Form 5500-SF Short Form Annual Return/Report of Small Emp					oyee	OMB Nos. 1210-0110 1210-0089		
	rtment of the Treasury nal Revenue Service		Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee F				2014	
	epartment of Labor enefits Security Administration	Income Security Act of 1974 (ERI		al This I	Form is Open to			
Pension Be	enefit Guaranty Corporation	 Complete all entries in accor 	dance with the instr	uctions to the Form 55	500-SF		olic Inspection	
Part I	•	dentification Information						
For calenda	ar plan year 2014 or fis	cal plan year beginning 01/01/2014			/31/20			
	urn/report is for: urn/report is	a one-participant plan a the first return/report tt	of participating employ a foreign plan he final return/report	an (not multiemployer) (yer information in accord n/report (less than 12 ma	dance	-		
C Check	box if filing under:	special extension (enter description	orm 5558 automatic extension DFVC program					
Part II	Basic Plan Infor	mation—enter all requested information	tion				1	
1a Name JEFFREY W	of plan /. DONESKEY, DMD 40	D1(K) PLAN			1b	Three-digit plan number (PN) ▶	001	
					1c	Effective date of	of plan 1/2006	
	ponsor's name and add . DONESKEY, DMD	dress; include room or suite number (en	nployer, if for a single-	employer plan)		(EIN) 42-1	ification Number 543492	
	AVE. N.E. SUITE A				2c	Sponsor's telep 425-64	phone number 46-6409	
BELLEVUE,	WA 98004				2d	Business code 6212	(see instructions)	
3a Plan a	dministrator's name and	d address XSame as Plan Sponsor.			3b	Administrator's	EIN	
		plan sponsor has changed since the la	st return/report filed fo	or this plan, enter the	4b		telephone number	
	or's name	hber from the last return/report.			4c	PN		
5a Total I	number of participants	at the beginning of the plan year			5	a	2	
b Total i	number of participants	at the end of the plan year			51	b	2	
		account balances as of the end of the pl	• •		5	c	2	
		ticipants at the beginning of the plan ye			5d(2	
		ticipants at the end of the plan year			5d((2)	2	
less th	an 100% vested	rminated employment during the plan y	ear with accrued bene	fits that were	50	e	0	
Under pena SB or Sche	alties of perjury and oth	or incomplete filing of this return/reportion of penalties set forth in the instructions d signed by an enrolled actuary, as well lete.	, I declare that I have	examined this return/rep	oort, in	cluding, if appli	cable, a Schedule y knowledge and	
SIGN		alid electronic signature.	10/15/2015	JEFFREY W. DONES	KEY			
HERE	Signature of plan ac	Iministrator	Date	Enter name of individ	ual sig	ning as plan ad	ministrator	
SIGN								
HERE	Signature of employ		Date	Enter name of individ				
Preparer's	name (including firm na	ame, if applicable) and address (include	e room or suite numbe	r) (optional)	Prep	arer's telephone	e number (optional)	

	a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes 🗌 No								
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.								
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA section 40	21)?		Yes	No Not	determined	
Pa	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Ye	ear	
а	Total plan assets	. 7a	6998					722128	
b	Total plan liabilities	. 7b							
С	Net plan assets (subtract line 7b from line 7a)	. 7c	6998	304				722128	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
а	Contributions received or receivable from:	80(1)	70)24					
	(1) Employers (2) Participants	8a(1) 8a(2)	152						
	(2) Others (including rollovers)	8a(3)		-					
	Other income (loss)	8b		69					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						22324	
	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			_				
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	. 8i			_			22324	
j	Transfers to (from) the plan (see instructions)	8j							
	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	acteri	stic Co	des in	the instructions	:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	tic Cod	les in tl	he instructions:		
				otonio					
Par	V Compliance Questions								
10	During the plan year:				Yes	No	Amo	ount	
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	t? (Do not	include transactions reported	10b		x			
с	Was the plan covered by a fidelity bond?			10c		х			
d				100		~			
	or dishonesty?			10d		Х			
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 ben	efits under the plan? (See	10e		x			
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х			
	If this is an individual account plan, was there a blackout period?	•	,	ivg					
— i	2520.101-3.)					Х			
	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	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) Yes No								
11a	1a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a								
12	2 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?								
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
~	If a waiver of the minimum funding standard for a prior year is hair		and the shallow management of the store of						

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.

