## 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).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

Pa	art I   Annual Report Id	dentification Information				
For	calendar plan year 2010 or fisc	al plan year beginning 01/01/20	10	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		_
	Ī	an amended return/report	short plar	year return/report (less than 12 mo	nths)	
С	Check box if filing under:	Form 5558	automatio	extension		DFVC program
	[	special extension (enter descripti	ion)			ш
Pa	rt II Basic Plan Inforr	nation—enter all requested inform				
	Name of plan	That of the can requested in en	ilation		1b	Three-digit
		ODONTICS PROFIT SHARIN PLAN	1			plan number 001
						(PN) ▶
					1C	Effective date of plan 01/01/1986
2a	Plan sponsor's name and addre	ess (employer, if for single-employe	r plan)		2b	Employer Identification Number
	OTHY QUINN DDS PS	300 (0p.0) 0, ii .o. 0g.0 0p.0) 0	. μ.α,			(EIN) 91-1205144
<b>5122</b>	OLYMPIC DRIVE NW				2c	Plan sponsor's telephone number 253-851-6789
	HARBOR, WA 98335				2d	Business code (see instructions)
					24	621210
3a	Plan administrator's name and OTHY QUINN DDS PS	address (if same as Plan sponsor, o			3b	Administrator's EIN 91-1205144
JIIIV	OTTT QUINN DD3 F3	GIG HARBO			30	Administrator's telephone number
					30	253-851-6789
		an sponsor has changed since the la		port filed for this plan, enter the	4b	EIN
1	name, EIN, and the plan numbe	er from the last return/report. Spons	or's name		4c	DNI
5a	Total number of participants at	t the beginning of the plan year			5a	12
					5a 5b	12
<ul><li>D Total number of participants at the end of the plan year</li><li>C Total number of participants with account balances as of the end of the plan year (defin</li></ul>				30		
					5c	12
6a	Were all of the plan's assets of	during the plan year invested in eligi	ble assets?	(See instructions.)		Yes No
b				ndent qualified public accountant (IQ		X Yes ☐ No
	•			ons.)SF and must instead use Form 55		Yes   No
Pa	rt III Financial Informa		01111 0000	or and must mistead use I of m oo	<del></del>	
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year
а	Total plan assets		7a	157060°	1	1879629
b	Total plan liabilities		7b			
С	Net plan assets (subtract line 7	7b from line 7a)	7с	1570601	1	1879629
8	Income, Expenses, and Transf	fers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or received		0-(4)	49818	3	
			` ` `	38179	9	
	• • •		` ` `		-	
h	, ,	)	` '	22103	1	
C	,	8a(2), 8a(3), and 8b)				309028
d	, , ,	rollovers and insurance premiums	00			
			8d			
е	Certain deemed and/or correct	tive distributions (see instructions)	8e			
f	Administrative service provider	rs (salaries, fees, commissions)	8f			
g	·					
h	Total expenses (add lines 8d,	8e, 8f, and 8g)	<u>8h</u>			
i	Net income (loss) (subtract line	o 9h from line 9a)	0:			309028
-	(1000) (0000)	e on nom line oc)	<u>8i</u>			

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		•	
Part IV	Plan	(`hara	cteristics
ιαιτιν	ı ıaıı	Onal a	しししょういしょ

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 2J 3D

b	If th	he plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan	Characteri	stic Co	des in	the instru	ctions	:	
art	: <b>V</b>	Compliance Questions							
0	Du	uring the plan year:		Yes	No		Am	ount	
а	Wa	'as there a failure to transmit to the plan any participant contributions within the time period describe 9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		1	X				
b		ere there any nonexempt transactions with any party-in-interest? (Do not include transactions repo		,	X				
С	10 X								
d		d the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fr dishonesty?		1	X				
е	ins	ere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier surance service or other organization that provides some or all of the benefits under the plan? (See structions.)	è		X				
f	На	as the plan failed to provide any benefit when due under the plan?	101	:	X				
g	Dio	id the plan have any participant loans? (If "Yes," enter amount as of year end.)	100	1	X				
h		this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 520.101-3.)	101	n	X				
i		10h was answered "Yes," check the box if you either provided the required notice or one of the ceptions to providing the notice applied under 29 CFR 2520.101-3	10	i					
art			<u> </u>	ı	ı				
11		this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and						Yes	No
12		this a defined contribution plan subject to the minimum funding requirements of section 412 of the						Yes	X No
	If a	"Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see i anting the waiver.	Month _						
lf y	you	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lin	e 13.	Г					
b	En	nter the minimum required contribution for this plan year			12b				
		nter the amount contributed by the employer to the plan for this plan year			12c				
	ne	ubtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the gative amount)		_	12d				1
е	Wi	ill the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N/A
art	VII	Plan Terminations and Transfers of Assets							_
3а	Ha	as a resolution to terminate the plan been adopted during the plan year or any prior year?		 1		1		Yes	X No
	If "	Yes," enter the amount of any plan assets that reverted to the employer this year			13a				
	of :	ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or bro the PBGC?						Yes	X No
С		during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identic hich assets or liabilities were transferred. (See instructions.)	ntify the pl	an(s) to	0		-		
1	3c(	(1) Name of plan(s):		13c(2) EIN(s) 1			13c(3)	PN(s)	
Caut	ion:	: A penalty for the late or incomplete filing of this return/report will be assessed unless reas	onable ca	use is	estab	lished.	1		
Jnde SB o	er pe r Sc	enalties of perjury and other penalties set forth in the instructions, I declare that I have examined the chedule MB completed and signed by an enrolled actuary, as well as the electronic version of this rist true, correct, and complete.	is return/r	eport, i	ncludin	g, if appli	,		
ele:	NI.	Filed with authorized/valid electronic signature.  08/26/2011  J TIMOTHY	QUINN E	DS					
SIG	IV.								

