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.

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Part I	Annual Repor	rt Identification Information				
For calend	dar plan year 2014 or	fiscal plan year beginning 01/01/201	14	and ending 12	2/31/2014	
A This re	eturn/report is for:	X a single-employer plan		olan (not multiemployer) oyer information in acco		s box must attach a list
71		a one-participant plan	a foreign plan	.,		
B This ret	turn/report is	the first return/report	the final return/report			
	,	an amended return/report	H .	rn/report (less than 12 n	nonths)	
C Check	box if filing under:	X Form 5558	automatic extension		☐ DFVC pi	ogram
		special extension (enter descrip	otion)			
Part II	Basic Plan Inf	formation—enter all requested info	rmation			
1a Name		THORONTIOS PROFIT SHARING			1b Three-digit	
JIIMOTHY	QUINN DDS PS OF	RTHODONTICS PROFIT SHARING			plan numbe (PN) ▶	001
					1c Effective da	ite of plan
					С	1/01/1986
2a Plan s J TIMOTHY	sponsor's name and a QUINN DDS PS	address; include room or suite number	r (employer, if for a single	e-employer plan)		lentification Number 1-1205144
9418 BEAC	HWOOD DR					elephone number 3-851-5083
	OR, WA 98335				2d Business co	ode (see instructions)
						21210
3a Plan a	administrator's name	and address XSame as Plan Sponso	or.		3b Administrat	or's EIN
name	e, EIN, and the plan r	the plan sponsor has changed since th number from the last return/report.	ne last return/report filed t	for this plan, enter the	4b EIN	
	sor's name	to at the headers and the attenues			4c PN	
		its at the beginning of the plan year				1
		its at the end of the plan year			. 5b	(
comp	lete this item)	th account balances as of the end of the			. 5c	C
	·	participants at the beginning of the plan	•		5d(1)	
` '	·	participants at the end of the plan year			5d(2)	
		t terminated employment during the pla	•	efits that were	5e	
		e or incomplete filing of this return/				
SB or Sch		other penalties set forth in the instructi and signed by an enrolled actuary, as				
SIGN		ed/valid electronic signature.	10/08/2015	J TIMOTHY QUINN I	DDS	
HERE	Signature of plan	administrator	Date	Enter name of indivi	dual signing as plar	administrator
SIGN						
HERE	Signature of emp	oloyer/plan sponsor	Date	Enter name of indivi	dual signing as emp	oloyer or plan sponsor
Preparer's		n name, if applicable) and address (inc	lude room or suite numb			one number (optional)

	Form 5500-SF 2014		Page 2							
b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann	an indepe and condit	ndent qualified public accounta	int (IQ	PA)			×	Yes Yes	No No
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40	21)?		Yes	No	No	t determ	nined
Par	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) Er	nd of Y	ear	
<u>a</u>	Total plan assets	7a	98	333						0
	Total plan liabilities	7b								
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c	98	333						
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
	Contributions received or receivable from: (1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
	Other income (loss)	8b								
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	98	316						
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		17						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							983	3
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							-983	3
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	feature co	des from the List of Plan Char	acteris	stic Co	des in	the inst	ructions	s:	
	2A 2E 2J 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Cod	es in t	he instru	ictions:		
Part	V Compliance Questions									
10	During the plan year:				Yes	No		Δm	ount	
	Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period described in					AIII	ount	
	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.)		-	10b		Χ				
С	Was the plan covered by a fidelity bond?			10c	X				2	200000
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 instructions.)	of the ber	efits under the plan? (See	10e		X				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х				
g						Χ				
<u>_</u>	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR			10g						
••	2520.101-3.)			10h		X				
i	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	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							[Yes	No
11a	Enter the unpaid minimum required contribution for current year fr					11a				
12	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA?		Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,							-		
a	If a waiver of the minimum funding standard for a prior year is beir			ctions	and e	enter th	ne date d	of the le	etter rulii	na

......Month

Day

Year

granting the waiver.

