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

	01101011 201	non Juanany Josephanon		Complete all entries in ac	cordance wit	h the instruc	tions to the Form 550	<u>0-SF.</u>			
	art I			entification Information							
For	calenda	ar plan year 2012 or fis	cal	plan year beginning 01/01/	/2012		and ending 1	2/31/2	2012		
Α	This retu	urn/report is for:	X	a single-employer plan	a multiple	e-employer pla	an (not multiemployer)		a one-partici	oant plan	
В	This retu	urn/report is:		the first return/report	the final i	return/report					
			Ħ	an amended return/report	a short pla	an year return	/report (less than 12 m	onths))		
С	Check h	oox if filing under:	X	Form 5558	automati	c extension			DFVC progra	am	
Ū	OHOOK E	ox ii iiiiig dilder.	Ħ	special extension (enter descri	ш						
D	art II	Rasic Plan Info	rm.	ation—enter all requested inf	• /						
	Name o		1116	ation—enter all requested ini	iornation			1h	Three-digit		
		•	ЮГ	OONTICS PROFIT SHARIN PL	AN			10	plan number		
									(PN) •	001	
								1c	Effective date o	f plan	
									01/01	/1986	
2a	Plan sp	oonsor's name and add QUINN DDS PS	dres	ss; include room or suite number	er (employer, i	f for a single-	employer plan)	2b	Employer Identi		
JIII	WOTHT	QUINN DDS PS							(=114)	05144	
								2c	Sponsor's telep		
		HWOOD DR R, WA 98335						24			
0.0		.,						Zu	6212	(see instructions)	
3a	Plan ac	Aministrator's name an	d a	ddress XSame as Plan Spons	sor Name	Same as Plan	Sponsor Address	3h	Administrator's		
ou	i iaii ac		u a	adices Meanic as i lan opone	soi ivaille L	Janic as i lan	Oponsoi Address		Administrator 3	LIIV	
								3с	Administrator's	telephone number	
4				an sponsor has changed since	the last return	report filed fo	r this plan, enter the	4b	EIN		
а		EIN, and the plan nun or's name	ıbeı	r from the last return/report.				4c	DNI		
			at ti	he beginning of the plan year				5a			12
				0 0 1 7							
b		•		he end of the plan year				5b			1
C				ount balances as of the end of		•		5c			1
6a		,		ring the plan year invested in e					II.	X Yes N	0
b		•		annual examination and repor	-	•	•				
				ee instructions on waiver eligib						X Yes N	0
	If you	answered "No" to ei	ther	r line 6a or line 6b, the plan o	cannot use Fo	orm 5500-SF a	and must instead use	Form	5500.		
Cau	ution: A	penalty for the late of	<u>r ir</u>	ncomplete filing of this return	n/report will b	e assessed u	unless reasonable cau	ıse is	established.		
		, , ,		penalties set forth in the instruc	,				O, 11	,	
		dule MB completed ar rue, correct, and comp		igned by an enrolled actuary, a	as well as the e	electronic vers	sion of this return/report	i, and	to the best of my	knowledge and	
							T				
SIG		Filed with authorized/v	/alic	d electronic signature.	09/30	0/2013	J TIMOTHY QUINN D	DS			
HE	RE	Signature of plan ac	imt	nistrator	Date		Enter name of individ	ual sig	ning as plan adr	ninistrator	
SIG	εN										
HE		Signature of employ	ver/	nlan snonsor	Date		Enter name of individ	ual sid	ning as employe	er or plan sponsor	
Pre	parer's r			e, if applicable) and address; in		suite number				number (optional))
										, ,	
											_

Form 5500-SF 2012 Page **2**

Par	t III Financial Information						
<u> Par</u>	Plan Assets and Liabilities		(a) Beginning of Ver				(h) End of Voor
	Total plan assets	7a	(a) Beginning of Yea				(b) End of Year 9905
	Total plan liabilities	7a 7b	107000	7 1			9903
	Net plan assets (subtract line 7b from line 7a)	7c	187865	1			9905
	Income, Expenses, and Transfers for this Plan Year		(a) Amount	, ,			(b) Total
	Contributions received or receivable from:		(a) Amount				(b) Total
	(1) Employers	8a(1)	150	0			
	(2) Participants	8a(2)	4500	00			
	(3) Others (including rollovers)	8a(3)					
<u>b</u>	Other income (loss)	8b	20360)4			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					250104
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	211158	34			
e	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f	726	6			
g	Other expenses	8g					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					2118850
	Net income (loss) (subtract line 8h from line 8c)	8i					-1868746
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 2J 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instructions:
Part	V Compliance Questions						
10	During the plan year:				Yes	No	Amount
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	7
b		? (Do not	include transactions reported	10b		X	
С	Was the plan covered by a fidelity bond?			10c	Χ		200000
d				100			200000
	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 cinstructions.)	of the bene	efits under the plan? (See	10e		X	
f	Has the plan failed to provide any benefit when due under the plan			10f		Χ	
g	Did the plan have any participant loans? (If "Yes," enter amount a					X	
h	If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR	10g		X	
	2520.101-3.)	ne require	d notice or one of the	10h			
Part	vi Pension Funding Compliance	1-3		10i			
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
11a	Enter the amount from Schedule SB line 39					11a	
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction (302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applic	able.)				
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon	ith	and e	enter th Day	ne date of the letter ruling Year
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.				
b	Enter the minimum required contribution for this plan year					12b	

