For	m 5500-SF	Short Form Annual Re	yee	OMB Nos. 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service		B This form is required to be filed	•	2013			
	epartment of Labor enefits Security Administration	This form is required to be filed under sections 104 and 4065 of the Employe Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058 the Internal Revenue Code (the Code).			8(a) of This Form is Open to Pub		
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.							
Part I		entification Information					
For calenda	ar plan year 2013 or fisc	· · · · ·			2/31/2		
A This ret	urn/report is for:			an (not multiemployer)		a one-participant plan	
B This ret	urn/report is:	글 ' 브	the final return/report				
_	l			n/report (less than 12 m	onths)	—	
C Check b	box if filing under:	X Form 5558	automatic extension			DFVC program	
		special extension (enter description					
Part II		mation—enter all requested information	tion		46		
1a Name	of plan . DONESKEY, DMD 401	1(K) PLAN				Three-digit plan number	
						(PN) ▶ 001	
					1c	Effective date of plan	
2a Plan si	nonsor's name and addr	ess; include room or suite number (en	nover if for a single-	employer nlan)	2h	01/01/2006 Employer Identification Number	
	/. DONESKEY, DMD		ipioyer, in for a single		20	(EIN) 42-1543492	
1200 - 116T	H AVE. N.E., SUITE C				2c	Sponsor's telephone number 425-646-6409	
BELLEVUE,					2d	Business code (see instructions) 621210	
3a Plan a	dministrator's name and	address XSame as Plan Sponsor Na	ame Same as Plan	Sponsor Address	3b	Administrator's EIN	
		_			2.0	Administrator's telephone number	
		olan sponsor has changed since the la per from the last return/report.	st return/report filed fo	or this plan, enter the		EIN	
a Sponse					4c 5a		
_		the beginning of the plan year the end of the plan year				2	
		count balances as of the end of the plan			5b	2	
			•	•	5c	2	
		during the plan year invested in eligible he annual examination and report of a	,	,		X Yes No	
		See instructions on waiver eligibility and the set of t					
-		plan, is it covered under the PBGC ins			_		
				,			
		incomplete filing of this return/report of penalties set forth in the instructions.					
SB or Sche		l signed by an enrolled actuary, as wel					
SIGN HERE	Filed with authorized/va	alid electronic signature.	10/13/2014	AZITA DONESKEY			
HERE	Signature of plan adr	ministrator	Date	Enter name of individe	ual sig	ning as plan administrator	
SIGN							
HERE	Signature of employe		Date			ning as employer or plan sponsor	
Preparer's	name (including firm nar	me, if applicable) and address; include	room or suite numbe	r (opτional)	Prep	arer's telephone number (optional)	

Pa	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year						
а	Total plan assets	7a	62686	4				6	99804		
b	Total plan liabilities	7b									
С	Net plan assets (subtract line 7b from line 7a)		626864		699804						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal			
а	Contributions received or receivable from: (1) Employers	8a(1)	3465	0							
	(2) Participants	8a(2)	3823	1							
	(2) Participants										
b	Other income (loss)	8b	5	9							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							72940		
	Benefits paid (including direct rollovers and insurance premiums										
	to provide benefits)	8d			_						
	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			_						
	Net income (loss) (subtract line 8h from line 8c)	8i							72940		
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 Chara	acteris	tic Co	des in	the instruc	tions	:		
b			as from the List of Dian Charge	otorioti		loo in t	ha inatruati	onoi			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cou		ciensii	C COU	ies in t		ons.			
Par	V Compliance Questions										
10	During the plan year:			[Yes	No		Amo	ount		
	Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period described in			v					
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Corr	rection Program)	10a		Х					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х					
С	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 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	of the ben	efits under the plan? (See	4.0		х					
	instructions.)			10e		Х					
f	Has the plan failed to provide any benefit when due under the pla	n?		10f							
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х					
h	· · · · · · · · · · · · · · · · · · ·	•				х					
.	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the			10h							
i	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 requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)											
11a						11a					
12											
12				; ui se		502 UI	LRIOA!		103	\sim	
а	(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 mathematical and the variable of the letter rule of the letter rule of the letter rule of the r										
lf	granting the waiver										
	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	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?	Ye	es 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 🗙 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): 1	3c(2) EIN	l(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b Tru	ust's EIN	

