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

2013

This Form is Open to Public Inspection

Dort I				ctions to the Form 550			
Part I	Annual Report	Identification Informatior	n				
For calend	dar plan year 2013 or fis	scal plan year beginning 01/0	1/2013	and ending	12/31/2	2013	
A This re	eturn/report is for:	a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-particip	oant plan
B This re	eturn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year return	n/report (less than 12 m	onths)	
C Check	box if filing under:	X Form 5558	automatic extension			DFVC progra	am
		special extension (enter des	cription)				
Part II	Basic Plan Info	rmation—enter all requested in	nformation				
1a Name	e of plan				1b	Three-digit	
J TIMOTHY	QUINN DDS PS ORTH	HODONTICS PROFIT SHARING	PLAN			plan number	004
					10	(PN)	001
					16	Effective date of	•
2a Plan s	sponsor's name and add	dress; include room or suite numl	ber (employer, if for a single-	employer plan)	2b	Employer Identif	
					20	Sponsor's telep	
9418 BFAC	CHWOOD DR					253-85	
	OR, WA 98335				2d	Business code ((see instructions)
						62121	
3a Plan a	administrator's name an	d address XSame as Plan Spor	nsor Name Same as Plar	Sponsor Address	3b	Administrator's I	EIN
					3с	Administrator's t	telephone number
4 If the	name and/or FIN of the	plan sponsor has changed since	e the last return/report filed for	or this plan, enter the	4h	EIN	
		nber from the last return/report.	e the last retain/report filed it	or this plan, enter the	40	EIIN	
a Spons	sor's name				4c	PN	
5a Total	number of participants	at the beginning of the plan year			5a		1
b Total							I
D Total	number of participants	at the end of the plan year			5b		1
C Numl	ber of participants with a	at the end of the plan year account balances as of the end o	of the plan year (defined bene	fit plans do not	5b 5c		-
C Numl	ber of participants with a	account balances as of the end o	f the plan year (defined bene	fit plans do not	5c		1
c Number of Comp. 6a Were b Are y	ber of participants with a plete this item)e e all of the plan's assets you claiming a waiver of	account balances as of the end of the end of the end of the plan year invested in the annual examination and repo	of the plan year (defined bene- eligible assets? (See instruction or of an independent qualifie	fit plans do not tions.)	5c		1 1 X Yes No
6a Were y unde	ber of participants with a plete this item)e e all of the plan's assets you claiming a waiver of or 29 CFR 2520.104-46?	account balances as of the end of the end of the plan year invested in the annual examination and report (See instructions on waiver eligit	of the plan year (defined bene- eligible assets? (See instruction of an independent qualifier ibility and conditions.)	tions.)d public accountant (IC	5c		1
6a Were b Are y unde	ber of participants with a olete this item) e all of the plan's assets you claiming a waiver of or 29 CFR 2520.104-46? u answered "No" to ei	during the plan year invested in the annual examination and report (See instructions on waiver eligither line 6a or line 6b, the plan	eligible assets? (See instruction of an independent qualifier ibility and conditions.)	tions.)d public accountant (IC	5c PA)	5500.	1 1 X Yes No X Yes No
6a Were b Are y unde	ber of participants with a olete this item) e all of the plan's assets you claiming a waiver of or 29 CFR 2520.104-46? u answered "No" to ei	account balances as of the end of the end of the plan year invested in the annual examination and report (See instructions on waiver eligit	eligible assets? (See instruction of an independent qualifier ibility and conditions.)	tions.)d public accountant (IC	5c PA)	5500.	1 1 X Yes No
c Numl comp 6a Were b Are y unde If you c If the	ber of participants with a blete this item)e e all of the plan's assets ou claiming a waiver of the 29 CFR 2520.104-467 u answered "No" to ei plan is a defined benefi	during the plan year invested in the annual examination and report (See instructions on waiver eligither line 6a or line 6b, the plan	eligible assets? (See instruction of an independent qualifier ibility and conditions.)	tions.)d public accountant (IC and must instead use ERISA section 4021)?	5c	5500. Yes No	1 1 X Yes No X Yes No
c Numl comp 6a Were b Are y unde If you c If the Caution:	ber of participants with a plete this item)	account balances as of the end of the annual examination and report (See instructions on waiver eligither line 6a or line 6b, the plan at plan, is it covered under the PB or incomplete filing of this returner penalties set forth in the instru	eligible assets? (See instruction of an independent qualifier ibility and conditions.)	tions.)d public accountant (IC and must instead use ERISA section 4021)? unless reasonable ca examined this return/re	5c PPA) Form use is	Yes No established.	1 X Yes No X Yes No Not determined able, a Schedule
6a Were b Are y under lf you C If the Caution: J	ber of participants with a plete this item)	account balances as of the end of the end of the annual examination and report (See instructions on waiver eligither line 6a or line 6b, the plan it plan, is it covered under the PB or incomplete filing of this returner penalties set forth in the instruction signed by an enrolled actuary,	eligible assets? (See instruction of an independent qualifier ibility and conditions.)	tions.)d public accountant (IC and must instead use ERISA section 4021)? unless reasonable ca examined this return/re	5c PPA) Form use is	Yes No established.	1 X Yes No X Yes No Not determined able, a Schedule