	Form 5500-SF 2012	Page 3 - 1						
			1					
С	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 negative amount)			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding	ng 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?			X	Yes	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, transfer of the PBGC?	red to another plan, or brought und	er the c	ontro			Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this pl which assets or liabilities were transferred. (See instructions.)	lan to another plan(s), identify the p	lan(s) t	0				
1	3c(1) Name of plan(s):		13	3c(2) l	EIN(s))	13c(3) PN(s)
Part	VIII Trust Information (optional)	_						
14a 1	Name of trust			14b	Trust'	s EIN		

26695 09/30/2013 3:54 PM

Form 5500-SF Department of the Treasury Internal Revenue Service	Short Form Annual	Return/Repor Benefit Plan	rt of Small Em	ployee		OMB Nos.	1210-0110 1210-0089
Department of Labor Employee Benefits Security Administration	This form is required to be Retirement Income Security Ac					2012	
Pension Benefit Guaranty Corporation	the Inte Complete all entries in acco	mal Revenue Code (the ordance with the ins	•	Į.	This F	orm is Open Inspection	
Part I Annual Report Id	entification Information	····			· · · · · · · · · · · · · · · · · · ·	 	
For calendar plan year 2012 or fiscal			nd ending				
_	a single-employer plan		plan (not multiemploy	ver)	a 00e-	participant pla	
B This return/report is:	the first return/report an amended return/report	the final return/repo			a 0.15-	participant pro	311
C Check box if filing under:	Form 5558 special extension (enter description	automatic extension			DEVC	program	
	nation—enter all requested info						
1a Name of plan	OS PS Orthodontics P				1b	Three-dig t plan	i
Plan	10 11 11 11 11 11 11 11 11 11 11 11 11 1	TOTAL DIRECTION	•		1c	number (PN) P	ite of plan
2a Plan sponsor's name and addr J Timothy Quinn DDS	ess; include room or suite numbe	r (employer, if for a s	single-employer plan)		2b	01/01/1 Employer Identifi	ication No
9418 Beachwood Dr					2c	(EIN) 91-1 Spansor's teleph	one number
	vm 00005				2d	253-851 Business code (s	
Gig Harbor 3a Plan administrator's name and	WA 98335 address X Same as Plan Spon					621210	
			ne as Plan Sponsor Ai		3b 3c	Administrato Administrato telephone no	or's
4 If the name and/or EIN of the plan sp	consor has changed since the last return	m/report filed for this pla	n, enter the name, EIN,		4b	EIN	
and the plan number from the last re	-				4c	PN	
5a Total number of participants at	the beginning of the plan year				5a		12
b Total number of participants at					5b		1
	balances as of the end of the plan year				5c	-27	1
b Are you claiming a waiver of the under 29 CFR 2520.104-46? (S	ring the plan year invested in elig e annual examination and report o lee instructions on waiver eligibilit	of an independent quity and conditions.)	alified public accounta			X Yes	No No
	r line 6a or line 6b, the plan car						
Caution: A penalty for the late or in							
Under penalties of perjury and other p Schedule SB or Schedule MB comple				•	-	• •	
knowledge and belief, it is true, correct	= = =	dary, as wer do me	CICCUO IIC VCISION OF U	na returnitep	ort, and	TO HE DESCE	,, ,,,,
SIGN Timoth	Q2	/10/1/13	J Timothy Qu	inn DDS			
HERE Signature of plan admir	nistrator	Date	Enter name of indivi			administrato	ıΓ
SIGN							
HERE Signature of employer/p	elan sponsor	Date	Enter name of indivi	dual signing	as emp	oloyer or plan	sponsor
Preparer's name (including firm name	, if applicable) and address; inclu	de room or suite nur	nber (optional)	Preparer's	telepho	one number (optional)

