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).

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

P	ension Be	nefit Guaranty Corporation	▶ Complete all entries in accorda	nce with the instruc	ctions to the Form 550	0-SF.	
Pa	art I	Annual Repor	t Identification Information				
For	calenda	ar plan year 2012 or	fiscal plan year beginning 01/01/2012		and ending 1	2/31/2012	
		urn/report is for: urn/report is:		multiple-employer pl ne final return/report	an (not multiemployer)	a one-parti	cipant plan
		•	an amended return/report	short plan year returr	n/report (less than 12 mg	onths)	
С	Check b	oox if filing under:	Form 5558 a a	utomatic extension		DFVC prog	ıram
De	- M II	Pasia Dian Inf					
	art II		ormation—enter all requested informati	on		1b Three-digit	
	Name IAEL J.	•	.C 401(K) PROFIT SHARING PLAN			plan number (PN)	002
						1c Effective date	
2a MICH	Plan sp	ponsor's name and a GIESY, D.M.D., PLI	address; include room or suite number (em	ployer, if for a single-	employer plan)	2b Employer Ider	
6004	WEST	GATE BLVD, SUITE	210			2c Sponsor's tele	ephone number 52-6630
		/A 98406-2503				2d Business code 621	,
3a	Plan a	dministrator's name	and address XSame as Plan Sponsor Na	me Same as Plan	Sponsor Address	3b Administrator'	s EIN
						30 Auministrator	s telephone number
4	name,	EIN, and the plan n	he plan sponsor has changed since the las umber from the last return/report.	st return/report filed fo	or this plan, enter the	4b EIN	
		or's name	to at the benefit of the allowers			4c PN	
			ts at the beginning of the plan year			5a	11
b			ts at the end of the plan year			5b	11
	compl	ete this item)	n account balances as of the end of the pla	······	· 	5c	11
6a b	Are you	ou claiming a waiver 29 CFR 2520.104-4	ets during the plan year invested in eligible of the annual examination and report of an 6? (See instructions on waiver eligibility an either line 6a or line 6b, the plan cannot	independent qualifie d conditions.)	d public accountant (IQI	PA)	X Yes No
Car			e or incomplete filing of this return/repo				
Und SB	der pena or Sche	alties of perjury and o	other penalties set forth in the instructions, and signed by an enrolled actuary, as well	I declare that I have	examined this return/rep	oort, including, if app	
SIG		Filed with authorize	d/valid electronic signature.	04/10/2013	MICHAEL J. GIESY		
ПЕТ	\ E	Signature of plan	administrator	Date	Enter name of individu	ual signing as plan a	dministrator
SIG							
HEF			loyer/plan sponsor	Date	Enter name of individu		
Pre	parer's	name (including firm	name, if applicable) and address; include	room or suite numbe	r (optional)	Preparer's telephor	ne number (optional)

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Pai	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year
a	Total plan assets	7a	132958				1418162
	Total plan liabilities	7b		0			
	Net plan assets (subtract line 7b from line 7a)	7c	132958				1418162
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from:		(a) Amount				(b) Total
	(1) Employers	8a(1)	4321	8			
	(2) Participants	8a(2)	5631	3			
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	11760	00			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					217131
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	12305	i9			
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f	549	13			
q	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					128552
	Net income (loss) (subtract line 8h from line 8c)	8i					88579
	Transfers to (from) the plan (see instructions)	8j					00010
Par	t IV Plan Characteristics	0)					
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2R 2T 3D	feature co	des from the List of Plan Char	acteris	stic Co	odes 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:							
Par	V Compliance Questions						
10	During the plan year:				Yes	No	Amount
a				10a		X	Amount
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		X	
c	·			10c	Χ		250000
d	, ,			100			250000
	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 cinstructions.)	of the bene	efits under the plan? (See	10e	X		869
f	Has the plan failed to provide any benefit when due under the plan			10f		X	
					X		
g h	If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR	10g	Α	X	19573
ī	If 10h was answered "Yes," check the box if you either provided the	ne required	d notice or one of the	10h			
D1	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i			
Part	<u> </u>						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
_11a						11a	
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		and e	enter th Day	ne date of the letter ruling Year
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.		ı		T
b	Enter the minimum required contribution for this plan year					12b	

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	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 a negative 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 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 brought under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		_
1	3c(1) Name of plan(s):	3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

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.

