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 section 6058(a) of the Internal Revenue Code (the Code).

1210-0089

2010

OMB Nos. 1210-0110

This Form is Open to Public Inspection

	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance wit	h the instructions to the Form 5500	0-SF.	1
		dentification Information				
For	calendar plan year 2010 or fisc	al plan year beginning 01/01/201	0	and ending 1	2/31/2	2010
Α.	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan
В	This return/report is for:	first return/report	final retur	n/report		
		an amended return/report	short plar	n year return/report (less than 12 mor	nths)	
C	Check box if filing under:	X Form 5558	automatio	extension		DFVC program
		special extension (enter description	on)			
Pa	rt II Basic Plan Infor	mation—enter all requested inform	ation			
1a	Name of plan				1b	Three-digit
JEFF	REY W. DONESKEY, DMD 40	1(K) PLAN				plan number 001
					4 -	(PN)
					1C	Effective date of plan 01/01/2006
2a	Plan sponsor's name and addr	ress (employer, if for single-employer	· plan)		2b	Employer Identification Number
	REY W. DONESKEY, DMD		,			(EIN) 42-1543492
1200	- 116TH AVE. N.E., SUITE C				2c	Plan sponsor's telephone number 425-646-6409
	EVUE, WA 98004				2d	Business code (see instructions)
						621210
3a JEFF	Plan administrator's name and REY W. DONESKEY, DMD	address (if same as Plan sponsor, e	enter "Same H AVE. N.E	e") E., SUITE C	3b	Administrator's EIN 42-1543492
	,	BELLEVUE,	WA 98004		3c	Administrator's telephone number
						425-646-6409
	•	an sponsor has changed since the la er from the last return/report. Sponso		port filed for this plan, enter the	4b	EIN
	iamo, Em, and mo plan namo	or ment and lade retain property. Openies	51 0 Hairio		4c	PN
5a	Total number of participants a	t the beginning of the plan year			5a	3
b	Total number of participants a	t the end of the plan year			5b	3
С	•	rith account balances as of the end o		•	5c	3
62	•	Auring the plan year invested in eligib		(See instructions.)		X Yes No
	•			ndent qualified public accountant (IQI		
-				ions.)		X Yes No
			orm 5500-	SF and must instead use Form 550	00.	
Pa	rt III Financial Inform	ation				
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year
а	Total plan assets		. 7a	428138	3	507803
b	Total plan liabilities		. 7b			
С	Net plan assets (subtract line	7b from line 7a)	. 7c	428138	3	507803
8	Income, Expenses, and Trans			(a) Amount		(b) Total
а	Contributions received or rece (1) Employers	ivable from:	. 8a(1)	39671		
	, , , ,		` '	39769)	
	• •	:)				
b	Other income (loss)	,		225	5	
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	8c			79665
d	Benefits paid (including direct	rollovers and insurance premiums	. 8d			
е		tive distributions (see instructions)				
f		rs (salaries, fees, commissions)				
g						
h	·	8e, 8f, and 8g)				
i		e 8h from line 8c)				79665
j		ee instructions)				

	Form 5500-SF 2010 Page 2-				
ar	IV Plan Characteristics				
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara	cterist	tic Co	des in	the instructions:
	2A 2E 2H 2J 3D				
)	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics.	cteristi	ic Cod	des in t	the instructions:
art	V Compliance Questions				
)	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		X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
С	Was the plan covered by a fidelity bond?	10c		X	
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		X	
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		Χ	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h			
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			
rt	VI Pension Funding Compliance				
l	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))				
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or sec	ction 3	302 of I	ERISA? Yes No
	(If "Yes," complete 12a or 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 instruct granting the waiver				
lf y	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	
С	Enter the amount contributed by the employer to the plan for this plan year			12c	

Part VII Plan Terminations and Transfers of Assets

Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?....

e Will the minimum funding amount reported on line 12d be met by the funding deadline?.....