SIGN	Filed with authorized/valid electronic signature.	08/26/2011	J TIMOTHY QUINN DDS					
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					

Kris Quinn

26695 08/22/2011 11:27 AM

Department of Labor

Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan Form 5500-SF Department of the Treasury Internal Revenue Service

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).

OMB Nos. 1210 - 0110 1210 - 0089

2010

This Form is Open to Public

	Complete all entries in accordance with the instructions	to the f	form 5500-SF.		Inspection		
Pa	rt I Annual Report Identification Information		w.				
For	calendar plan year 2010 or fiscal plan year beginning and ending						
Α	This return/report is for: X single-employer plan multiple-employer plan (not make	oyer) or	one-participant plan				
	This return/report is for:   first return/report   final return/report		-				
	an amended return/report short plan year return/report (I	12 months)					
С	Check box if filing under: Form 5558 X automatic extension	· —	FVC	program			
_	special extension (enter description)		<u> </u>		F J		
Pa	nt II Basic Plan Information —enter all requested information						
1a	· · · · · · · · · · · · · · · · · · ·			1b	Three-digit plan		
,	J Timothy Quinn DDS PS Orthodontics Profit Sharin				number (PN) ▶ 001		
	Plan			1c	Effective date of plan		
				-	01/01/1986		
2a	Plan sponsor's name and address (employer, if for single-employer plan)			2b	Employer Identification No.		
	J Timothy Quinn DDS PS			(EIN) 91-12051			
	- Indiana gamma		<u> </u>	2C Plan sponsor's telephone n			
	5122 Olympic Drive NW				253-851-6789		
	Gig Harbor WA 98335		F	2d	Business code (see instr.)		
	GIG MAIDOL MA 90000			24	progress code (age man)		
					621210		
2-	Olean administrated a name and address (if some as Dian annuary actor "Come")			3b	Administrator's EIN		
3a	Plan administrator's name and address (if same as Plan sponsor, enter "Same")  J Timothy Quinn DDS PS			00	Administrator 5 Lin		
	J TIMOCHY QUINN DDS PS				91-1205144		
	E122 Olympia Drive NW			3с	Administrator's		
	5122 Olympic Drive NW Gig Harbor WA 98335		ļ	-	telephone number		
	Gig Harbor WA 98335				reiehuorie urumaai		
					253-851-6789		
		CI		4b	EIN		
4	f the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the	iame, En	· –	4c	PN		
	and the plan number from the last return/report. Sponsor's name			<del>40</del>	12		
5a				<u>5a</u>	12		
b	* * * * * * * * * * * * * * * * * * * *			5c	12		
<u>c</u>		ompiete	ms nem ,	<u> </u>	X Yes No		
6a			toot (IODA)	• • • •	, <b>A</b> les   No		
b		accour	ilani (IGFA)		X Yes No		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)				📶 ies 🔲 ivo		
i Più	If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must inste	ad use	raim 3300.				
	rt III Financial Information	88844	(a) Beginning of Y		(b) End of Year		
7	Plan Assets and Liabilities		(a) Beginning of Y		1879629		
a		7a	13700	.01	1073023		
b		7b 7c	15706	301	1879629		
		/ C		) O I			
8	Income, Expenses, and Transfers for this Plan Year	3 2 333	(a) Amount		(b) Total		
а		ļ.,,,	400	10			
	(1) Employers	8a(1)	498				
	(2) Participants	8a(2)	381	. 79			
	(3) Others (including rollovers)	8a(3)	2010	131			
b	* * * * * * * * * * * * * * * * * * * *	8b	2210	TC	309028		
C	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	8c		O.	309028		
d		8d		U			
e	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	8e 8f					
f	Administrative service providers (salaries, fees, commissions)						
g	***************************************	8g		38.8.34			
h		8h		8888 <b>3</b> 0	200000		
į	Net income (loss) (subtract line 8h from line 8c)	8i 9i		899 i B	309028		
- 1	Transfers to (from) the plan (see instructions)	8j					

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imothy Quin	n DDS PS	91-1205144
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Page	2-	ŀ	ł