6a Were b Are y under If you C If the Caution: Under per SB or Sch belief, it is	ber of participants with a colete this item)	account balances as of the end of the end of the annual examination and report (See instructions on waiver eligither line 6a or line 6b, the plan it plan, is it covered under the PB or incomplete filing of this returner penalties set forth in the instruction signed by an enrolled actuary,	eligible assets? (See instruction of an independent qualifier ibility and conditions.)	tions.)d public accountant (IC and must instead use ERISA section 4021)? unless reasonable ca examined this return/re	Form use is port, ir	Yes No established.	1 X Yes No X Yes No Not determined able, a Schedule
6a Were b Are y under lf you C If the Caution: Under per SB or Sch belief, it is	ber of participants with a colete this item)	account balances as of the end of the end of the annual examination and report (See instructions on waiver eligither line 6a or line 6b, the plantit plan, is it covered under the PB or incomplete filing of this returner penalties set forth in the instruction of the end signed by an enrolled actuary, plete.	eligible assets? (See instruction of an independent qualifier ibility and conditions.)	tions.)	Formuse is port, int, and	yes No established. ncluding, if applicate to the best of my	1 X Yes No X Yes No Not determined able, a Schedule knowledge and
6a Were b Are y under If you c If the Caution: Under per SB or Sch belief, it is	ber of participants with a colete this item)	account balances as of the end of the end of the annual examination and report (See instructions on waiver eligither line 6a or line 6b, the plantit plan, is it covered under the PB or incomplete filing of this returner penalties set forth in the instruction of the end signed by an enrolled actuary, plete.	eligible assets? (See instruction of an independent qualifier ibility and conditions.)	tions.)	Formuse is port, int, and	yes No established. ncluding, if applicate to the best of my	1 X Yes No X Yes No Not determined able, a Schedule knowledge and
6a Were b Are y under If you C If the Caution: Under per SB or Sch belief, it is	ber of participants with a colete this item)	account balances as of the end of the annual examination and report (See instructions on waiver eligither line 6a or line 6b, the plantit plan, is it covered under the PB or incomplete filing of this returner penalties set forth in the instruction of signed by an enrolled actuary, polete.	eligible assets? (See instruction of an independent qualifier ibility and conditions.)	tions.)	5c PPA) Form Use is port, irt, and DDS	stablished. ncluding, if applicate the best of my	1 X Yes No X Yes No Not determined able, a Schedule knowledge and
6a Were being Are younder lift you continued from the continue of the continue	ber of participants with a colete this item)	account balances as of the end of the annual examination and report (See instructions on waiver eligither line 6a or line 6b, the plantit plan, is it covered under the PB or incomplete filing of this returner penalties set forth in the instruction of the plantit	eligible assets? (See instructort of an independent qualifier ibility and conditions.)	tions.)	Form Weeks Form W	yes No sestablished. ncluding, if applicate the best of my	1 X Yes No X Yes No Not determined able, a Schedule knowledge and ninistrator
6a Were being Are younder lift you continued from the continue of the continue	ber of participants with a colete this item)	account balances as of the end of the annual examination and report (See instructions on waiver eligither line 6a or line 6b, the plantit plan, is it covered under the PB or incomplete filing of this returner penalties set forth in the instruction of signed by an enrolled actuary, polete.	eligible assets? (See instructort of an independent qualifier ibility and conditions.)	tions.)	Form Weeks Form W	yes No sestablished. ncluding, if applicate the best of my	1 X Yes No X Yes No Not determined able, a Schedule knowledge and
6a Were being Are younder lift you continued from the continue of the continue	ber of participants with a colete this item)	account balances as of the end of the annual examination and report (See instructions on waiver eligither line 6a or line 6b, the plantit plan, is it covered under the PB or incomplete filing of this returner penalties set forth in the instruction of the plantit	eligible assets? (See instructort of an independent qualifier ibility and conditions.)	tions.)	Form Luse is port, int, and lual signal sign	yes No sestablished. ncluding, if applicate the best of my	1 X Yes No X Yes No Not determined able, a Schedule knowledge and ninistrator
6a Were being Are younder lift you continued from the continue of the continue	ber of participants with a colete this item)	account balances as of the end of the annual examination and report (See instructions on waiver eligither line 6a or line 6b, the plantit plan, is it covered under the PB or incomplete filing of this returner penalties set forth in the instruction of the plantit	eligible assets? (See instructort of an independent qualifier ibility and conditions.)	tions.)	Form Luse is port, int, and lual signal sign	yes No sestablished. ncluding, if applicate the best of my	1 X Yes No X Yes No Not determined able, a Schedule knowledge and ninistrator
6a Were being Are younder lift you continued from the continue of the continue	ber of participants with a colete this item)	account balances as of the end of the annual examination and report (See instructions on waiver eligither line 6a or line 6b, the plantit plan, is it covered under the PB or incomplete filing of this returner penalties set forth in the instruction of the plantit	eligible assets? (See instructort of an independent qualifier ibility and conditions.)	tions.)	Form Luse is port, int, and lual signal sign	yes No sestablished. ncluding, if applicate the best of my	1 X Yes No X Yes No Not determined able, a Schedule knowledge and ninistrator

