## 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).

1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

P		dance witl	n the instructions to the Form 5500	-SF.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	art I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending 12	2/31/2	011 <del>-</del>		
Α	This return/report is for:	a multiple	-employer plan (not multiemployer)	L	a one-particip	ant plan	
В	This return/report is: the first return/report	the final r	eturn/report				
	an amended return/report	a short pla	n year return/report (less than 12 mo	nths)			
C	Check box if filing under:	automatic	extension	Ī	DFVC progra	m	
_	special extension (enter descriptio	n)		L			
Ps	Irt II Basic Plan Information—enter all requested information	,					
	Name of plan	ation		1h	Three-digit		
	REY W. DONESKEY, DMD 401(K) PLAN				plan number		
					(PN) <b>▶</b>	001	
				1c	Effective date of	•	
					01/01/	/2006	
	Plan sponsor's name and address; include room or suite number (er REY W. DONESKEY, DMD	mployer, if	for a single-employer plan)		Employer Identif		r
OL: I	NET W. BONEOKET, BIND		<u> </u>		(=114)		
				2C	Sponsor's telept		
	- 116TH AVE. N.E., SUITE C EVUE, WA 98004		-	2d	Business code (		c)
DELL	2.02, 111.00004			Zu	62121		3)
3a	Plan administrator's name and address (if same as plan sponsor, er	nter "Same	3")	3b /	Administrator's E	ΞIN	
	REY W. DONESKEY, DMD 1200 - 116TH	AVE. N.E				43492	
	BELLEVUE, V	WA 98004		3c	Administrator's t		ber
	If the many and/on FIN of the mine account has also and aims the la			46	425-646	0-6409	
4	If the name and/or EIN of the plan sponsor has changed since the laname, EIN, and the plan number from the last return/report.	asi return/	report filed for this plan, enter the	4b	EIN		
а	Sponsor's name			4c	PN		
5a	Total number of participants at the beginning of the plan year			5a			3
b	Total number of participants at the end of the plan year		F	5b			3
С	Number of participants with account balances as of the end of the p	olan vear (	defined benefit plans do not				
	complete this item)	• (	•	5c			3
6a	Were all of the plan's assets during the plan year invested in eligibl	e assets?	(See instructions.)			X Yes	No
b	Are you claiming a waiver of the annual examination and report of a					V von □	No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either 6a or 6b, the plan cannot use Fo					X Yes	No
Pa	rt III Financial Information	JIII 3300-	or and must mistead use Form 330	<u>u.</u>			
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Voor	
a	Total plan assets	7a	507803		(b) Liid	579146	
h	Total plan liabilities						
C	Net plan assets (subtract line 7b from line 7a)	7c	507803			579146	
8	Income, Expenses, and Transfers for this Plan Year	, ,,			(b) T	'otal	
а	Contributions received or receivable from:		(a) Amount		(b) T	otai	
_	(1) Employers	8a(1)	33965				
	(2) Participants	8a(2)	37316				
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	62				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				71343	
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				71343	
_ j	Transfers to (from) the plan (see instructions)	8j					
				_			_

Form	5500	-SE	201	•

Page 2 -	1		
----------	---	--	--

Part IV	Plan	Charac	teristics
railiv	ı Fiaii	Charac	teristics

- 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes 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 Characteristic Codes in the instructions:

