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

2012

This Form is Open to Public Inspection

Pension Be	enerit Guaranty Corporation	▶ Complete all entries in ac	cordance with the instru	ctions to the Form 550	0-SF.			
Part I		Identification Information						
For calenda	ar plan year 2012 or fi	scal plan year beginning 01/01/	2012	and ending 1	2/31/2	2012		
	urn/report is for:	a single-employer plan	H	olan (not multiemployer)		a one-participant plan		
B This ret	urn/report is:	the first return/report	the final return/report					
		an amended return/report	a short plan year retui	rn/report (less than 12 mg	onths)			
C Check I	box if filing under:	X Form 5558	automatic extension			DFVC program		
		special extension (enter descr	iption)					
Part II	Basic Plan Info	rmation—enter all requested inf	ormation					
1a Name	of plan				1b	Three-digit		
JEFFREY W	. DONESKEY, DMD 4	01(K) PLAN				plan number		
					4.	(PN) • 001		
					1C	Effective date of plan 01/01/2006		
2a Plan si	noncor's name and ad	dress; include room or suite numbe	or (omployer if for a single	omployor plan)	2h			
	/. DONESKEY, DMD	aress, include room or suite number	er (employer, il lor a single	-етпрюует ріап)	20	Employer Identification Number (EIN) 42-1543492		
					2c	Sponsor's telephone number		
1200 - 116T	H AVE. N.E., SUITE C					425-646-6409		
BELLEVUE,	WA 98004				2d	Business code (see instructions) 621210		
3a Plan a	dministrator's name ar	nd address XSame as Plan Spons	or Name Same as Pla	n Sponsor Address	3b	Administrator's EIN		
					30	Administrator's telephone number		
						Administrator 3 telephone number		
4 If the r	name and/or EIN of the	e plan sponsor has changed since	he last return/report filed f	or this plan, enter the	4b	EIN		
		mber from the last return/report.						
a Spons					4c			
5a Total r	number of participants	at the beginning of the plan year			5a	3		
b Total r	number of participants	at the end of the plan year			5b	2		
		account balances as of the end of t	. , ,	•	. 5c			
6a Were	all of the plan's assets	s during the plan year invested in e	ligible assets? (See instru	ctions.)		X Yes No		
_		the annual examination and repor						
		? (See instructions on waiver eligib				- -		
lf you	answered "No" to e	ither line 6a or line 6b, the plan c	annot use Form 5500-SF	and must instead use	Form	5500.		
		or incomplete filing of this return						
		her penalties set forth in the instruc						
	true, correct, and com	nd signed by an enrolled actuary, a olete.	s well as the electronic ve	rsion of this return/report	., and i	to the best of my knowledge and		
	· · · · ·			1				
SIGN HERE	Filed with authorized/	valid electronic signature.	10/11/2013	JEFFREY W. DONES	KEY			
HEKE	Signature of plan a	dministrator	Date	Enter name of individu	ual sig	gning as plan administrator		
SIGN								
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individu	ual sig	gning as employer or plan sponsor		
Preparer's		name, if applicable) and address; in				parer's telephone number (optional)		

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Pai	t III Financial Information										
	Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year					
	al plan assets						626864			1	
	Total plan liabilities	7b	0.01.							•	
	Net plan assets (subtract line 7b from line 7a)	7c	57914	146			626864				
	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total					
	Contributions received or receivable from:		(a) Amount				(5) 10	tai			
	(1) Employers	8a(1)	3415	0							
	(2) Participants	8a(2)	3773	31							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	8	85							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						7	71966		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2424	8							
e	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							24248	3	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							47718	3	
j	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2H 2J 3D	feature co	des from the List of Plan Char	acteris	tic Co	odes in	the instruct	ons:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteristi	c Cod	des in t	he instruction	ns:			
Pari	Part V Compliance Questions										
10	During the plan year:				Yes	No		١mo	unt		
а				10a		X		1110	unt		
b		? (Do not i	include transactions reported	10a		X					
	Was the plan covered by a fidelity bond?					X					
<u>c</u>				10c							
d	Did the plan have a loss, whether or not reimbursed by the plan's 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 or	of the bene	efits under the plan? (See			X					
	instructions.)			10e							
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 e	end.)	10g		X					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X					
i	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										
Part	VI Pension Funding Compliance										
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)											
11a	11a Enter the amount from Schedule SB line 39										
12											
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)										
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortize	ed in this plan year, see instru		and (enter th		e let Year		ing	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					Баy		ı c al			
	Enter the minimum required contribution for this plan year	•				12b					
	Table a control of the plant year minimum										