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(h) Fr	nd of \	/ear	
<u>.</u>	Total plan assets	7a	(a) Beginning of Tea				(6) [10 01 1	9833	3
_	Total plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)	7c	990	5					9833	3
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(h) Tota	<u> </u>	
a	Contributions received or receivable from:		(a) Amount				<u>u)</u>	Tota		
	(1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		1						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							1	
d	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	7	3						
g	Other expenses	. 8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							73	3
i	Net income (loss) (subtract line 8h from line 8c)	. 8i							-72	2
j	Transfers to (from) the plan (see instructions)	8j								
Pai	rt 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 inst	ruction	s:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instru	ıctions	:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Λm	ount	
	Was there a failure to transmit to the plan any participant contribu	tions within	n the time period described in					All	ount	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corr	ection Program)	10a		Х				
I.	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X				
	· · · · · · · · · · · · · · · · · · ·				X					200000
				10c						200000
	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х				
е	Were any fees or commissions paid to any brokers, agents, or oth	•								
	insurance service, or other organization that provides some or all instructions.)			10e		X				
f	·			10f		Χ				
						X				
9		-		10g						
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X				
ī	,									
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							[Yes	No
					1					
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39	· · · · · · · · ·		11a				
11a	Enter the unpaid minimum required contribution for current year fr Is this a defined contribution plan subject to the minimum funding						ERISA?	<u></u> [Yes	X No
		requireme	ents of section 412 of the Code				ERISA?		Yes	X No
12	Is this a defined contribution plan subject to the minimum funding	requireme , as applicang amortize	ents of section 412 of the Code able.) ed in this plan year, see instru	e or se	ection	302 of			etter ru	
12 a	Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is being	requireme , as applicang amortize	ents of section 412 of the Code able.) ed in this plan year, see instru Mon	e or se	ection	302 of		of the I	etter ru	

Page	3	-	1	
гаус	J	_		

			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 (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?	X	es No)	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?		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	13c(1) Name of plan(s):	13c(2) EI	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)			•	
14a	Name of trust	14b ⊺	rust's EIN		

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).