 Month ______ Day _____ Year _____

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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		
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 onegative amount)	12d			
e 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?		· 🗆 ۲	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 u of the PBGC?	inder the	control		Yes 🗙 No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	e plan(s)	to		
13c(1) Name of plan(s):	1	3c(2) El	IN(s)	13c(3) PN(s)
Part VIII Trust Information (optional)				
14a Name of trust		14b ⊺⊧	rust's EIN	

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Form 5500-SF	Short Form Annu	al Return/Repo Benefit Pla	ort of Small Employ	ee	OMB Nos. 1210-0110 1210-0089	
Department of the Treasury Internal Revenue Service	This form is required to be file	nd 4065 of the Employee Retire	ament –	2014		
Department of Labor Employee Banafits Security Administrat	Income Security Act of 1974	6057(b) and 6058(a) of the Inte	he Internal This Form is On			
Pension Benctil Guaranty Corporation	on ► Complete all entries in	accordance with the i	nstructions to the Form 5600-	0E	Public Inspection	
Part I Annual Repo	ort Identification Information	Accordings with the t	istructions to the Form 8800			
For calendar plan year 2014 o		/2014	and ending 12/3	1/2014	2	
6. GE	a single-employer plan					
A This return/report is for:	a one-participant plan	of perticipating em a foreign plan	er plan (not multiemployer) (File ployer information in accordance	ers checkin be with the	ig this box must attach a list form instructions)	
B This return/report Is	the first return/report	the final return/repo	ort			
	an amended return/report	a short plan year re	aturn/report (less than 12 month	15)		
C Check box if filing under:	X Form 5558	automatic extensio	חנ		C program	
	special extension (enter desc	ription)		-		
		,				
Part II Basic Plan In	nformation-enter all requested in	formation				
1a Name of plan	DC		1	b Three-o	digit	
JEFFREY W. DONESKEY, DM	ID 401(k) PLAN			plan nu (PN)	imber 001	
			1	C Effectiv	re date of plan	
				01/01/2		
JEFFREY W. DONESKEY, DM	address; include room or suite numb D	er (employer, if for a sing	gle-employer plan) 2		er identification Number 2-1543492	
		20	2c Sponsor's telephone number (425) 646-6409			
1414 - 116TH AVE. N.E. SUITE	• A a a		20	Busines	ss code (see instructions)	
BELLEVUE, WA 98004		8		621210	· · · · · · · · · · · · · · · · · · ·	
3a Plan administrator's name	e and address XSame as Plan Spons	sor.	31	O Adminis	strator's EIN	
		ж. Э.	30	C Adminis	strator's telephone number	
1			*			
	101 #1			07		
4 If the name and/or EIN of name, EIN, and the plan	the plan sponsor has changed since number from the last return/report.	the last return/report file	d for this plan, enter the 4	I EIN		
a Sponsor's name		<u>말</u> ;		PN		
5a Total number of participar	nts at the beginning of the plan year			5a	2	
	nts at the end of the plan year			5b	2	
C Number of participants wi	th account balances as of the end of t	the plan year (defined b	enefit plans do not	5c	2	
d(1) Total number of active	participants at the beginning of the pla	an year				
	participants at the end of the plan yea		•	d(1) d(2)	2	
e Number of participants that	t terminated employment during the p	lan year with accrued be	enefits that were	5e	2	
less than 100% vested			<u></u>		0	
Under peneltige of perilloy and	te or incomplete filing of this return other penalties set forth in the instruc	vreport will be assess	ed unless reasonable cause l	a establis	hed.	
SB or Schedule MB completed bellef, it is true, carfect and co	hand signed by an enrolled actuary, a	is well as the clectronic	version of this roturn/report, and	including, I to the be	if applicable, a Schedule st of my knowledge and	
SIGN AAT	Am	10/15/1	X TACO	0.	b - 1	
HERE		/···	5 × Jeffrey W.			
Signature of plan	I administrator	Date	Enter name of individual s	lgning as j	plan administrator	
		·····		-		
Signature of emp	ployer/plan sponsor	Date	Enter name of individual s	igning as (employer or plan sponsor	
Freparer's name (including firm	n name, if applicable) and address (in	clude room or sulle num	iber) (optional) Pre	parer's tel	lephone number (optional)	
					ă.	
	2) A S					
Can Damara Barda Marat			≕ 5 (i.)			
For Paperwork Reduction Act No 2015-10-15111:29:34.443-05:00	otice and OMB Control Numbers, see the	e Instructions for Form 55	00-SF.		Form 5500-SF (2014) v, 14D124	