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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

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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

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

QMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Part I	Annual Report	identification in seal plan year beginn	ing 01/01/201	12	and ending 1	2/31/2012	127-00-				
		a single-employ			511072 5350 5314		000 00df-)-	ant what			
	rn/report is for:			a multiple-employer plan	n (not mutuampioyar)	∐ a	one-particip	жи рып			
B This retu	rn/report is:	the first return/n	*** =	the final return/report							
		an amended ret	urn/report	a short plan year return/	report (less than 12 mo						
C Check b	ox if filing under:	∑ Form 5558		automatic extension		Πp	FVC progra	m			
No.		A series of the	n (enter descripti								
Part II	Basic Plan Info	ormation—enter al	requested inform	nation		40					
1a Name o	11 - Mary 1990		ř			1b Thre	2/3/	-			
EFFREY W	, DONESKEY, DMD	401(k) PLAN				(PN	number	001			
					¥		ctive date of	f plan			
						CARLO COMPANIA	01/01/2				
2a Plan sp EFFREY W	onsor's name and a DONESKEY, DMD	ddress; include room	or suite number (employer, if for a single-e	mployer plan)	2b Emp (EIN		fication Number 3492			
	SVV otrorodus, seapricus i do a a a a a a a a	-		-		2c Spo	nsor's Lelepi (425) 641	hone number 6-6409			
	HAVE. N.E., SUITE	C		E		2d Bus		see Instructions)			
38 Plan ac	yva 98004 Iministrator's name s	and address XSame	as Plan Sponsor	Name Same as Plan	Sponsor Address	3b Adm	inistrator's I	alia j			
VQ I MITAL	ininiou atat a mamba	Harritte (1)		["]-=vi u i vi		THE RESERVE		= 11.18			
	26					3c Adm	inistrator's t	telephone number			
						ŀ					
4 If the n	ame and/or EIN of th	ne plan sponsor has o	changed since the	last return/report filed for	r this plan, enter the	4b EIN					
name,	EIN, and the plan n	umber from the last re	tum/report.	NAME							
a Spons	A COUNTY					4c PN					
5a Total	iumber of participant	s at the beginning of	the plan year	//h:::::::::::::::::::::::::::::::::::	***************************************	5a		3			
b Total r	umber of participant	s at the end of the pla	an year	***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5b		2			
				plan year (defined benef		5c		2			
				lble assets? (See instruct			*********	X Yes No			
b Are yo	u claiming a walver	of the annual examin	ation and report o	f an independent qualifier	d public accountant (IQ	PA)	36	₩ v= □ u.			
				y and conditions.) not use Form 5500-SF				X Ass No			
				eport will be assessed t							
				ons, I declare that I have				sahia a Schodula			
SB or Sche	dule MB completed rue, correct, and cor	and signed by an enr	olled actuary, as	well as the electronic vers	siou of this ternuvebou	l, and to the	e best of my	knowledge and			
SIGN	VAID	7		trolofia	XV Jeffier W	J. N	م يا برين	1			
HERE	Signature of plan	administrator	† :	Date							
The Market State of the Control of t	algnature of plan	Bullimistator	1	Date	Eithei Hame of Molylo	ndividual signing as plan administrator					
SIGN						annos resor la					
' 'a. 'A	Signature of emp	loyer/plan sponsor	and address incl	Dale Ude room or suite number	Enter name of individ	luai signing	as employe	er or plan sponsor			
rreparer's	name (including nm	name, ii appiicavie)	and addices, inch	ace toom or some mumber	(opuonal)	Freparer	e reiepnone	number (optional)			
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I						F .					