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

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

	Complete all entries in acco	rdance with the inst	ructions to the Form 5500-SF.		
Par	Annual Report Identification Information				
For o	alendar plan year 2013 or fiscal plan year beginning	an	d ending		
Α -	his return/report is for: X a single-employer plan	a multiple-employer	plan (not multiemployer)	a one-	participant plan
В	his return/report is: the first return/report	the final return/repor	i		
	an amended return/report	a short plan year retu	urn/report (less than 12 months)		
C	Check box if filing under: X Form 5558	automatic extension		DFVC	program
	special extension (enter description	on)			
Par					
1a	Name of plan			1b	Three-digit plan
	J Timothy Quinn DDS PS Orthodontics P	rofit Sharing	T		number (PN) ▶ 001
	Plan			1c	Effective date of plan
				'0	01/01/1986
2a	Plan sponsor's name and address; include room or suite numbe	r (employer if for a si	ngle-employer plan)	2b	Employer Identification No.
	J Timothy Quinn DDS PS	(chiployer, it for a si	ngle-employer plan)		(EIN) 91-1205144
	, rimoon, garm bbb rb			2c	
	9418 Beachwood Dr			20	Sponsor's telephone number 253-851-5083
	7410 Beachwood BI			24	
	Gig Harbor WA 98335			2d	Business code (see instr.)
	FIG HAIDOI WA 90555				621210
3a	Plan administrator's name and address X Same as Plan Spor	See News Com	a as Dian Casassa Addassa	26	
Ja	Same as Flair Spor	ISOI INAIIIE Saii	e as Plan Sponsor Address	3b	Administrator's EIN
				2-	* 1 . 1 . 1 . 1 . 1
				3с	Administrator's
				ŀ	telephone number
4	If the name and/or EIN of the plan sponsor has changed since the last retu	rn/report filed for this pla	a enter the name FIN	4b	EIN
7	and the plan number from the last return/report. a Sponsor's name	m/report filed for this pia	i, enter the name, EIN,	4c	PN
5a				5a	
b	Total number of participants at the beginning of the plan year			5b	1
			le not complete this items	5c	<u>1</u>
<u>C</u>	Number of participants with account balances as of the end of the plan year			50	
6a	Were all of the plan's assets during the plan year invested in elig				X Yes No
b	Are you claiming a waiver of the annual examination and report of the annual examination and report of the second		alified public accountant (IQPA)		₩
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	7			X Yes No
_	If you answered "No" to either line 6a or line 6b, the plan ca				POLITICAL STRUCTURE STRUCTURE
0	If the plan is a defined benefit plan, is it covered under the PBGC insurance				t determined
	ion: A penalty for the late or incomplete filing of this return/re				
		ons, I declare that I ha			
	er penalties of perjury and other penalties set forth in the instruction				d to the hest of my
Sche	dule SB or Schedule MB completed and signed by an enrolled ac	ctuary, as well as the	electronic version of this return/re	port, an	a to the best of my
Sche knov	edule SB or Schedule MB completed and signed by an enrolled ac Medge and belief, it is true, correct, and complete.	*			
Sche knov SIGN	edule SB or Schedule MB completed and signed by an enrolled active and belief, it is true, correct, and complete.	09/09/2014	J Timothy Quinn DD	s	
Sche knov SIGN HER	edule SB or Schedule MB completed and signed by an enrolled active general signed by an enrolled active general signature of plan administrator	*		s	
Sche knov SIGN HER SIGN	edule SB or Schedule MB completed and signed by an enrolled actived ge and belief, it is true, correct, and complete. Signature of plan administrator	09/09/2014 Date	J Timothy Quinn DD Enter name of individual signing	S g as pla	n administrator
Sche knov SIGN HER SIGN HER	dule SB or Schedule MB completed and signed by an enrolled active general services and complete. Signature of plan administrator Signature of employer/plan sponsor	09/09/2014 Date Date	J Timothy Quinn DD Enter name of individual signing Enter name of individual signing	S g as pla g as em	n administrator ployer or plan sponsor
Sche knov SIGN HER SIGN HER	edule SB or Schedule MB completed and signed by an enrolled actived ge and belief, it is true, correct, and complete. Signature of plan administrator	09/09/2014 Date Date	J Timothy Quinn DD Enter name of individual signing Enter name of individual signing	S g as pla g as em	n administrator
Sche knov SIGN HER SIGN HER	dule SB or Schedule MB completed and signed by an enrolled active general services and complete. Signature of plan administrator Signature of employer/plan sponsor	09/09/2014 Date Date	J Timothy Quinn DD Enter name of individual signing Enter name of individual signing	S g as pla g as em	n administrator ployer or plan sponsor
Sche knov SIGN HER SIGN HER	dule SB or Schedule MB completed and signed by an enrolled active general services and complete. Signature of plan administrator Signature of employer/plan sponsor	09/09/2014 Date Date	J Timothy Quinn DD Enter name of individual signing Enter name of individual signing	S g as pla g as em	n administrator ployer or plan sponsor
Sche knov SIGN HER SIGN HER	dule SB or Schedule MB completed and signed by an enrolled active general services and complete. Signature of plan administrator Signature of employer/plan sponsor	09/09/2014 Date Date	J Timothy Quinn DD Enter name of individual signing Enter name of individual signing	S g as pla g as em	n administrator ployer or plan sponsor
Sche knov SIGN HER SIGN HER	dule SB or Schedule MB completed and signed by an enrolled active general services and complete. Signature of plan administrator Signature of employer/plan sponsor	09/09/2014 Date Date	J Timothy Quinn DD Enter name of individual signing Enter name of individual signing	S g as pla g as em	n administrator ployer or plan sponsor