		Yes	No		Δn	nount	
During the plan year:  Was there a failure to transmit to the plan any participant contributions within the time period described in	$\Box$					ilouiit	
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported			X				
on line 10a.)	10b						
Was the plan covered by a fidelity bond?	10c		X				
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				
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				
Has the plan failed to provide any benefit when due under the plan?	10f		X				
Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10a		Χ				
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	iug						
2520.101-3.)	10h		X				
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						
t VI Pension Funding Compliance							
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor	malata						
to the a defined perion plan eduject to minimum tanding requirements. (ii 100, 000 metractions and con	inpiete :	Sched	ule SE	3 (Form	ī	_	_
5500))	•			•		Yes	ᆂ
· · · · · · · · · · · · · · · · · · ·	·······			······		Yes	+
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod	·······			······		-	ᆂ
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	le or se	ction 3	 302 of	ERISA?	 ? [	Yes	s X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	le or se	ction 3	302 of	ERISA?	 ? [ of the	Yes	s X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver.	le or se uctions,	ction 3	302 of	ERISA?	 ? [ of the	Yes	s X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver.  Moyou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	le or se uctions, nth	and e	302 of	ERISA?	 ? [ of the	Yes	s X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver.  Moyou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 of Enter the minimum required contribution for this plan year.	le or se uctions, nth	ction 3	nter th	ERISA?	 ? [ of the	Yes	s X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver.  Moyou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13  Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.	le or se uctions, nth	ction 3	302 of Inter the Day	ERISA?	 ? [ of the	Yes	s X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver.  Mo you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	le or se uctions, nth	and e	12b 12c	ERISA?	?   [	Yes	s X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver	le or se uctions, nth	and e	12b 12c	ERISA?	?   [	Yes	uling
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver.  Mor you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?	le or se uctions, nth s.	ction 3	12b 12c	ERISA?	?   [ of the Ye	Yes	uling
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver.  Moyou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13  Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?  VII Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted in any plan year?	le or se uctions, nth t of a	ction 3	12b 12c	ERISA?	?   [	Yes	uling
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver	le or se uctions, nth t of a	and e	12b 12c 12d	ERISA?	?   [ of the Ye	Yes	uling
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver.  Moryou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?  Will Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted in any plan year?	le or se uctions, nth t of a	and e	12b 12c 12d	ERISA?	of the Ye	Yes	uling N
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver	t of a	and e	12b 12c 12d	ERISA?	of the Ye	Yes letter rear	uling N
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver	t of a	and e	12b 12c 12d	ERISA?  ie date  Yes  Yes	of the Ye	Yes	uling N
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver.  Motour completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 center the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)  Will the minimum funding amount reported on line 12d be met by the funding deadline?  Will Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted in any plan year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year.  Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?.  If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	t of a	and e	12b 12c 12d	ERISA?  ie date  Yes  Yes	of the Ye	Yes	uling N

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.	10/11/2012	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

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.

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

	rt I Annual Report Identification Information						
For o	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending 1	2/31/2	011		
Ат	his return/report is for: $\overline{\mathbb{X}}$ a single-employer plan $\Box$	a multiple	employer plan (not multiemployer)		a one-participant plan		
Вт	his return/report is: Ihe first return/report	the final re	eturn/report				
	an amended return/report	a short pla	n year return/report (less than 12 mo	onths)			
C	Check box if filing under: X Form 5558	automatic	extension		DFVC program		
	special extension (enter description	on)			_ · -		
Pa	rt II Basic Plan Information—enter all requested inform	· .	<del></del>		<u> </u>		
L	Name of plan			1b	Three-digit		
	REY W. DONESKEY, DMD 401(K) PLAN				plan number		
				4.	(PN) 001		
				16	Effective date of plan 01/01/2006		
2a JEFF	Plan sponsor's name and address; include room or suite number (e REY W. DONESKEY. DMD	for a single-employer plan)	2b	Employer Identification Number (EIN) 42-1543492			
1200	446TH AVE NE CHITE O			2c	Sponsor's telephone number 425-646-6409		
	- 116TH AVE. N.E SUITE C EVUE WA 98004			2d	Business code (see instructions) 621210		
3a SAMI	Plan administrator's name and address (if same as plan sponsor, e	nler "Same	")	3b	Administrator's EIN		
				3с	Administrator's telephone number		
4	If the name and/or EIN of the plan sponsor has changed since the name, EIN, and the plan number from the last return/report.	last return/r	eport filed for this plan, enter the	he 4b EIN			
	Sponsor's name			4c	PN		
5a	Total number of participants at the beginning of the plan year	·		5a	3		
b	Total number of participants at the end of the plan year			5b	3		
	Number of participants with account balances as of the end of the complete this item)		-	5c	3		
	Were all of the plan's assets during the plan year invested in eligib				X Yes No		
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and conditi	ons.)		X Yes No		
D-	If you answered "No" to either 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 55	00.	<del></del>		
	rt III   Financial Information	1		$\overline{}$			
7	Plan Assets and Liabilities  Total plan assets	<del></del>	(a) Beginning of Year 507803	+	(b) End of Year 579146		
a b	Total plan liabilities		507000	-	378140		
	Net plan assets (subtract line 7b from line 7a)	7c	507803	-	579146		
	Income, Expenses, and Transfers for this Plan Year	. , , ,	(a) Amount	+	(b) Total		
а	Contributions received or receivable from:				(b) Total		
-	(1) Employers		33965				
	(2) Participants	8a(2)	37316				
	(3) Others (including rollovers)	8a(3)		4			
þ	Other income (loss)		62	+	<del></del>		
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. Bc			71343		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)						
_	Certain deemed and/or corrective distributions (see instructions)			-			
f	Administrative service providers (salaries, fees, commissions)			4			
g	Other expenses.			+	<u> </u>		
h :	Total expenses (add lines 8d, 8e, 8f, and 8g)			+	74040		
l i	Net income (loss) (subtract line 8h from line 8c)	Bi		+	71343		