If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a

13c(1) Name of plan(s):
13c(2) EIN(s)
13c(3) PN(s)

12d

Yes

No

Yes

Yes X No

N/A

No

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	10/13/2011	JEFFREY W. DONESKEY
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form 5500-SF

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Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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Complete all entries in accordance with the instructions to the

OMB Nos. 1210-0110 1210-0089

2010

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33	Annual Report	Identification Information	100-	the machenois to the Form 5	000-SF	· 	102
Fo	r calendar plan year 2010 or fis	cal plan year beginning		and ending			
A	This return/report is for:	Single-employer plan	□ multiple	e-employer plan (not multiemployer)			
В	This return/report is for:	first return/report		turn/report		one-participa	ant plan
18		an amended return/report	=	an year return/report (less than 12 m			
C	Check box if filing under:	Form 5558		tic extension	onins)	-	
		special extension (enter descrip	The property of the Control of the C	W CATCHERON		DFVC progra	am
P	artif Basic Plan Infor	rmation—enter all requested infor	mation		<u> </u>	H-1	7 7
1a	Name of plan	one on requested into	madon		131		·
JEF	FREY W. DONESKEY, DMD 4	01(K) PLAN			1b	Three-digit	
						(PN)	001
					1c	Effective date of	fplan
2a	Plan sponsor's name and add	ress (employer, if for single-employer	20			01/01/2	006
JEF	PREY W. DONESKEY, DMD	Tool (amproyer, it for angle-employe	≇r pian)		2b	Employer Identif	ication Number
1200	A STUANT NO DUME A			3	20	15-11/	elephone number
BELL) - 116TH AVE. N.E., SUITE C LEVUE WA 98004					425-646	3-6409
					2d	Business code (s	see instructions)
3a	Plan administrator's name and	l address (if same as Plan sponsor,	enter "San	ne")		621210	
SAM	E		. 30 ATOMOS	•	30	Administrator's E 42-1543	:IN -492
					3с	Administrator's te	elephone number
4 1	f the name and/or EIN of the pl	an sponsor has changed since the I	ast return/r	sport filed for this plan, enter the	4b	425-646 EIN	-6409
	name, cha, and the plan numbe	er from the last return/report. Spons	ors name			· · · · · · · · · · · · · · · · · · ·	
5a	Total number of participants a	t the beginning of the plan year			4c	PN	
ь	Total number of participants a	t the end of the plen year	*********		5a		3
¢	Total number of participants w	ith account balances as of the end of	of the star		5b		3
	complete this item)	account balances as of the end (or the plan	year (defined benefit plans do not	5c		3
6a	vvere all of the plan's assets of	during the plan year invested in eligi	hie assets?	/Sap ineterations \			
							Yes No
		Occ manactions on waive entiting	HUG CODGE	lidne 1		***********	Yes No
	THI Financial Informa		orm 5500	SF and must instead use Form 550	0.	999	
	Plan Assets and Liabilities	7744	1				
		#1		(a) Beginning of Year	4	(b) End or	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- A	428138	┼_	•	507803
		b from line 7a)		428138	4		
8	Income, Expenses, and Transf	ers for this Plan Year	. <u>7</u> c	7	-		507803
	Contributions received or recei	vable from;	-	(a) Amount	-	(b) Tot	al
			. 8a(1)	39671			200
		***************************************	8a(2)	39769	1		
1	(3) Others (including rollovers)	i	8a(3)				140 (A) (A) (A)
Ь	Other Income (loss)		8b	225	1		161
C .	Total income (add lines 8a(1), (8e(2), 8a(3), and 8b)	8¢		1		79665
d !	Benefits paid (including direct party)	ollovers and insurance premiums	<u> </u>			•	7,0000
8 (Certain deemed and/or correct	ve distributions (see instructions)	8d				
f	Administrative engine providen	ve distributions (see Instructions)	80		l	si .	
		s (salaries, fees, commissions)	18	-			
h 1	Fotal expenses /add lines 64 o	a Of and 0-1	<u>8g</u>	* 55			2.6]
1 1	Vet income //ass/ /a:	e, 8f, and 8g)	8h				
i 7	real mounts (1988) (SUBTRACT line	8h from line 8c)	8i_		68 60		79665
		e instructions)	8]			17 P	

