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).

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

	enetit Guaranty Corporation	 Complete all entries in accord 	dance with the instruc	tions to the Form 550	0-SF.		
Part I		dentification Information					
For calend	ar plan year 2013 or fisc	cal plan year beginning 01/01/201	3	and ending 1	2/31/2	2013	
A This ret	turn/report is for:	X a single-employer plan	a multiple-employer p	an (not multiemployer)		a one-particip	pant plan
B This ret	turn/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:	Form 5558	automatic extension			DFVC progra	am
	_	special extension (enter description	*				
Part II	Basic Plan Infor	mation—enter all requested inform	ation		•		1
1a Name					1b	Three-digit	
JEFFREY L	LOCKWOOD DDS FAC	CP INC 401(K) PROFIT SHARING PL	AN			plan number	002
					10	(PN) F	002
					10	Effective date of 09/01/	
2a Plan s	nonsor's name and add	lress; include room or suite number (e	employer if for a single-	employer plan)	2h	Employer Identi	
	LOCKWOOD DDS FAC		imployer, ir for a single-	employer plant	20		28009
					2c	Sponsor's telep	
	OAR ROADSUITE 102		AR ROAD SUITE 102			509-327	7-4469
SPOKANE,	WA 99208	SPOKANE, \	WA 99208		2d	Business code (62121	(see instructions)
3a Plan a	dministrator's name and	d address XSame as Plan Sponsor N	Name Same as Plar	Sponsor Address	3b	Administrator's I	
					20	A desiminate of a f	talanhana numbar
					30	Administrators	telephone number
4 If the r	name and/or EIN of the	plan sponsor has changed since the l	last return/report filed for	or this plan, enter the	4b	EIN	
		nber from the last return/report.			_		
	or's name				4c	PN	
	number of participants of				E -		
5a Total i	number of participants a	at the beginning of the plan year			5a		7
b Total i	number of participants a	at the end of the plan year			5b		7
b Total i	number of participants a er of participants with a	. ,	plan year (defined bene	fit plans do not			
b Total i	number of participants a er of participants with a lete this item)	at the end of the plan year	plan year (defined bene	fit plans do not	5b 5c		7
b Total of C Numb complete C Numb complete C Numb complete C Numb complete C Number	number of participants a er of participants with a lete this item)	during the plan year invested in eligib the annual examination and report of	plan year (defined bene ble assets? (See instruc an independent qualifie	fit plans do not tions.)	5b 5c PA)		7 7 X Yes No
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b Total in C Numb complete 6a Were b Are you under If your	er of participants at er of participants with a lete this item)	during the plan year invested in eligible the annual examination and report of (See instructions on waiver eligibility ther line 6a or line 6b, the plan cannual cannu	plan year (defined bene- ble assets? (See instruc an independent qualifie and conditions.)	fit plans do not tions.)d public accountant (IQ	5b 5c PA)	5500.	7 7 X Yes No X Yes No
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Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	or.			(b) End	of Va	ar		
	Total plan assets	7a	73887				(b) Ella		74529	9	
	Total plan liabilities	7a 7b							7 102		
	Net plan assets (subtract line 7b from line 7a)	76 7c	73887	'9	+			9	74529	9	
	Income, Expenses, and Transfers for this Plan Year	70			+		/b) T		020		
	Contributions received or receivable from:		(a) Amount				(b) To	Mai			
	(1) Employers	8a(1)	1694	8							
	(2) Participants	8a(2)	6557	' 8							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	18703	3							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						2	69559)	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	3390	7							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	. 8f									
g	Other expenses	8g									
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							3390	7	
ī	Net income (loss) (subtract line 8h from line 8c)	8i						2	35652	2	
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics	<u> </u>									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instruct	ions	:		
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 instruction	ons:			
D	(V. Osmarlianas Osmarliana										
Par	•			1			ı				
10	During the plan year:				Yes	No		Amo	unt		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corr	ection Program)	10a		X					
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c	X					75	5000
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	of the ben	efits under the plan? (See			X					
	instructions.)			10e							
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i		X					
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	X	No
110	Enter the unpaid minimum required contribution for current year fr					11a				(*)	
	· · · · · · · · · · · · · · · · · · ·		,		-		EDICA:	\neg	Yes	V	No
12	Is this a defined contribution plan subject to the minimum funding			or se	cuon	3U∠ Of	EKISA!		168	^	INU
	(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 beir			ctions	and a	enter th	l ne date of th	ام ام	tter ru	ling	—
	granting the waiver.	-			, апи	Day		Yea		ıy	
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					