J Timothy Quinn DDS PS

91-1205144

Form 5500-SF 2013 Page **2-**

Par	III Financial Information						-
7	Plan Assets and Liabilities		(a) Beginni	ng of	Year	(b) End of Year	
а	Total plan assets	7a			905		3
b	Total plan liabilities	7b					_
С	Net plan assets (subtract line 7b from line 7a)	7c		9	905	983	3
8	Income, Expenses, and Transfers for this Plan Year		(a) An	nount		(b) Total	
а	Contributions received or receivable from:						
	I) Employers	8a(1)					
		8a(2)					
(;		8a(3)					\
b	Other income (loss)	8b			1		░
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					1
d	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			73		
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				7.	3
ī	Net income (loss) (subtract line 8h from line 8c)	8i				-7:	_
ī	Transfers to (from) the plan (see instructions)	8j					
Par	IV Plan Characteristics						2000
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of 2A 2E 2J 3D						
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of F	Plan C	haracteristic	Code	es in t	he instructions:	
Par	t V Compliance Questions						_
10	During the plan year:			Yes	No	Amount	_
a	Was there a failure to transmit to the plan any participant contributions within the time period des	scribe	d in				
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		10a		х		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions						_
	on line 10a.)		10b		х		
С	Was the plan covered by a fidelity bond?			х		20000	0
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused						_
	or dishonesty?		10d		х		
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance ca	arrier,					_
	insurance service, or other organization that provides some or all of the benefits under the plan?						
	instructions.)	,	10e		x		
f	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		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		10i				
Par			101				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instruction	ne and	l complete S	chod	ulo SE	2	-
	F 5500 18 44 1 1 1			cried	ule Sc		_
11a	Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500)				440	T	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se	702 15			11a	Yes X No	_
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	CHOILS	UZ UI ERISA?			res A No	<u>)</u>
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year,	coo !-	notruptions.	and s	oto= 41-	l data of the letter "	_
а	and the state of t						ıg
16	granting the waiver. ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to		Month	U	ay	Year	_
<u>пгу</u>					401	T	
	Enter the minimum required contribution for this plan year				12b	1	_

DOCOF	09/09/2014	4.24 DM

JT	imothy Quinn DDS PS	91-1205144	_				
	Form 5500-SF 2013		Page 3-				
С	Enter the amount contributed by the employer to the plan for t	this plan year		. 120	;		
d	Subtract the amount in line 12c from the amount in line 12b. E	Enter the result (enter a minus sign to	the left of a				
	negative amount)			. 120	1		
е	Will the minimum funding amount reported on line 12d be me				Yes	No	N/A
Part	VII Plan Terminations and Transfers of Asse	ets					
13a	Has a resolution to terminate the plan been adopted in any pla	an year?		X	Yes	No	
	If "Yes," enter the amount of any plan assets that reverted to				1		0
b	Were all the plan assets distributed to participants or beneficia	aries, transferred to another plan, or b	rought under the	control			
	of the PBGC?					Yes	X No
С	If during this plan year, any assets or liabilities were transferred	ed from this plan to another plan(s), id	entify the plan(s)	to			
	which assets or liabilities were transferred. (See instructions.)		10.40	· =151/			
1	3c(1) Name of plan(s):		130(2) EIN(s)	13c(3)	PN(s)
	3746 T4 L. f						
Part	······································						
14a N	ame of trust		14b -	Γrust's E	IN		

2013 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 2013 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 2013. 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.

Please sign and date below: