## 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** 

Parti	Annual Report	t identification information	1						
For calend	dar plan year 2014 or t	fiscal plan year beginning 01/01/2	2014	and ending 12/	/31/2014				
A This re	eturn/report is for:	a single-employer plan		plan (not multiemployer) ( loyer information in accord					
		a one-participant plan	a foreign plan						
<b>B</b> This ret	turn/report is	the first return/report	the final return/repor	t					
	an amended return/report a short plan year return/report (less than 12 months)								
C Check	box if filing under:	Form 5558	automatic extension	ı	DFVC p	orogram			
		special extension (enter desc	cription)						
Part II	Basic Plan Info	ormation—enter all requested ir	nformation						
1a Name MICHAEL J	•	.C 401(K) PROFIT SHARING PLAI	N		<b>1b</b> Three-digi plan numb (PN) ▶				
					1c Effective d				
	sponsor's name and a GIESY, D.M.D., PLLO	ddress; include room or suite numb	per (employer, if for a sing	e-employer plan)	(EIN)	Identification Number 91-2047668			
6004 WEST	GATE BLVD, SUITE 2	210				telephone number 53-752-6630			
	VA 98406-2503					code (see instructions) 621210			
3a Plan a	administrator's name a	and address XSame as Plan Spor	nsor		<b>3b</b> Administra				
					<b>3c</b> Administra	ator's telephone number			
		ne plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b EIN				
	e, Elin, and the plan ht sor's name	umber from the last return/report.			4c PN				
		s at the beginning of the plan year			5a	10			
		s at the end of the plan year			5b	11			
C Numb	per of participants with	account balances as of the end of	f the plan year (defined be	nefit plans do not	5c				
	,	articipants at the beginning of the p			5d(1)				
<b>d(2)</b> To	tal number of active p	articipants at the end of the plan ye	ear		5d(2)				
<b>e</b> Numbe	er of participants that	terminated employment during the	plan year with accrued be	nefits that were	5e	(			
Under pen SB or Sch	nalties of perjury and o	e or incomplete filing of this return other penalties set forth in the instru- and signed by an enrolled actuary, applete.	ictions, I declare that I hav	re examined this return/rep	oort, including, if a	applicable, a Schedule			
SIGN		d/valid electronic signature.	07/22/2015	MICHAEL J. GIESY					
HERE	Signature of plan	administrator	Date	Enter name of individu	ual signing as pla	ın administrator			
SIGN									
HERE	Signature of empl	over/plan enemeer	Date	Enter name of individu	ual signing as am	nlavar ar nlan ananaar			
		Oyer/piari Sporisor	Date	Litter Harrie of Hurvius	uai signing as cin	ipioyer or plan sponsor			
Preparer's		name, if applicable) and address (i				phone number (optional)			

	Form 5500-SF 2014		Page <b>2</b>						
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 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	an indepe and condit	ndent qualified public accounta	int (IQ	PA)			X Ye	
С	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40	)21)?		Yes	No	Not dete	ermined
Par	t III Financial Information	1			-				
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End		
	Total plan assets	7a	16862	209				1750	343
	Total plan liabilities	7b	16066	200				1750	242
	Net plan assets (subtract line 7b from line 7a)	7c	16862	209				1750	1343
	Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amount				(b) T	otal	
	(1) Employers	8a(1)	699	915					
	(2) Participants	8a(2)	580	)72					
	(3) Others (including rollovers)	8a(3)	99	980					
b	Other income (loss)	8b	890	)93					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						227	060
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1553	340					
	Certain deemed and/or corrective distributions (see instructions)	8e							
	Administrative service providers (salaries, fees, commissions)	8f	75	586					
	Other expenses	8g							
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						162	926
	Net income (loss) (subtract line 8h from line 8c)	8i						64	134
	Transfers to (from) the plan (see instructions)	8i							
Par	IV Plan Characteristics		•						
b Part	If the plan provides welfare benefits, enter the applicable welfare for V Compliance Questions	eature cod	les from the List of Plan Charad	cterist	tic Cod	les in t	he instruction	ons:	
10	During the plan year:				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 Fidure)	ıciary Cor	rection Program)	10a		X			
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Χ			
С	Was the plan covered by a fidelity bond?			10c	X				250000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Χ			
e	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 ber	efits under the plan? (See	10e	X				956
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10g	X				11898
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					
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Ye	s No
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	lule SB (Form 5500) line 39			11a			_
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	or se	ection	302 of	ERISA?	Ye	s X 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 beir granting the waiver.	-			, and 6	enter th Day		ie letter r Year	uling