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Pai	t III Financial Information				1					
7	Plan Assets and Liabilities	. 10.1.	(a) Beginning of Year	5	Ø		(b) End of Year			
a	Total plan assets	7a	579146	579146			626864			
b	Total plan liabilities	7b_			<u> </u>					
C	Net plan assets (subtract line 7b from line 7a)	7c	579146		1	626864				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total			
a	Contributions received or receivable from:	5a(1)	34150							
- 10	(1) Employers	82(2)	37731							
-	(2) Participants	8a(3)	5770,	- 10	1.	o. j.				
	Other income (loss)									
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)									
d	Benefits paid (including direct rollovers and insurance premiums					·	71968			
	to provide benefits)	. 8d	24248		-	14 *y	to the state of th			
e	Certain deemed and/or corrective distributions (see instructions),	. 8e			D see	11 11 m	1			
f	Administrative service providers (salaries, fees, commissions)	, 8f			= (*)					
. 9		. 8g		- 97	9.5					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)				-		24248			
i	Net Income (loss) (subtract line 8h from line 8c)	. 81	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				47718			
I	Transfers to (from) the plan (see instructions)	8)				31.5				
Pa	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension	feature c	odes from the List of Plan Char	cteris	tic Co	des in t	the Instructions:			
b	2A 2E 2H 2J 3D If the plan provides welfare benefits, enter the applicable welfare benefits.	feature co	des from the List of Plan Charac	terist	ic Cod	es in th	e instructions:			
D	If the bight broaters were to be treated and appropriate the second treated and treated and the second treated and tre			774						
Pa	rt V Compliance Questions		5-0000							
10	During the plan year:				Yes	No	Amount			
	Was there a fallure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See Instructions and DOL's Voluntary Fic	luciary Co	rrection Program)	10a		x				
	on line 10a.)	it? (Do no	t include transactions reported	106		x				
	Was the plan covered by a fidelity bond?			10c		Х				
-	d Did the plan have a loss, whether or not reimbursed by the plan'	s fidelity b	ond, that was caused by fraud	10d	1977	x				
i	 Were any fees or commissions paid to any brokers, agents, or o insurance service or other organization that provides some or all instructions.) 	l of the be	nefits under the plan? (See	10e		×				
3	f Has the plan failed to provide any benefit when due under the pl			10f		х				
	g Did the plan have any participant loans? (If "Yes," enter amount			10g		х				
	h If this is an individual account plan, was there a blackout period	? (See ins	tructions and 29 CFR	10h		×				
	2520.101-3.) If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1	the requir	ed notice or one of the	101		Î				
=:		_, ~		1	<u></u>		1.5% (4.31, 3)			
1	rt VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding require	ments? (l	f "Yes," see instructions and cor	nplete	Sche	dule SE	3 (Form			
<u> </u>	5500) and line 11a below)									
_	a Enter the amount from Schedule SB line 39					11a	COURSE Transport			
_1				e or s	ection	30Z of	ERISA? Yes X No			
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling									
1	granting the waiverMonthDay Year If 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	<u> </u>			
	Titlet die mantitum reduites seminanen for the breit Aren week						I			

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	Enter the amount contributed by the employer to	o the plan for this plan year	***************************************	12c		
_ d	Subtract the amount in line 12o from the amount negative amount)	t in line 12b. Enter the result (enter a minus sign to	the left of a	12d		
6	Will the minimum funding amount reported on Ill	ne 12d be met by the funding deadline?			Yes	No N/A
Part	VII Plan Terminations and Transfe	ers of Assets				-
13a	Has a resolution to terminate the plan been adopte	d in any plan year?		Y	es X No	16
-	If "Yes," enter the amount of any plan assets th	at reverted to the employer this year		13a		47
b	of the PBGC?	nts or beneficiaries, transferred to another plan, or b	·····	*****		Yes X No
C	If during this plan year, any assets or liabilities which assets or liabilities were transferred. (Se	were transferred from this plan to another plan(s), ic e instructions.)	ientify the plan(a)	to		
	3c(1) Name of plan(s):			3¢(2) Ell	Y(s)	13c(3) PN(s)
Pari	Will Trust Information (optional)					
L/ .	Name of trust			14b Tr	usťs EIN	
		W	34	9		¥
West			er san			•
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