		. ,	15				
• •					5d(2)	17				
than	100% vested		• •							
Caution: A	penalty for the late of	or incomplete filing of this return	n/report will be assessed	d unless reasonable cau						
SB or Sche	edule MB completed ar	nd signed by an enrolled actuary, a								
SIGN	Filed with authorized/	valid electronic signature.	04/04/2019	CATHY FAIRBANKS						
HERE	Signature of plan a	dministrator	1974 (ERISA), and sections 6057(b) and 6058(a) of the internal Revenue Code (the Code). This Form is Open to Public Inspection 10112018 and ending 12/31/2018 10112018 and ending 12/31/2018 10112019 antomatic extension DFVC program description) 001 1c Effective date of plan 0101/2013 10 1c Effective date of plan 0101/2013 2C Sponsor's telephone number 360-67-69050 2d Business code (see instructions) 621210 621210 is sponsor. 3b Administrator's telephone number <t< td=""></t<>							
SIGN	Filed with authorized/	valid electronic signature.	04/04/2019	CATHY FAIRBANKS						
HERE For Paperwe										

v.171027

	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 an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									
	If you answered "No" to either line 6a or line 6b, the plan cann		,							
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance pro	ogram (see ERISA section 4021)?	Yes No Not determined						
	If "Yes" is checked, enter the My PAA confirmation number from the									
		1	<u> </u>	(,						
Pa	rt III Financial Information		I							
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year						
а	Total plan assets	7a	834626	920017						
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	834626	920017						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total						
а	Contributions received or receivable from: (1) Employers	8a(1)	39294							
	(2) Participants	8a(2)	100964							
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	-50057							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		90201						
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	4510							
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g	300							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		4810						
i	Net income (loss) (subtract line 8h from line 8c)	8i		85391						
j	Transfers to (from) the plan (see instructions)	8j								
Ра	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension	feature code	es from the List of Plan Characteristic	c Codes in the instructions:						
	2E 2F 2G 2J 2K 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	s from the List of Plan Characteristic	Codes in the instructions:						

Part V Compliance Questions

10	During the plan year:		Yes	No	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	
С	Was the plan covered by a fidelity bond?	10c	X		80000
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		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			

Page **3-** 1

Part	VI	Pension Funding Compliance						
11	ls th (Foi	B		Yes	X No			
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the C SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	n 302 o	f 	[Yes	X No	
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see institution the waiver.		l enter _ Da		e of the le		ing
lf	you o	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		-			
b	Ente	r the minimum required contribution for this plan year		12b				
С	Ente	r 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 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?			Ye	s X	No	
	lf "Y	es," 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 control of the PBGC?						Yes	× N	0
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.)	tify the plan(s)	to				
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		130	c(3) PN	۱(s)

04/04/2019 12:55

From: 3606761593 Fairbanks and Gailbr

Form 5500-SF	Short Form Annual	Return/Report Benefit Plan	of Small Employe	}e	OMB Nos: 1210-0110 1210-0089	
Department of the Treasury Internal Revenue Service	Department of the Treasury					
Department of Labor Employee Benefits Security Administration	Retirement Income Security Active Internet	ct of 1974 (ERISA), and ernal Revenue Code (t		i) of This For	m is Open to Public Inspection	
Pension Benefil Guaranty Corporation	 Complete all entries in acc 	ordance with the ins	ructions to the Form 5500-	SF.		
	dentification Information	AA (AA (AAAA		* 0 /01 /001/	·····	
or calendar plan year 2018 or fisca		01/01/2018		12/31/2018		
A This return/report is for:	x a single-employer plan	a list of participatin	r plan (not multiemployer) (F g employer information in ac			
3 This return/report is:	the first return/report	the final return/rep				
	an amended return/report	a short plan year r	etum/report (less than 12 mo	nths)		
Check box if filing under:] Form 5558] special extension (enter descrip	automatic extension	n - Constant Constant Constant Constant Constant Cons		gram	
Part II Basic Plan Infor	mation enter all requested in	formation	<u>an an a</u>		<u>an an a</u>	
a Name of plan FAIRBANKS & GALBRAIT				1b Three-digit plan number	001	
				(PN) ► 1c Effective dat 01/01/20	te of plan	
Mailing Address (include room	er, if for a single-employer plan) a, apt., suite no. and street, or P.O. , country, and ZIP or foreign postal	Box)	netructions)		entification Number	
	DDS & DARCY R. GALBRAI			2c Sponsor's te (360) 67	lephone number 6-9050	
3628 MERIDIAN ST. SUITE 1-B				2d Business co 621210	de (see instructions)	
US BELLINGHAM WA 98225 Ba Plan administrator's name and				3b Administrate	n an	
	aduress 🔄 Same as Plan Spur					
	ار از معلوم از از معاطمین از معام از میناند. اسم از معلوم می از معام می می از معام از معام از معام از معام از م از معام از معام معام از	د از این میراند. میراند در این از میراند میراند میراند ا		3C Administrate	or's telephone number	
	plan sponsor or the plan name has or's name, EIN, the plan name and			4b EIN		
a Sponsor's name MARCUS A	A. FAIRBANKS, DDS		e set	4d PN		
C Plan Name	a a series a francés de la companya de la companya A series de la companya de la company A series de la companya de la company	and a start and The start and a start and a The start and a			an an ann an an an ann an ann. Anns anns anns anns anns anns anns anns	
		and a straight for the second seco Second second				
	t the beginning of the plan year		F	<u>5a</u>	19	
	t the end of the plan year coount balances as of the end of th		L	5b	.20	
	count balances as of the end of in			5c	20	
d(1) Total number of active partic	cipants at the beginning of the plan	ı year	1259414149424151811229944494944494944944944944	5d(1)	15	
d(2) Total number of active partic	cipants at the end of the plan year	****	******	5d(2)	17	
	rminated employment during the p		2	5e	Ö	
Caution: A penalty for the late o	r incomplete filing of this return	/report will be asses:	ed unless reasonable cau	se is established	*	
Under penalties of perjury and oth SB or Schedule MB completed an belief, it is true, correct, and comp	d signed by an enrolled actuary, as					
SIGN Cichuy Anne	ems		Cathy Far	voance		
HERE Signaturejof plan admir	nistrator	Date	Enter name of individual		dministrator	
				Unvartin	<u></u>	
SIGN	future contractor and the second s	ALIMPO.		Carriel Carriel Control Control Control	na se	
HERE Signature of employer/	plan sponsor	Date	Enter name of individual	signing as emplo	yer or plan sponsor	