Form 5500-SF	Short Form Annual R	eru micebour oi c			1210-0089				
Denanment of the Treasury		This form is required to be filed under sections 104 and 4065 of the Employee							
Internal Revenus Service Department of Lebor Employee Benefits Security Administration	Retirement Income Security Act of the Interna	al Revenue Code (the Code	e),	Inspection					
Penelon Benefit Guaranty Corporation	Complete all entries in accor	dance with the Instructio	ns to the Form \$600-SF						
Annual Report I	dentification Information	13 .	and ending 12/3	1/2013					
or calendar plan year 2013 or fis	X a single-employer plan	a multiple-employer plan	1	🗌 a one-particip	ant plan				
This return/report is for:		the final return/report	, , · · ·	1000 C					
This return/report is:	the first return/report	a short plan year return/re	mort (less than 12 month	15)					
	an amended retum/report	automatic extension	.p	DFVC progra	មា				
Chack box if filing under:	X Form 5558								
	special extension (enter descript			in the second					
	mation enter all requested infor	nauon	1	b Three-digit					
a Name of plan	401/k) PLAN			plan number (PN) 🕨	001				
EFFREY W. DUNESKET, DWD			1	c Effective date of	of plan				
				01/01/					
	tdress; include room or suite number	(employer, if for a single-en	npioyer plan) 2	b Employer Ident	ification Number				
2a Plan sponsor's name and ad EFFREY W. DONESKEY, DMD	Taless' monde room of and values	• • • • • • • • • • • • • • • • • • •		(EIN) 42-15-					
ne suiterne services suiterne suiterne suiterne			13	2c Sponsor's tele (425) 6	phone number 46-6409				
200 - 116TH AVE. N.E., SUITE	c			2d Business code 62121	(see instructions)				
ELLEVUE, WA 98004		- Mama Dame as Plan	Snonsor Address	3b Administrator's	EIN				
3a Plan administrator's name a	and address XSame as Plan Sponso	EName Danne as From C							
				3c Administrator's	s telephone numbe				
A (fithe name and/or EIN of t	he plan sponsor has changed since the	ne last return/report filed for	r this plan, enter the	4b EIN					
name, EIN, and the plan n	he plan sponsor has changed since the unber from the last relum/report.	ne last return/report filed for	r this plan, enter the	4b EIN 4c PN					
name, EIN, and the plan n	umber from the last return report.	- 74/3002							
a Sponsor's name	ts at the beginning of the plan year			4c PN					
name, EIN, and the plan n a Sponsor's name 5a Total number of participan b Total number of participants	ts at the beginning of the plan year Its at the end of the plan year	he plan yəar (defined bene		4c PN 5a					
name, EIN, and the plan n a Sponsor's name 5a Total number of participan b Total number of participan c Number of participants with	ts at the beginning of the plan year Its at the end of the plan year It account balances as of the end of t	he plan yəar (defined bene	fit plans do not	4c PN 5a 5b 5c	X Yes []				
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name, EIN, and the plan n a Sponsor's name 5a Total number of participan b Total number of participan c Number of participants with complete this item) 6a Were all of the plan's ass b Are you claiming a waiver under 29 CFR 2520.104-	ts at the beginning of the plan year ts at the end of the plan year th account balances as of the end of t ets during the plan year invested in e of the annual examination and report t5? (See instructions on waiver eligib	he plan year (defined bene ligible assets? (See instruct t of an independent qualifie lity and conditions.)	fit plans do nof tions.) d public accountant ()QF and must instead use i	4c PN 5a	X Yes				
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name, EIN, and the plan n a Sponsor's name 5a Total number of participan b Total number of participan c Number of participants with complete this item) 6a Were all of the plan's ass b Are you claiming a waiver under 29 CFR 2520.104 If you answered "No" to c If the plan is a defined bear Caution: A penalty for the la Under penalties of perjury and SB or Schedule MB completer belief, it is true, correct, and con- stanting Signature of plan Signature of plan	ts at the beginning of the plan year its at the end of the plan year th account balances as of the end of the ets during the plan year invested in e of the annual examination and report 45? (See instructions on waiver eligible be either litte Ga or line 6b, the plan of inefit plan, is it covered under the PBC te or incomplete filing of this return 1 other penalties set forth in the instruct d and signed by an enrolled actuary, a complete.	he plan year (defined beneficiality and conditions.)	fit plans do not tions.)	4c PN 5a	Yes Yes Not determine Not determine plicable, a Schedul my knowledge and administrator loyer or plan spons				