	F	Form 5500-SF 2014	Page 3 - 1					
lf y	ou c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Forr	n 5500), and skip to line 13.					
b	Ente	r the minimum required contribution for this plan year			12b			
С	Ente	r the amount contributed by the employer to the plan for this plan year			12c			
d		ract the amount in line 12c from the amount in line 12b. Enter the result ative amount)	`		12d			
е	Will t	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	Yes N	lo	
	If "Ye	es," enter the amount of any plan assets that reverted to the employer th	is year		. 13a			
b		e all the plan assets distributed to participants or beneficiaries, transferre e PBGC?		under the o	control		X Yes	No
С	If du	ring this plan year, any assets or liabilities were transferred from this planth assets or liabilities were transferred. (See instructions.)		ne plan(s)	to			
1	3c(1)	Name of plan(s):		1:	3c(2) E	IN(s)	13c(3) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

2014 Form 5500-SF e-file Signature Authorization

DR J TIMOTHY QUINN

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 2014 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 2014. 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:

Plan Administrator Authorization - J. Tumo Thy Cau-

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Form 5500-SF	Short Form Annua	al Return/Report o Benefit Plan	f Small Employe	e	OMB Nos. 12	210-0110			
Department of the Treasury Internal Revenue Service	This form is required to be fi	ited under sections 104 and 4065	of the Employee Retirement		2014				
Department of Lebor Employee Benefits Security Administration	Income Security Act of 197	Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).		1	This Form is Open to				
Pension Benefit Guaranty Corporation	Complete all entries in a	accordance with the instruc	ctions to the Form 5500-S	F Pu	blic Inspection	on			
Part I Annual Report	Identification Information	on							
For calendar plan year 2014 or fisc	cat plan year beginning	and c	ending						
A This return/report is for:		a multiple-employer pla a foreign plan	in (not multiemployer)						
B This return/report is:	the first return/report an amended return/report	the final return/report a short plan year return	n/report (less than 12 mont	hs)					
C Check box if filling under:	Form 5558 special extension (enter des	automatic extension		DFVC	program				
Part II Basic Plan Info	ormation enter all requeste	d information		1.45	T. 5:3 -1				
4a Nome of rien	·			1b	Three-digit plan number (PN)	001			
J Timothy Quinn	DDS PS Orthodontia	s Profit Sharing		1c	Effective dat	e of plan			
Plan		weeher (employer if for a cin	ole-employer plan)	2b	O1/O1/15 Employer Identific				
2a Plan sponsor's name and a J Timothy Quinn D	address; include room or suite n	umber (employer, it to a sur	gio-ciripoyor promy	2c	(EIN) 91-1 Sponsor's telepho	2051 <u>44</u>			
				20	253-851-				
9418 Beachwood Dr	•			2d	Business code (a	_			
Gig Harbor	WA 98335				621210				
3a Plan administrator's name a	and address X Same as Plan	n Sponsor.		3b	Administrato	x's ElN			
				3c	Administrato	_			
					Cologo in the co				
4 If the name and/or EIN of the p	olan sponsor has changed since the I	last return/report filed for this plan	, enter the name, EIN.	4b	EIN				
and the plan number from the l	last return/report a Sponsor's name			4c	PN				
5a Total number of participant	ts at the beginning of the plan y	/ear		5a 5b					
b Total number of participant	ts at the end of the plan year				<u>-</u> -	•			
 Number of participants with 	h account balances as of the en	ad of the plan year (defined t	Senent plans do not	5c	!	1			
complete this item)				5d(1)					
d(1) Total number of active p	participants at the beginning of the planticipants at the end of the planticipants at the end of the planticipants.	ne pan yeer							
e Number of participants that	at terminated employment during	g the plan year with accrued	benefits that were	5e					
less than 100% vested Caution: A penalty for the late		atum/monet will be seened	od unieg matenable car	se is establ	ished.				
Caution: A penalty for the late Under penalties of perjury and o Schedule SB or Schedule MB co	whose acceptibles pat forth in the in	retructions I declare that I ha	ive examined this return/re	POET INCUDING	з, и аррисски	a, a cofmy			
Schedule SB or Schedule Mis or knowledge and belief, it is true,	contact and agreed by an emic	anga consery, as not us to							
	Has Chura	09/24/2015	J Timothy Quin	DDS					
HERE Signature of plan		Date (0 5 (5	Enter name of individual	signing as p	la <u>n admi</u> nistra	itor			
SIGN		7-4-	Enter name of Individual	signing as e	mployer or pla	n sponso			
HERE Signature of emple Preparer's name (including firm	oyer/plan sponsor name, if applicable) and addre	Ss; include room or suite nur		eparer's teler	shone numba	r (optiona			
Preparar's name (moduling min	Tidino, ii opposessy are ortical	,							
			 -						
						500-SF (20			