253-851-5083

	Form 5500-SF 2010		Page 4	<u>-                                    </u>					
Par	IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension fe	ature codes from the l	ist of Plan Characte	eristic C	odes i	n the ir	nstructio	ons:	
	2A 2E 2J 3D								
b	If the plan provides welfare benefits, enter the applicable welfare fea	iture codes from the Li	st of Plan Character	isti <b>c</b> Co	des in	the ins	struction	ns;	
Par	V Compliance Questions							·	
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contributio	ns within the time perio	od described in						
_	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia			10a		х			
b	Were there any nonexempt transactions with any party-in-interest? (								
-	1 40	•	-	10b		х			
С	Was the plan covered by a fidelity bond?			10c	Х			200	000
ď	Did the plan have a loss, whether or not reimbursed by the plan's fic	lelity bond, that was ca	used by fraud						
•	and the same to 0			10d		x			
е	Were any fees or commissions paid to any brokers, agents, or other								
·	insurance service or other organization that provides some or all of	•							
	instructions.)			10e		$ \mathbf{x} $			
f	Has the plan failed to provide any benefit when due under the plan?	, , ,		10f		х			
	Did the plan have any participant loans? (If "Yes," enter the amount			10g		х			
g h	If this is an individual account plan, was there a blackout period? (Se			105			. 2023 7130		818 :
"	•			10h		$\mid \mathbf{x} \mid$	- 10000 - 11000 - 10000 - 11000 - 10000 - 10000		
	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the	required notice or one	of the				30000000		
•	exceptions to providing the notice applied under 29 CFR 2520.101-3			10i			30.000.000		
Par	VI Pension Funding Compliance	<u> </u>							
11	Is this a defined benefit plan subject to minimum funding requiremen	nts? (If "Yes," see instr	uctions and complet	te Sche	dule S	B (For	m		
• •	5500))		·			,	[	Yes 🗍	No
12	Is this a defined contribution plan subject to the minimum funding requirement	s of section 412 of the Co	de or section 302 of EF	RISA?				Yes X	No
	(If 'Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)			• • •					
а	If a waiver of the minimum funding standard for a prior year is being	amortized in this plan	vear, see instruction	ns, and	enter	the dat	e of the	letter ruling	
<u> </u>	granting the waiver.							ar	
If s	ou completed line 12a, complete lines 3, 9, and 10 of Schedule N	1B (Form 5500), and s	, . <b></b>			*	_		
, 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					12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the							- · · · -	
_	negative amount)					12d			
е	Will the minimum funding amount reported on line 12d be met by the	e funding deadline?					Yes	No N	N/A
·	VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted during the plan	year or any prior year	?					Yes X	Na
	If "Yes," enter the amount of any plan assets that reverted to the en					13a			
b	Were all the plan assets distributed to participants or beneficiaries,		plan, or brought und	er the c	antrol				
	of the PBGC?						[	Yes 🗶	No
С	If during this plan year, any assets or liabilities were transferred from	n this plan to another p	olan(s), identify the p	olan(s) to	D				
	which assets or liabilities were transferred. (See instructions.)								
	13c(1) Name of plan(s):			130	c(2) E	EIN(s)		13c(3) PN(	(s)
Cau	tion: A penalty for the late or incomplete filing of this return/repo	ort will be assessed u	inless reasonable o	cause is	s esta	blishe	d.		
Unde	r penalties of perjury and other penalties set forth in the instructions, I declare the	nat I have examined this r	eturn/report, including,	if applica	ible, a S	Schedul:	e		
SBo	Schedule MB completed and signed by an enrolled actuary, as well as the elec-	tronic version of this retui	n/report, and to the bea	st of my l	knowle	dge and			
	, it is true, correct, and complete.	1							
SIGN		/ 8 26 11	J Timothy	Quin	n DI	os		<u> </u>	
HERE	Signature of plan administrator	Date	Enter name of inc	lividual	signin	g as pla	an adm	inistrator	
SIGN	1 Turitun Ch	10/26/11							
HERE		Date	Enter name of indivi	dual sign	ning as	employ	er or pla	n sponsor	

Year Ending: December 31, 2010

91-1205144

J Timothy Quinn DDS PS 5122 Olympic Drive NW Gig Harbor, WA 98335

## Service Provider Authorization

J Timothy Quinn DDS PS, plan administrator, authorizes Margaret M Boyle, CPA as the service provider for J Timothy Quinn DDS PS Orthodontics Profit Sharing, plan number 001 to electronically file Form 5500 or Form 5500-SF for the plan and electronically sign the return on behalf of the administrator. In order for this authorization to be valid, a PDF copy of the first 2 pages of Form 5500 or Form 5500-SF is provided to Margaret M Boyle, CPA, complete with the signature of the individual signing as plan administrator. This PDF copy with the administrator signature is displayed with the rest of the Form 5500 or Form 5500-SF on the Department of Labor's website.

Signature of plan administrator