	Form 5500-SF 2014	Page <b>3</b> - 1			
lf :	ou 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)	-	1 124		
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	
	If "Yes," enter the amount of any plan assets that reverted to the employer the	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		inder the control		Yes 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 th	e plan(s) to		
1	3c(1) Name of plan(s):		<b>13c(2)</b> EI	N(s)	<b>13c(3)</b> PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

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

2014

OMB Nos. 1210-0110 1210-0089

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For calendar p						
	lan year 2014 or fiscal plan	year beginning	01/01/2014	and ending	12/31/2	2014
A This return		ngle-employer plan		lan (not multiemployer) yer information in accor		
		ne-participant plan	a foreign plan	yer imormation in accord	dance with the form	ii iiistructions)
B This return		first return/report	the final return/report			
	ana	mended return/report	H	n/report (less than 12 m	onths)	
C Check box	if filing under:	m 5558	automatic extension		DFVC pr	ogram
	spe	cial extension (enter desc	cription)		_	
Part II	Basic Plan Informatio	In enter all requested in	aformation			
1a Name of		11—cittei all requesteu il	normation		1b Three-digit	1
		PLLC 401(k) P	rofit Sharing Pla	an	plan numbe	
					1c Effective da 01/01/1	ite of plan 993
<b>2a</b> Plan spor MICHAEL	sor's name and address; in J. GIESY, D.M.D.,	clude room or suite numb	per (employer, if for a single	-employer plan)	2b Employer Id (EIN) 91-	lentification Number 2047668
6004 WES	TGATE BLVD, SUITE	E 210				elephone number
						ode (see instructions)
TACOMA	WA	98406-25			621210	,
3a Plan adm	nistrator's name and addres	SS XSame as Plan Spor	ISOF.		3b Administrate	or's EIN
A 1511					Administrate	or's telephone number
4 If the nam	ie ang/or ⊨in of the blan sp	onsor has changed since				
	N, and the plan number from	n the last return/report.	the last return/report filed f	or this plan, enter the	4b EIN	
<b>a</b> Sponsor's	N, and the plan number from name	m the last return/report.			4c PN	1/
a Sponsor's  5a Total nun	N, and the plan number from name nber of participants at the be	m the last return/report.		_	4c PN 5a	
<ul><li>a Sponsor's</li><li>5a Total num</li><li>b Total num</li><li>c Number of</li></ul>	N, and the plan number from name about the base of participants at the base of participants at the end for participants with account of the plan number from the pl	eginning of the plan year and of the plan year who are the plan year	the plan year (defined bene	efit plans do not	4c PN 5a 5b	11
<ul><li>a Sponsor's</li><li>5a Total nun</li><li>b Total nun</li><li>c Number of complete</li></ul>	N, and the plan number from name about the base of participants at the base of participants at the error participants with account this item)	eginning of the plan year and of the plan year balances as of the end of	the plan year (defined bene	efit plans do not	4c PN 5a 5b 5c	1:
a Sponsor's  5a Total num  b Total num  c Number of complete  d(1) Total num	N, and the plan number from name of participants at the best of participants at the end of participants with account this item)	eginning of the plan year and of the plan year balances as of the end of the beginning of the p	the plan year (defined bendalan year	efit plans do not	4c PN 5a 5b 5c 5d(1)	10
a Sponsor's  5a Total nun  b Total nun  c Number of complete d(1) Total nun  d(2) Total r	N, and the plan number from name  ther of participants at the best per of participants at the error participants with account this item)  umber of active participants  umber of active participants	eginning of the plan year and of the plan year balances as of the end of the beginning of the plan year at the beginning of the plan year the end of the plan year	the plan year (defined beno plan year	efit plans do not	4c PN 5a 5b 5c 5d(1) 5d(2)	10