24.75				
Form	EEAA	CF	2041	n
COUL	DOME	-70	21111	3

	_
Dann 7	4
Page 2-	- 13

	1 0/1/1 0000-3F 2010	Page 2- 1			
Par	Plan Characteristics				-
9a	If the plan provides pension benefits, enter the applicable pe 2A ZE 2H 2J 3D	Asion feature codes from the List of Plan Ch	250 atad	-:	
b	ZA ZE ZH ZJ 3D	and and of their or	ai acteri	stic Codes in	the instructions:
	If the plan provides welfare benefits, enter the applicable wel	fare feature codes from the List of Plan Cha	eracteris	tic Codes In	the instructions:
Pan					
10	During the plan year:			Yes No	
a	Was there a failure to transmit to the plan any participant cor	ntributions within the time period described i	n	Yes No	Amount
þ	Were there any nonexempt transactions with any party in int	Process (Paramate Annual Program)	124	X	
C	on line 10a.) Was the plan covered by a fidelity bond?		10b	X	
d	Did the plan have a loss whether or not reimburged by the	Invelo E I Pro to the control of the	10c	X	
e	4	12.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.	10d	_ x	
_	Were any fees or commissions paid to any brokers, agents, a insurance service or other organization that provides some or instructions.)			x	
f	Has the plan falled to provide any benefit when due under the	e plan?	100		· · · · · · · · · · · · · · · · · · ·
9	Did the plan have any participant loans? (If "Yes," enter amou	int or of year and)	101	×	
h	If this is an individual account plan, was there a blackout peri 2520.101-3.)	049 (Dag last 11	10g	X	
	I TUI WAS diswelled Yes. Check the hoy it vall either crowled	od the	10h		
Part 1	exceptions to providing the notice applied under 29 CFR 252	7.101-3	10i		
11	s this a defined benefit plan subject to minimum funding				
	s this a defined benefit plan subject to minimum funding requision)				
12	Is this a defined contribution plan subject to the minimum fun-	ling requirements of section 412 of the O	***********	•••••	Yes No
	If "Yes," complete 12s or 12b, 12c, 12d, and 12e below, as a	3	e or sect	ion 302 of EF	RISA? Yes X No
2	f a waiver of the chinimum 4 time second at 6	pplicable.)			
94.	f a waiver of the minimum funding standard for a prior year is transing the waiver.	being amortized in this plan year, see instru	ctions a	nd enter the	dota at the telescope
15	granting the waiver.	Mor	ith	Hall salita on	oate of the letter ruling
(1 00)	the street street with street to the street	QUIB MB (PORM 5500), and skin to line 12		W-2-200	Year
D	nter the minimum required contribution for this plan year			12b	
	riter the amount contributed by the employer to the plan for ti	tin nian wee-		12c	
ň	egative amount)	nter the result (enter a minus sign to the left	of a	12d	
E V	viii the minimum funding amount reported on line 12d be met	by the funding deadline?			Yes I No I N/A
- dettir A	Figure 1 reminations and Transfers of Asset	S		1 1000	Yes No N/A
13a ⊦	as a resolution to terminate the plan been adopted during the	plan year or any prior year?			
- 11	_res, enter the amount of any plan assets that reverted to the	d amplayor this			Yes X No
٥	the PBGC?	nes, transferred to another plan, or brought i	under (he	control	
100	during this plan year, any assets or liabilities were transferred hich assets or liabilities were transferred. (See instructions.)	from this plan to another plan(s), identify tr	e plan(e)) to	∐ Yes ☒ No
	(1) Name of plan(s):				
				13c(2) EIN(s)	13c(3) PN(s)
Caution	: A penalty for the late or lac-		and the second state of	99.6	
Under n	: A penalty for the late or incomplete filling of this return/	eport will be assessed unless reasonable	e cause i	s establishe	d.
SB or So bellef, it	enalties of perjury and other penalties set forth in the instruction the penalties set forth in the instruction of the penalties set forth in the instruction of the penalties o	ons, I declare that I have examined this returner well as the electronic version of this returner	m/report. eport, and	Including, If a	applicable, a Schedule of my knowledge and
SIGN HERE	() James	JOLIZ JI JEFFREY W. DO			
	Signature of ptan administrator	Date Enter name of inc	ilvidual si	igning as plar	administrator
SIEN HERE	Signature of employer/plan sponsor				
		Date Enter name of inc	lividual si	gning as emp	loyer or plan sponsor
				in the second	