Permitted by Quantum Services of the plan's essets during the plan year invested in eligible assets? (See instructions) Vere all of the plan's essets during the plan year invested in eligible assets? (See instructions) Are you claiming a winker of the annual examination and report of an independent qualified public accountant (IOPA) under 22 oFR 250 10.446? (See instructions on wester eligibility and conditions) If you arrawward "No" to either line fac of line 60, the plan cannot use Form 500-SF and must invised use Form 500. If his plan is a divide bowlet plan is, a knowled under the PROC traumano program (two ERSA socked 42/7) Plan Assets and Liabilities Plan Assets and Liabilities 7 to 19833 Total plan assets 7 to 9833 Total plan assets To Net plan assets (updrag line 70 form line 7a) To Net plan assets (updrag line 70 form line 7a) To Net plan assets (updrag line 70 form line 7a) To Net plan assets (updrag line 70 form line 7a) To One see (including oliovers) To Others (including oliovers) To Others (including oliovers) To Others (including oliovers) To Others (including oliovers) To Other including collovers To Others (including oliovers) To Other including collovers To Other including oliovers To Other including oliovers To Other including oliovers To Other (including oliovers) To Other including oliovers To Oth		2015 4:40 PM	91-1205144		_					
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Ave you claiming a washer of the annual examination and report of an independent quasies place scenarial (users) under 20 PR 220 101-467 (See interduction or valvers epiblity and conditions.) If you arrawward "No" to either line 6e or line 61, the plan cannot use Form 8900-\$F and must instead use Form 8900. If the plan is a claim bowel plan is, shown or shown of the plan control plan in the plan is and the plan in the plan in the plan in the plan is and the plan in th			metad in cligible assets? (See instructions)					X	Yes	No
troduce 29 CFR 2520 1014-67 (Sao instructions on vasives displaitly and conditions? Who to an extract which to other time for or the fish, the plan cannot use Form 5500-SF and must instructed use Form 3500. If the pin is a defined bowlet pint, is it covered under the PROC insurance program (see PRISA section 4021)? If the pin is a defined bowlet pint, is it covered under the PROC insurance program (see PRISA section 4021)? If the pin is a defined bowlet pint, is it covered under the PROC insurance program (see PRISA section 4021)? If the pin is a defined bowlet pint is it covered to the pint of the pint is the pint of the pint of the pint is the pint of	VVe	we all of the plan's assets during the plan year in	n and report of an independent qualified public				,	· —	_	_
If you answered "No" to either line far or line 6it, the plan commot use Form 590-95 and must rispect use Form 1900-95 life pair in a display board plan is becomed under the PRSC ensurance program (see ERSA action 492)? If the pair is a display board plan is become the pair of the pair is an experimental plan is better than 1900-95 and 190	Are	you claiming a waiver of the annual examination	valuer alimihility and conditions.)					X	Yes [No
### The plan is a defined benefit plan, is a convert under the PRICC received program (see Exists section 4/c/17) ### The plan is a possible for the plan is a plan deposite in the plan is a plan deposite (subtract) (in 7 from line 7/a) ### To Tola plan is a plan deposite (subtract) (in 7 from line 7/a) ### Tola plan is a plan deposite (subtract) (in 7 from line 7/a) ### Honories, Expenses, and Transfers for this Plan Year ### Contributions received or receivable from: ### Representation of the plan assessed (subtract) (in 7 from line 7/a) ### Contributions received or receivable from: ### Representation of the plan is plan in the plan in the plan is plan in the plan in the plan is plan in the plan in the plan is plan in the	UN	der 29 CFR 2520.104-467 (See Insuccions of V	the plan connot use Form 5500-SF and m	ust ins	tead use F	orm 55	00.			_
Per Nassia and Liabilities Per Nassia and	if t	You answered "No" to either line be or line of	PRGC insurance program (see ERISA section 4021)?		Γ	Yes	1	₩ 🔲	Not deta	mined
Pign Assets and Liabilities 1 Total plan speech 5 Total plan speech 6 Net plan speech 7 Net plan speech 7 Net plan speech 7 Net plan speech 7 Net plan speech 6 Net plan speech 7 Net plan speech			DOO SECURIO PROGRAM (VVV							
Page 17-856-8 and 17-856-8 and 17-856-8 and 18-85-8					(a) Beginr	ing of	Year	(b)	End of	Year