From: 3606761593 Fairbanks and Gailbr

	Form 5500-SF 2018		Page 2								
			· .	ر بر از از محمد ا	et i i i i i	i Line					
			bar da an an 1997. An anns an A Anns an Anns an				1.0	ر و میں ا			
a Wei	re all of the plan's assets during the plan year invested in eligible	assets? (8	See instructions.)			*******		XYes No			
o Are	you claiming a waiver of the annual examination and report of an	n independ	lent qualified public accou	ntant	(IQP/	بر (۱					
	ler 29 CFR 2520.104-46? (See instructions on waiver eligibility ar ou answered "No" to either line 6a or line 6b, the plan cannot							XYes No			
	the plan is a defined benefit plan, is it covered under the PBGC ins										
	/es" is checked, enter the My PAA confirmation number from the										
F1 F		1 000 pic									
Part I	II Financial Information	Existing and the second se	······								
Plai	n Assets and Liabilities		(a) Beginning of	Yea	r :			(b) End of Year			
******	al plan assets	7a	83	4,6	26			920,017			
	al plan liabilities	7b									
	plan assets (subtract line 7b from line 7a)	7c	······ ···	14,6	26	+		920,017			
	ome, Expenses, and Transfers for this Plan Year htributions received or receivable from:		(a) Amount					(b) Total			
	Employers	8a(1)	3	9,2	94						
(2)	Participants	8a(2)	10	0,9	64						
(3)	Others (including rollovers)	8a(3)									
) Oth	er income (loss)	8b	(50),05	7)						
	al income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						90,201			
	nefits paid (including direct rollovers and insurance premiums provide benefits)	8d		4,5	10						
	tain deemed and/or corrective distributions (see instructions)	8e									
Adr	ninistrative service providers (salaries, fees, commissions)	<u>8f</u>									
K	er expenses	8g		3	00						
	al expenses (add lines 8d, 8e, 8f, and 8g)	8h		<u>.</u>			4,810				
	t income (loss) (subtract line 8h from line 8c)	8i						85,391			
0.02026633	nsfers to (from) the plan (see instructions)	8j	1								
Part I	1					- است		·····			
a If th	e plan provides pension benefits, enter the applicable pension fe 2E 2F 2G 2J 2K 3D	ature cool	es from the list of Plan Un	iaraci	ensuc	Code	is in th				
- 						<u> </u>	•				
D IT th	ne plan provides welfare benefits, enter the applicable welfare fea	iture codei	s from the List of Plan Cha	iracte	INSUC 4	Jodes	in the	Instructions:			
Part											
			······································		Yes	No	N/A	ð mannaf			
	ouring the plan year: Vas there a failure to transmit to the plan any participant contribut	ions withir	the time period	<u> </u>	165	NO	IWA	Amount			
	escribed in 29 CFR 2510.3-102? (See instructions and DOL's Vol				1.1						
10	rogram)		and the second	10a		x					
	Vere there any nonexempt transactions with any party-in-interest?				1 × 4						
	eported on line 10a.)			10b	<u>}</u>	X					
	Vas the plan covered by a fidelity bond?			10c	X			80,000			
b	Did the plan have a loss, whether or not reimbursed by the plan's in y fraud or dishonesty?		********	10d		x					
	Vere any fees or commissions paid to any brokers, agents, or oth							n an			
	arrier, insurance service, or other organization that provides some ne plan? (See instructions.)			10e		x		and the product of the			
-	las the plan failed to provide any benefit when due under the plan			10f		x		······································			
g D	Id the plan have any participant loans? (if "Yes," enter amount as	s of year e	nd.)	10g		x					
	this is an individual account plan, was there a blackout period? (520.101-3.)			10h		x					
	10h was answered "Yes," check the box if you either provided th										
	exceptions to providing the notice applied under 29 CFR 2520.101			101		1	19 1 N N				

From: 3606761593 Fairbanks and Gailbr

		<u></u>				
	Form 5500-SF 2018 Page 3 -		· · · · ·			
[mail:colored				a a	<u></u>	<u></u>
Par	t VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500 and line 11a below)				Yes	X No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	*******	11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the ERISA?	Code or section	on 302 c)f	Yes	X No
а	(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 in granting the waiver		nd enter Da		of the letter	ruling
lf y	rou 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			
с	Enter the amount contributed by the employer to the plan for the plan year		12c	· .		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to th negative amount)		12d			
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?	************		Yes [] No 🗌	N/A
Par	t VII Plan Terminations and Transfers of Assets					
13a	I Has a resolution to terminate the plan been adopted in any plan year?	*******	C] Yes	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 bro control of the PBGC?				Yes 🕱	No
c	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), idea which assets or liabilities were transferred. (See instructions.)	ntify the plan(s	s) to			
1	3c(1) Name of plan(s):	13c(2) E	IN(s)		13c(3) F	PN(s)
				·		