DR -	JEF	FΟ	ONE	SKEY
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Form 5500-SF 2014		Dawa 9						
 6a Were all of the plan's assets during the plan year invested in ell b Are you claiming a walver of the annual examination and report under 29 CFR 2520. 04-46? (See instructions on walver eliminity) 	igible assets? of an Indeper	Page 2 (See Instructions.)				·····	X Yes	No
under 29 CFR 2520. 04-46? (See instructions on weiver eligibil If you answered "No" to either line 6a or line 6b, the plan ce C if the plan is a defined herefit plan is it assured in the second	Ity and condition	ions.)			••••••		X Yes	
C If the plan is a defined tenefit plan, is it covered under the PBGC	C insurance o	rm 5500-SF and must inst for any (see EPISA gooder	ead u	se For	m 5500	۰. س	_	
Part III Financial Information			4021)	f	Yes		Not deterr	mined
7 Plan Assets and Llabilities	e de la compa	(a) Reginning of V						•
a Total plan assets		(a) Beginning of Y 6998	_	╾┝		(b) End		
D Total plan Ilabilities	76						722128	
C Net plan assets (subtract line 7b from line 7a)	7c	6998	304				722128	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount			·			 ,
a Contributions received or receivable from: (1) Employers						(b) T	2181	
(2) Participants	8a(1) 8a(2)		24			<u> </u>		
(3) Others (including rollovers)	94/2)	152	31		·			
D Other Income (loss)	8b		69		·			(#)
C Total income (add lines Ba(1), 8a(2), 8a(3), and 8b)	8c							a.
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)							22324	
e Certain deemed and/or corrective distributions (see instructions).								
f Administrative service providers (salaries, fees, commissions)	8e			·	<u> </u>		8 3	
g Other expenses		· · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·	·	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	86	11. The second						
t Net Income (loss) (subtract line 8h from line 8c)								
I ransfere to (from) the plan (see Instructions)							22324	
Part IV Plan Characteristics								
9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2H 2J 3D	n feature code	s from the List of Plan Char	acleri	stic Co	des in t	the instructi		
b If the plan provides welfare benefits, enter the applicable welfare	fa adv (4							
	reatura codes	from the List of Plen Chara	cteris	lic Çod	es in th	e Instruction	18:	
Part V Compliance Questions	· · · · · · · · · · · · · · · · · · ·							
10 During the plan year:			••	Yes	No			
a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-1027 (See Instructions and DOI is Valuated Education).	utions within t	he time period described in	<u> </u>			A	mount	
b Were there any nonexempt transactions with any party in interes	Octary Correc	uon Program)	10a		×			
			10Ь		x			
vas the plan covered by a fidelity bond?			10c		x			<u> </u>
Up the plan have a loss whether or not reimburged by the element	R 124 - 14		100		<u> </u>			
			10d		x			
insurance service, or other organization that provides some as all	ner persons by of the benefit	y an insurance carrier,						
			10e		X			
Has the plan failed to provide any benefit when due under the pla	n?		101		x	 .		
9 Did the plan have any participant loans? (If "Yes," enter amount a	s of year and)	10g		x		<u> </u>	
I UNA 19 80 INDIVIQUAL BCCOUNT DIAD. Was there a blackout perioda	Charles I			<u> </u>	<u>^</u>			
i If 10h was answered "Yes." check the boy if you although			10h		X	<u>.</u>	24	
to providing will notice applied under 29 CFR 2520.10	le requires no 1-3	tice or one of the	101					= 9
Fart VI [Pension Funding Compliance			I				,	<u> </u>
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below.	ents? (If "Yes,	" see instructions and comp	olete S	chedu	le SB //	orm	····	
					· · · · · · · · ·		Yes 🗌	No
	om Schedule .	SB (Eoro 5500) line 20		1 4				
12 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applicable	`					<u> </u>	
I a weiver of the minimum funding standard for a prior wear is the feature			long	and er				
granting the waiver.		Month	, origi (ter the c Day	date of the li Ye:		
1								 ,

Form \$500-SF 2	014 Page 3 -				
	12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
	required contribution for this plan year		126		
					•••••
C Enter the amount co	ntributed by the employer to the plan for this plan year		12c		
C Subtract the amount	t in Ilne 12c from the amount in line 12b. Enter the result (enter a minus sign to the left	ofa	12d	•	
e Will the minimum fu	nding amount reported on line 12d be met by the funding deadline?			Yes	No I N/A
Part VII Plan Term	inations and Transfers of Assets				
	mnate the plan been adopted in any plan year?		ΠY		
If "Yes," enter the a	nount of any plan assets that reverted to the employer this year		13a		
b Were all the plan as	sets distributed to participants or beneficiaries, transferred to another plan, or brought	ibder the c	ontrol		Yes X No
C II during this plan ve	ar, any assets or liabilities were transferred from this plan to another plan(s), identify the littles were transferred. (Soe Instructions.)	e plan(s) to)		
13c(1) Name of plan()):	13	c(2) EIM	v(s)	13c(3) PN(s)
					1
Part VIII Trust Infor	mation (optional)		_		
14a Name of trust		1	4b Tru	ust's EIN	
		_		··- - -	···
8					