rar	Ç	Y Plan Characteristics										
	2	the plan provides pension benefits, enter the app A 2E 2H 2J 3D					,				•	
Þ	ij	the plan provides welfare benefits, soler the appl	licable welfare featur	e codes from the Lis	t of Plan Charac	181180	G C00	es nu n	e instruc	uons:		
Part		/ Compliance Questions					:: :					
_~-	***	During the plan year:					Yes	No.		Amo	unt	
10 a		Was there a failure to transmit to the plan any par 29 CFR 2510.3-1027 (See instructions and DOL)	ticipant contributions 's Voluntary Fiducian	within the time pend Correction Program	ed described in	108		х	: ::			
b		Were there any nonexempt transactions with any on line 10a.)	party-in-interest? (Da	not include transac	bons reported	10b		×				
c		Was the plen covered by a fidelity bond?				10c	7118	×			. : : : :	
d		Did the plan have a loss, whether or not reimburs or dishonesty?	ed by the plan's fidel	ity bond, that was ca	used by fraud	10d		х				,
е		Were any fees or commissions paid to any broken insurance service or other organization that provide instructions.)	rs, agents, or other p des some or all of the	ersons by an insurar benefits under the	nce camer; plan? (See	10e		х			<del>.;;.</del>	
f		Has the plan failed to provide any benefit when d	ue under liss plan?		-blessinsin	10f		Х		· · · · · ·	<del></del>	····
q		Did the plan have any participant loans? (If "Yes,"	criter amount as of	year end.)		10g		X				
ĥ		(f this is an individual account plan, was there a b 2520.101-3.)	lackout period? (See	instructions and 29	ÇFR :	10h		x		·		
i		if 10h was answered "Yee," check the box if you exceptions to providing the notice applied under	either provided the re	equired notice or one	of the	101		١.				
Par	-~											
11		Is this a defined benefit plan subject to minimum 5500))	lunding requirements	:? (If "Yes," see Instr	uctions and com	plete	Sche	dule Si	3 (Form			∏ No
12		is this a defined contribution plan subject to the r	minimum funding req	ulrements of section	412 of the Code	Of SI	ection	302 of	ERISA?	. [	Yes	No.
-		ot none * complete 12e or 12h 12e 12d and 12e	nelow, as applicable	e.1 ·								٠.
	1	If a walver of the minimum funding standard for a	prior year is being a	mortized in this plan			end	enter f Day	he date o	f the le	etter rul ar	ing .
H	y	ou completed line 12s, complete lines 3, 9, an	d 10 of Schedule M	B (Form 5500), and	skip to line 13.			120	1			
b	1	Enter the minimum required contribution for this p	olan year		,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			ar hadale			• • • • • • •	
0		Fixer the amount contributed by the employer to	the plan for this plan	year	***************************************			12c		-+ ++ +	·	<del></del>
		Subtract the amount in line 12c from the amount negative amount)	,		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u></u>		124				J
8	Þ	Will the minimum funding amount reported on lin	a 12d be mel by the	funding deadline?			a garee	<u> </u>	Yes		No [	N/A
Par	t	VII Plan Terminations and Transfer	rs of Assets						· .			
13	à	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 tha										
t	)	Were all the plan assets distributed to participant of the PBGC?	ts or beneficiaries, tra	insferred to another	plan, or brought	unde	r (he c	control		. [	Yes	No ⊠
c	:	If during this plan year, any assets or liablifies w which assets or liabilities were transferred. (See	ere transferred from	this plan to another p	plan(s), identify t	ne pl	ən(s) 1	ha .				
	1	3c(1) Name of plan(s):				↓_	1	3c(2) E	iN(a)		13c(3	) PN(s)
	_							5		1		
									· .	<u> </u>	<u> </u>	÷ .
Car	ut	ion: A panalty for the tale or incomplete filing	of this return/repor	will be assessed a	anjesa reasons	ble ca	use i	a estal	bished.			
Uni SB	đe o	or penalties of parjury and other penalties set forth r Schedule MB completed and signed by an enrol f, it is the, ogened, and complete.	in the instructions !	ripcists that I have a	examined this ret	itsen/e	eport.	Includi	no, il acc	licable tty kno	k, a Sch wiedge	edule and
541		VEMBY 1	-	10/10/12	5e+	£	. 1	νİ.	Des	A 200 C	5 Ke	1
S) HE			1	Date	Enter name of			ionino				1
	_		-	:			, <u></u>		1.			
SI				Daie	Enter name of	Indivi	dual s	igning	as emplo	yer or	plan s	onsor