a Sponsor's  5a Total num  b Total num  c Number of complete d(1) Total num  d(2) Total rum  e Number of	N, and the plan number from name  ther of participants at the best per of participants at the error participants with account this item)  umber of active participants  umber of active participants	eginning of the plan year and of the plan year abalances as of the end of the beginning of the plan year at the beginning of the plan year at the end of the plan year demployment during the	the plan year (defined bene plan yearearearearearplan year with accrued bene	efit plans do not	4c PN 5a 5b 5c 5d(1)	10
a Sponsor's  5a Total num  b Total num  c Number of complete  d(1) Total num  d(2) Total num  e Number of less than  Caution: A po	N, and the plan number from name  aber of participants at the beather of participants at the end participants with account this item)  umber of active participants  participants that terminated 100% vested	eginning of the plan year and of the plan year balances as of the end of the beginning of the plan year at the end of the plan year at the end of the plan year demployment during the employment during the	the plan year (defined bene plan year plan year with accrued bene rn/report will be assessed	efit plans do not  efits that were  unless reasonable cau	4c PN 5a 5b 5c 5d(1) 5d(2) 5e see is established	10 11 11 11 11 11 11 11 11 11 11 11 11 1
a Sponsor's  5a Total num  b Total num  c Number of complete  d(1) Total num  d(2) Total num  e Number of less than  Caution: A per  Under penaltic  SB or Schedu	N, and the plan number from name  ther of participants at the best of participants at the ender of participants with account this item)  umber of active participants  participants that terminated to the participants that terminated to the participants of perjury and other penale of the penale of	eginning of the plan year and of the plan year and of the plan year and of the plan year at the beginning of the plan year at the end of the plan year at the end of the plan year at the end of the plan year and employment during the analysis at the end of this return the filling of this return the set forth in the instru	the plan year (defined bene plan year earplan year with accrued bene	efit plans do not efits that were unless reasonable cau	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if ac	1:
a Sponsor's  5a Total num  b Total num  c Number of complete  d(1) Total num  d(2) Total num  e Number of less than  Caution: A pounder penaltic SB or Schedulelief, it is true	N, and the plan number from name  ther of participants at the best participants at the end participants with account this item)  umber of active participants  participants that terminated the participants and the participants at th	eginning of the plan year and of the plan year and of the plan year and of the plan year at the beginning of the plan year at the end of the plan year at the end of the plan year at the end of the plan year and employment during the analysis at the end of this return the filling of this return the set forth in the instru	the plan year (defined beneally the plan year	efit plans do not efits that were unless reasonable cau examined this return/report	4c PN 5a 5b 5c 5d(1) 5d(2) 5e see is established port, including, if applications and to the best of	1:
a Sponsor's  5a Total num  b Total num  c Number of complete  d(1) Total num  d(2) Total num  e Number of less than  Caution: A per  Under penaltic SB or Schedu belief, it is true  SIGN  HERE	N, and the plan number from name aber of participants at the beautier of participants at the enditor of participants with account this item)	eginning of the plan year and of the plan year and of the plan year and of the plan year at the beginning of the plan year at the end of the plan year.	the plan year (defined beneater) plan year with accrued beneater plan year with accrued beneater) pri/report will be assessed actions, I declare that I have as well as the electronic ver	efit plans do not  efits that were  unless reasonable cau examined this return/report	4c PN 5a 5b 5c 5d(1) 5d(2) 5e see is established port, including, if aport, and to the best of the set of the	1: 9 8 0 1. oplicable, a Schedule f my knowledge and