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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?	Y	es 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 under the coof the PBGC?	ontrol		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) to which assets or liabilities were transferred. (See instructions.))		
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	4b Tr	ust's EIN	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Part

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

For calendar plan year 2013 or fiscal	or fiscal plan year beginning	01/01/2013	B	and ending 12/31/2013	
A This return/report is for:	a single-employer plan the first return/report		a multiple-employer plan (not multiemployer) the final return/report		ant plan
	an amended return/report	poort	a short plan year return/report (less than 12 months)	t (less than 12 months)	
C Check box if filing under:	K Form 5558	auto	automatic extension	DFVC program	Ε
Part II Basic Plan Information		enter all requested information			
!				1b Three-digit	
JEFFKEY L LOCKWOOD DDS FACE SHARING PLAN	INC 401(K) PROFIT	Et i		1c Effective date of plan	002
2a Plan sponsor's name and address; include room or suite number (employer, if for single-employer plan) JEFREY L LOCKWOOD DDS FACP INC	clude room or suite num	nber (employer, if fo	r single-employer plan)	2b Employer Identification Number (EIN)	ber (EIN)
6817 N CEDAR ROAD; SUITE 102				2c Sponsor's telephone number 509-327-4469	L
SPOKANE	WA 99208	80		2d Business code (see instructions) 621210	ons)
3a Plan administrator's name and address	×	Sponsor Name X	Same as Plan Sponsor Address	3b Administrator's EIN	
				3c Administrator's telephone number	ımber
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.	the plan sponsor has changed since the last reture and the plan number from the last return/report.	d since the last re e last return/repo	turn/report filed for this	4b EIN	
a Sponsor's name				4c PN	
5a Total number of participants at the beginning of the plan year	the beginning of the p	1		5a 7	
	the end of the plan ye	ar			
C Number of participants with account balances as of the end of the plan year (defined	count balances as of t	he end of the plar	ı year (defined		
benefit plaits do not complete this fierry Mere all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	ils item) ing the plan year inye	se eldicile di Deter	eate? (See instructions)) DC	
	annual examination a	and report of an in	dependent qualified publi		
(IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	46? (See instructions	on waiver eligibilit	y and conditions.)	X Yes	es No
	line 6a or line 6b, th	e plan cannot us	e Form 5500-SF and mu	instead use Form 5500.	
Caution: A benalty for the late or incomplete filing of this return/report will be accessed infectionally for the late or incomplete filing of this return/report will be accessed infectionally for the late or incomplete filing of this return/report will be accessed infectionally for the late or incomplete filing of this return/report will be accessed infectionally for the late or incomplete filing of this return/report will be accessed infectionally for the late or incomplete filing of this return/report will be accessed infectionally for the late or incomplete filing of this return/report will be accessed infectionally for the late or incomplete filing of this return/report will be accessed infectionally for the late or incomplete filing of this return/report will be accessed infectionally for the late or incomplete filing of this return/report will be accessed infectionally for the late or incomplete filing of this return/report will be accessed infectionally for the late or incomplete filing of this return/report will be accessed infectionally for the late or incomplete filing of this return/report will be accessed infectionally for the late or incomplete filing of the late of the lat	s it covered under the Pi	3GC insurance progr	am (see ERISA section 4021)? Yes No	Not determined
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.	nd other penalties set forth in t IB completed and signed by ar is true, correct, and complete.	he instructions, I on enrolled actuary	declare that I have examir as well as the electronic	ned this return/report, including, is version of this return/report, and	applicable, a
SIGN SIGN	Lockwood		JEFFREY L LOCKWOOD	ОО	
Signatuté of plan administrator		Date	Enter name of individ	Enter name of individual signing as plan administrator	
SIGN PALL Y	lund		JEFFREY L LOCKWOOD	до	
Signature of employer/plan sponsor		Date	Enter name of individ	Enter name of individual signing as employer or plan sponsor	onsor
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)	e, if applicable) and a	ddress; include ro	om or suite number (optic	onal) Preparer's telephone number (optional)	er (optional)
MICHELE R GUIDICE CARROZZO				509-869-1960	
PO BOX 48274					
SPOKANE	WA 99228				
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.	e and OMB Control	Numbers, see th	e instructions for Form		Form 5500-SF (2013)

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