To Total plan inspects Next plan assets (subtract line 7c from line 7a) Note: plan inspects, search registery for this plan Year Contributions received or receivable from: (1) Employers (2) Particles (subtract line for line from: (2) Particles (subtract line for line from: (3) Others (including followers) (4) Other increding followers) (5) Other increding followers) (6) Other increding followers) (7) Employers (8) Other increding followers) (9) Other increding followers) (1) Employers (2) Particles (see followers) (1) Employers (2) Other increding followers) (3) Other increding followers) (4) Earthing feed for choicers and incurance premiums to provide benefits) (5) Other increding followers) (6) Cartain deemed analysis consistency distributions (see instructions) (7) Administrative sention providers (subtractines, fees, commissions) (8) Gene excentings (8) Other excentings (8) Other excentings (8) Institutions (soas) (subtract line 8h from line 8a) (9) Other increding followers (1) Institutions (soas) (subtract line 8h from line 8a) (1) Institutions (soas) (subtract line 8h from line 8a) (2) Interest (soas) (subtract line 8h from line 8a) (3) Institutions (soas) (subtract line 8h from line 8a) (4) Interest (soas) (subtract line 8h from line 8a) (5) Interest (soas) (subtract line 8h from line 8a) (6) Interest (soas) (subtract line 8h from line 8a) (8) Interest (soas) (subtract line 8h from line 8a) (9) Interest (soas) (subtract line 8h from line 8a) (9) Interest (soas) (subtract line 8h from line 8a) (9) Interest (soas) (subtract line 8h from line 8a) (1) Interest (soas) (subtract line 8h from line 8a) (2) Interest (soas) (subtract line 8h from line 8a) (3) Interest (soas) (subtract line 8h from line 8a) (4) Interest (soas) (subtract line 8h from line 8a) (5) Interest (soas) (subtract line 8h from line 8a) (6)			······································	78	\- <u></u>					
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Contributions received or receivable from: (e) Amount (b) Total	<u>b</u>	Total plan liabilities		_	<u> </u>	9	833			
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Form 5500) and line 11e below) 1a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 1a Inter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 1a Inter the unpaid minimum required 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 being amortized in this plan year, see instructions, and enter the date of the letter		to this a defined benefit plan subject to minimus	m funding regulrements? (If "Yes," see instruc	tions a	and complet	e Sche	dule S	B	_	_
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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 being amortized in this plan year, see instructions, and enter the date of the letter	11-2	Enter the uppeid minimum required contribution	n for current year from Schedule SB (Form 55	00) line	a 39		118	a		
(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 being amortized in this plan year, see instructions, and enter the date of the letter	_	le this a defined contribution plan subject to the minim	um funding requirements of section 412 of the Code of	r sectio	n 302 of ERI:	A?			Ye	3 X N
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 relief	<u>+</u>	UE PVoc I complete line 12e or lines 12h 12c 12d 200	l 12e below, as applicable.)							
creating the waiver Month Day Year		If a waiver of the minimum funding standard to	r a prior year is being amortized in this plan ye	ear, se	e instruction	s, and	enter t	the date	of the	letter ruli
	**	granting the waiver.			Month		Day	<u> </u>	ear	

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H_X	ou completed line 12a, complete lines 3, 9,				-			
<u> </u>	Enter the minimum required contribution for t	his plan year	<u> </u>	12b	1 ,			
<u> </u>	Enter the amount contributed by the employe	r to the plan for this plan year		12c				
_ <u>d</u>	Subtract the amount in line 12c from the amo	ount in line 12b. Enter the result (enter a minus	sign to the left of a	12d				
		n line 12d be met by the funding deadline?			Yes	Т	No	N/A
	VII Plan Terminations and Tran							
13a		adopted in any plan year?	,	X	Yes		No	
		that reverted to the employer this year						Q
b	Were all the plan assets distributed to partici of the PBGC?	pents or beneficiaries, transferred to another p	an, or brought under the	control		Х	Yes	□ No
С		es were transferred from this plan to another p See instructions.)	olan(s), identify the plan(s)	to				
	13c(1) Name of plan(s):		13c(2) EM(s)			13c(3)	PN(s)
Part	VIII Trust Information (optional	<u> </u>			_			
14a	Name of trust		14b	Trust's E	IN			