a Sponsor's  5a Total num  b Total num  c Number of complete  d(1) Total num  d(2) Total num  e Number of less than  Caution: A pour  Under penaltic SB or Schedu belief, it is true  SIGN  HERE  S	N, and the plan number from name  ther of participants at the best of participants at the ender of participants with account this item)  umber of active participants  participants that terminated to the participants that terminated to the participants of perjury and other penale of the penale of	eginning of the plan year and of the plan year and of the plan year and of the plan year at the beginning of the plan year at the end of the plan year.	the plan year (defined beneally the plan year	efit plans do not efits that were unless reasonable cau examined this return/report	4c PN 5a 5b 5c 5d(1) 5d(2) 5e see is established port, including, if aport, and to the best of the set of the	1: 1: () () () () () () () () () () () () ()
a Sponsor's  5a Total num  b Total num  c Number of complete  d(1) Total num  d(2) Total num  e Number of less than  Caution: A pot Under penaltic SB or Schedu belief, it is true  SIGN HERE  SIGN HERE	N, and the plan number from name aber of participants at the base of participants at the enditor of participants with account this item)	eginning of the plan year and of the plan year and of the plan year and of the plan year at the beginning of the plan year at the beginning of the plan year at the end of the plan year.	the plan year (defined beneated by the plan year with accrued beneated by the plan year will be assessed actions, I declare that I have as well as the electronic verification.	efit plans do not  efits that were  unless reasonable cau examined this return/report  Michael J. Gi Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e see is established port, including, if aport, and to the best of the sest of the ses	1: 1: 
a Sponsor's  5a Total num  b Total num  c Number of complete  d(1) Total num  d(2) Total num  e Number of less than  Caution: A port  Under penaltic SB or Schedu belief, it is true  SIGN HERE SIGN HERE S	N, and the plan number from name  aber of participants at the beather of participants at the end of participants with account this item)  umber of active participants  umber of active participants  participants that terminated  100% vested  unalty for the late or incomes of perjury and other penale  MB completed and signed  correct, and complete.	eginning of the plan year and of the plan year abalances as of the end of at the beginning of the plan year at the end of the plan year.	rthe plan year (defined beneater) plan year with accrued beneater plan year will be assessed actions, I declare that I have as well as the electronic very plate  Date	efit plans do not  efits that were  unless reasonable cau examined this return/re sion of this return/report  Michael J. Gi Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e see is established port, including, if aport, and to the best of the sest of the ses	1: 1: bplicable, a Schedule f my knowledge and administrator
a Sponsor's  5a Total num  b Total num  c Number of complete  d(1) Total num  d(2) Total num  e Number of less than  Caution: A port  Under penaltic SB or Schedu belief, it is true  SIGN HERE SIGN HERE S	N, and the plan number from name  aber of participants at the beather of participants at the end of participants with account this item)  umber of active participants  umber of active participants  participants that terminated  100% vested  unalty for the late or incomes of perjury and other penale  MB completed and signed  correct, and complete.	eginning of the plan year and of the plan year abalances as of the end of at the beginning of the plan year at the end of the plan year.	the plan year (defined beneated by the plan year with accrued beneated by the plan year will be assessed actions, I declare that I have as well as the electronic verification.	efit plans do not  efits that were  unless reasonable cau examined this return/re sion of this return/report  Michael J. Gi Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e see is established port, including, if aport, and to the best of the sest of the ses	1: 1: 