26695

J	Timothy	Quinn	DDS	PS
---	---------	-------	-----	----

	9/30/2013 3:54 PM					
J	Timothy Quinn DDS PS 91-1205144					
	Form 5500-SF 2012	F	Page 2-			
Pai	TIII Financial Information					
7	Plan Assets and Liabilities		(a) Danis		£ 37	
а	Total plan assets	7a	(a) Begini		<u>1 1ear</u> 8651	
b	Total plan liabilities	7b	 	101	003T	9905
С	Net plan assets (subtract line 7b from line 7a)	7c	 	107	8651	0005
8	Income, Expenses, and Transfers for this Plan Year	1,6	(n) A			
а	Contributions received or receivable from:		(a) M	moun	<u> </u>	(b) Total
- 1	1) Employers	0 - (4)		-	, 500	
	2) Participants	8a(1) 8a(2)			,000	
	3) Others (including rollovers)	8a(3)		43	,000	
b	Other income (loss)	8b		203	, 604	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		203	, 604	250 104
d	Benefits paid (including direct rollovers and insurance premiums	-00	<u> </u>	<u>: : ::</u>		250,104
	to provide benefits)	8d	,	111	, 584	
e	Certain deemed and/or corrective distributions (see instructions)	8e			, 504	
f	Administrative service providers (salaries, fees, commissions)	8f		7	266	
g	Other expenses	8g			, 200	
h	Total expenses (add lines 8d, 8e, 8f, and 8o)	8h		·		2,118,850
i	Net income (loss) (subtract line 8h from line 8c)	Bi				-1,868,746
i	Transfers to (from) the plan (see instructions)	Bj	<u> </u>	11.1% 1.1		-1,000,740
Par		, , , , , , , , , , , , , , , , , , ,				
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List o 2A 2E 2J 3D	f Plan	Characteris	tic Co	des in 1	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of	Plan C	haracteristi	c Code	es in th	e instructions:
						o med obtions.
Par	V Compliance Questions			• • •		
10	During the plan year:			Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period de	scribe	d in			
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		10a		x	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions	report				
	on line 10a.)		106		x	
С	Was the plan covered by a fidelity bond?		10c	X		200000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused	by frac				
	or dishonesty?		. 10d		x	

а	Was there a failure to transmit to the plan any participant contributions within the time period described in				
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported				
	on line 10a.)	10b		x	
c	Was the plan covered by a fidelity bond?	10c	X		200000
d	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	
e	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	
<u>f</u>	Has the plan failed to provide any benefit when due under the plan?	10f		х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		х	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR				
	2520.101-3.)	10h		x	
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	10i			
Par	t VI Pension Funding Compliance				

11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche	dule SB				_
	Form 5500) and line 11a below)]	Yes	N	o
11a	Enter the amount from Schedule SB line 39	11a				
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?		\neg	Yes	X N	<u> </u>
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					<u>-</u>
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and	enter the	e datr	e of the le	tter rutii	
	propries the makes	Day				,9

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 26

Form 5500-SF 2012	Page 3-		
	Page 3-	_	
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 si	gn to the left of a		
negative amount)	<u></u>	12d	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?			res No N/A
Part VII Plan Terminations and Transfers of Assets			
3a Has a resolution to terminate the plan been adopted in any plan year?	<u></u>	X	∕es No
If "Yes," enter the amount of any plan assets that reverted to the employer this year b Were all the plan assets distributed to participants or begefringing transferred to another plan	<u></u>	13a	
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan of the PBGC?	n, or brought under the cor	ntrol	Yes X No
C If during this plan year, any assets or liabilities were transferred from this plan to another plant which assets or liabilities were transferred. (See instructions.)	(s), identify the plan(s) to		
13c(1) Name of plan(s):	40.40		T
The state of participation of the state of t	13c(2) E	HN(S)	13c(3) PN(s)
Part VIII Trust Information (optional)			
4a Name of trust	14b Тлиз	t's EIN	

Please sign and date below:

2012 Form 5500-SF e-file Signature Authorization

J Timothy Quinn DDS PS J Timothy Quinn DDS PS Orthodontics Profit Sharing Plan 001 9418 Beachwood Dr Gig Harbor, WA 98335

Employer Identification Number: 91-1205144

Client Identification Number: 26695

You, as plan administrator, are authorizing that Martin Boyle PLLC electronically file the 2012 Form 5500-SF for J Timothy Quinn DDS PS Orthodontics Profit Sharing as an EFAST2 Service Provider.

Authorization

As plan administrator for J Timothy Quinn DDS PS Orthodontics Profit Sharing, I authorize Martin Boyle PLLC to electronically file Form 5500-SF for the tax year 2012. I understand that a PDF copy of the first two pages of the manually signed form will be submitted to EFAST2 with the electronic file, and that the image of my signature will be included with the rest of the return / report posted by the Department of Labor on the internet for public disclosure.

Pian Administrator Authorization / Truckery ()