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name, EIN, and the plan n a Sponsor's name 5a Total number of participan b Total number of participan c Number of participants with complete this item) 6a Were all of the plan's ass b Are you claiming a waiver under 29 CFR 2520.104 If you answered "No" to c If the plan is a defined bear Caution: A penalty for the la Under penalties of perjury and SB or Schedule MB completer belief, it is true, correct, and con- stanting Signature of plan Signature of plan	ts at the beginning of the plan year its at the end of the plan year th account balances as of the end of the ets during the plan year invested in e of the annual examination and report 45? (See instructions on waiver eligible be either litte Ga or line 6b, the plan of inefit plan, is it covered under the PBC te or incomplete filing of this return 1 other penalties set forth in the instruct d and signed by an enrolled actuary, a complete.	he plan year (defined beneficiality and conditions.)	fit plans do not tions.)	4c PN 5a	Yes Yes Not determine Not determine plicable, a Schedul my knowledge and administrator loyer or plan spons				
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Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	r		(b) End of Year	
а	Total plan assets	7a	626864	T		699804	
b	Total plan liabilities	7b					
C	C Net plan assets (subtract line 7b from line 7a)		626864	e .		699804	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total	
а	Contributions received or receivable from: (1) Employers	Ba(1)	34650				
	(2) Participants						
	(3) Others (including rollovers)	8a(3)				-	
b	Other income (loss)	8b	59)			
**	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1.1.1		72940	
	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				72940	
j	Transfers to (from) the plan (see instructions)	8j					
	rt 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	acteristic	Codes in	the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cteristic C	Codes in t	he instructions:	
Par	t V Compliance Questions						
10	During the plan year:			Ye	s No	Amount	
-	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide			10a	x		
l	Were there any nonexempt transactions with any party-in-interest on line 10a.)		and the second	10b	x		
	Was the plan covered by a fidelity bond?			10c	х		
	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d	x		
	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	nefits under the plan? (See	10e	x		
1				10f	X		
	Did the plan have any participant loans? (If "Yes," enter amount a	the state of the s	HICKNA	10g	x		
19	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instr	uctions and 29 CFR	10g	x		
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	he require	d notice or one of the	10i			
Par	t VI Pension Funding Compliance	32.50					
11	Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)						No
11	a Enter the unpaid minimum required contribution for current year f				. 11a		
12	Is this a defined contribution plan subject to the minimum funding				on 302 of	ERISA? Yes x	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	2.30	diverse si				
	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 granting the waiver						
	f you completed line 12a, complete lines 3, 9, and 10 of Schedu				1.14 1.14		
0	D Enter the minimum required contribution for this plan year				12b		

Form 5500-SF 2013

Page **3 - 1**

	or the second of the state of the second second	a water of the state of the to the the state of the state of the state.
Enter the amount contributed by the employer to the plan for this plan year	12c	
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	
Will the minimum funding amount reported on line 12d be met by the funding deadline?	🗌 Ye	s No N/A
VII Plan Terminations and Transfers of Assets		
Has a resolution to terminate the plan been adopted in any plan year?	. Yes >	< No
If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a	
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
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.)	i to	
13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)
VIII Trust Information (optional)		
Name of trust	14b Trust's E	EIN
	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). 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? 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 under the of the PBGC?. 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.) 13c(1) Name of plan(s): VIII Trust Information (optional)	Subtract the amount contributed by the employer to the plan for this plan year anised in the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)