Form	5500	-SF	201	4

Page 2

<b>b</b> Are you cla	the plan's assets during the plan year invested in eligitiming a waiver of the annual examination and report of	an independe	ent qualified public accounta	ant (IC	(APC				Yes	☐ No
If you ans	FR 2520.104-46? (See instructions on waiver eligibility vered "No" to either line 6a or line 6b, the plan can	and condition n <b>ot use Form</b>	s.) 5500-SF and must instea	nd use	Forn	5500		X	Yes	∐ No
	s a defined benefit plan, is it covered under the PBGC i							Not d	etern	nined
Part III Fin	nancial Information								_	
7 Plan Assets	and Liabilities	N 19-111	(a) Beginning of Ye	ar	Т		(b) Enc	of Yea	r	
a Total plan a	ssets	. 7a		8620	09		(10) =110	01 100		50343
	abilities									
C Net plan as	sets (subtract line 7b from line 7a)	. 7c	16	8620	9				17	50343
8 Income, Ex	penses, and Transfers for this Plan Year		(a) Amount				(b)	Total		
	ns received or receivable from:					0.7	1=7			
	ers			6991	L5		100			
52 CONTRACT NAME OF THE PARTY O	ants			5807	-				_	
	(including rollovers)			998						
-	ne (loss)	<del></del>		8909	93	NI.				
	e (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1.5					2	27060
d Benefits pai	d (including direct rollovers and insurance premiums enefits)	. 8d	1	5534	10					
	med and/or corrective distributions (see instructions)	. 8e			-	115		-		_
	ve service providers (salaries, fees, commissions)			758	36	-	- 10			
	ises				,,,		-			
	ses (add lines 8d, 8e, 8f, and 8g)				+					
	(loss) (subtract line 8h from line 8c)	_							_	62926
	(from) the plan (see instructions)							01 21 2	-	64134
	an Characteristics	- 8j				0 11				700
	provides welfare benefits, enter the applicable welfare f	eature codes	from the List of Plan Chara	cterist	ic Cod	es in t	he instruct	ions:		
1.5	ppliance Questions									
	a failure to transmit to the plan any participant contribu	.41 a.m	and the second and the second	r	Yes	No		Amou	nt	
29 CFR 2	510.3-102? (See instructions and DOL's Voluntary Fid	itions within thuciary Correct	ion Program)	10a		X				
<b>b</b> Were there	e any nonexempt transactions with any party-in-interes	t? (Do not incl	ude transactions reported	10b		х				
C Was the p	lan covered by a fidelity bond?			10c	х				25	50000
d Did the pla or dishone	n have a loss, whether or not reimbursed by the plan's sty?	fidelity bond,	that was caused by fraud	10d		х				
insurance	fees or commissions paid to any brokers, agents, or ot service, or other organization that provides some or all s.)	of the benefit	s under the plan? (See	10e	х					956
f Has the pl	an failed to provide any benefit when due under the pla	n?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10f		х				
g Did the pla	n have any participant loans? (If "Yes," enter amount a	s of vear end.	). 1000000000000000000000000000000000000	10g	Х					11898
h If this is an	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			10g		Х			Y	A 116
If 10h was	answered "Yes," check the box if you either provided to providing the notice applied under 29 CFR 2520.10	he required no	otice or one of the	101			13.5			
Part VI Pens	sion Funding Compliance									
11 Is this a de 5500) and	fined benefit plan subject to minimum funding requirem line 11a below)	ents? (If "Yes	," see instructions and com	plete	Sched	ule SB	(Form	П	es [	No
	npaid minimum required contribution for current year fo					11a				
12 Is this a de	offined contribution plan subject to the minimum funding complete line 12a or lines 12b, 12c, 12d, and 12e below	requirements	of section 412 of the Code	-	_	302 of	ERISA?	Y	'es	X No
	of the minimum funding standard for a prior year is being			ctions	and e	nter th	e date of t	he letter	rulin	
granting the	e waiver		Mon	th		Day		Year _	. 4411	

	Form 5500-SF 2014	Page <b>3 -</b>				
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (F	orm 5500), and skip to line 13.				
	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	r		12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the res negative amount)			12d		
е	Will the minimum funding amount reported on line 12d be met by the fund				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?				res X No	
	If "Yes," enter the amount of any plan assets that reverted to the employe	r this year		13a		***
b	Were all the plan assets distributed to participants or beneficiaries, transfe of the PBGC?	erred to another plan, or brought unde	r the c	ontrol		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this which assets or liabilities were transferred. (See instructions.)					
1	3c(1) Name of plan(s):		13	c(2) El	N(s)	13c(3) PN(s)
	VIII Trust Information (optional)					
14a :	Name of trust		1	14b ⊺ı	ust's EIN	