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I	Annual Report Identification Information	- / /	The second secon	10/21/22/2	
For calenda		1/01/2012	and ending	12/31/2012	
A This ret	urn/report is for: X a single-employer plan	a multiple-employer (olan (not multiemployer)	a one-participant pla	an
B This ret	urn/report is: the first return/report	the final return/report			
	an amended return/report	a short plan year retu	rn/report (less than 12 mo	onths)	
C Check b	pox if filing under: Form 5558	automatic extension		DFVC program	
	special extension (enter descripti	on)			
Part II	Basic Plan Information—enter all requested inform	nation			
1a Name				1b Three-digit	
Michae	l J. Giesy, D.M.D., PLLC 401(k) Pro:	fit Sharing Pl	.an	plan number	
				1c Effective date of plan	
				01/01/1993	
2a Plan s	ponsor's name and address; include room or suite number (employer, if for a single	e-employer plan)	2b Employer Identification	Number
MICHAE	L J. GIESY, D.M.D., PLLC			(EIN) 91-2047668	3
				2c Sponsor's telephone r	number
6004 WI	ESTGATE BLVD, SUITE 210			253-752-6630	
TACOMA	WA 98406-2503			2d Business code (see in: 621210	structions)
	dministrator's name and address XSame as Plan Sponsor	Name XSame as Pla	n Sponsor Address	3b Administrator's EIN	
Ja Flatta	uninistrator's name and address Adame as I lan opensor	Marie Mount do 1 it	an oponion radioso	Transmittator o Ent	
				3c Administrator's telepho	one number
4 If the r	name and/or EIN of the plan sponsor has changed since the	last return/report filed	for this plan enter the	4b EIN	
	EIN, and the plan number from the last return/report.	last retainineport mod	ior tino pian, onto the	7D LIN	
a Spons	or's name			4c PN	
5a Total	number of participants at the beginning of the plan year	•••••	•••••	5a	11
b Total	number of participants at the end of the plan year			5b	11
	er of participants with account balances as of the end of the		•	5c	1.1
	lete this item)				Yes No
	all of the plan's assets during the plan year invested in eligiou claiming a waiver of the annual examination and report o				Yes No
	29 CFR 2520.104-46? (See instructions on waiver eligibility				Yes No
If you	answered "No" to either line 6a or line 6b, the plan can	not use Form 5500-S	F and must instead use	Form 5500.	
Caution: A	A penalty for the late or incomplete filing of this return/re	eport will be assessed	i uniess reasonable cau	ise is established.	
	alties of perjury and other penalties set forth in the instructio				
	edule MB completed and signed by an enrolled actuary, as value, correct, and complete.	well as the electronic ve	ersion of this return/report	, and to the best of my know	leage and
555., 12.15	M : 40 1		T		
SIGN	Motology	404-13	Michael J. Gi	esy	
HERE	Signature of plan administrator	Date	Enter name of individ	ual signing as plan administr	ator
SIGN					
HERE	Signature of employer/plan sponsor	Date	Enter name of individ	ual signing as employer or pl	an sponsor
Preparer's	name (including firm name, if applicable) and address; inclu	ide room or suite numb		Preparer's telephone numb	

Pa	rt III Financial Information				45-		
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year
а	Total plan assets	7a	132	2958	3		1418162
b	Total plan liabilities	7b			0		
С	Net plan assets (subtract line 7b from line 7a)	7c	132	2958	3		1418162
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	4	1321	8		
	(2) Participants	8a(2)		5631	3		
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	11	L760	0		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					217131
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	12	2305	9		
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f		549	3		
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					128552
ī	Net income (loss) (subtract line 8h from line 8c)	8i					88579
ij	Transfers to (from) the plan (see instructions)	81					
Pa	rt IV Plan Characteristics						
9a b	2E 2F 2G 2J 2K 2R 2T 3D If the plan provides welfare benefits, enter the applicable welfare for						
Par				_	\/		
10	During the plan year:		11		Yes	No	Amount
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	uciary Corr	ection Program)	10a		Х	· · · · · · · · · · · · · · · · · · ·
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х	
C	Was the plan covered by a fidelity bond?			10c	Х		250000
-	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х	
-	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	efits under the plan? (See	10e	Х		869
1	Has the plan failed to provide any benefit when due under the pla	in?		10f		Х	
	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	Х		19573
	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		х	
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			
Par	t VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	nents? (If "	Yes," see instructions and com	plete	Sche	dule SE	3 (Form Yes No
11	a Enter the amount from Schedule SB line 39					11a	
12						302 of	ERISA? Yes X No
59 	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	77	12000 94				
- 6	If a waiver of the minimum funding standard for a prior year is bei	ng amortiz	ed in this plan year, see instru		, and	enter th Day	ne date of the letter ruling Year
	f you completed line 12a, complete lines 3, 9, and 10 of Schedu						
	Enter the minimum required contribution for this plan year					12b	

	Form 5500-SF 2012 Page 3 -				
С	Enter the amount contributed by the employer to the plan for this plan year	12	С		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount).		d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Ye	s 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 🛛	X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13	a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought und of the PBGC?			_ Y	es X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pwhich assets or liabilities were transferred. (See instructions.)	plan(s) to			
//	13c(1) Name of plan(s):	13c(2) EIN(s)	130	(3) PN(s)
Part	VIII Trust Information (optional)				
				EIN	