Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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

2011

This Form is Open to Public Inspection

Р	ension B	enefit Guaranty Corporation	► Complete all entries in accord	dance witl	h the instructions to the Form 550	0-SF.	Inspection			
Pa	art I	Annual Report le	dentification Information							
For	For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011									
A	This re	turn/report is for:	x a single-employer plan	a multiple	-employer plan (not multiemployer)		a one-participant plan			
В	This re	turn/report is:	the first return/report	the final r	e final return/report					
		an amended return/report a short plan year return/report (less than 12 months)								
_	C Check box if filing under:				extension	[DFVC program			
C					Octoriolori	Į	Br vo program			
		Dania Dian Infan	special extension (enter description	,						
	art II		mation—enter all requested inform	ation		1 h	There is all out			
		of plan NG DDS, PS RETIREMI	ENT DI AN				Three-digit plan number			
30111	VIILL	NO DDO, I O RETIREINI	INT LAN				(PN) • 002			
						1c	Effective date of plan			
							01/01/2010			
			ess; include room or suite number (e	mployer, if	for a single-employer plan)	2b	Employer Identification Numbe	r		
JOH	NHLE	NG DDS, PS					(EIN) 27-1512597			
						2c	Sponsor's telephone number			
	N. OAK					0.1	509-684-5066			
COL	VILLE,	WA 99114				2d Business code (see instructions) 621210				
32	Dlon	dministrator's name and	address (if same as plan sponsor, e	ntor "Como	,"\	3h	Administrator's EIN			
		NG DDS, PS	245 N. OAK		;)	30	27-1512597			
			COLVILLE, V	VA 99114		3c Administrator's telephone num				
					509-684-5066					
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed to				report filed for this plan, enter the	4b	EIN			
а	name, EIN, and the plan number from the last return/report. Sponsor's name					4c	PN			
	•									
b		Total number of participants at the end of the plan year								
					5b					
С		Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)				5с		3		
6a	Were	all of the plan's assets	of the plan's assets during the plan year invested in eligible assets? (See instructions.)				X Yes	No		
b		·	he annual examination and report of		· ·					
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)						X Yes	No			
Do	If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III Financial Information									
_ Fa		•	ation				(1) = 1 4 1 f			
′_	_	Assets and Liabilities		_	(a) Beginning of Year		(b) End of Year 71557			
a				7a	20203		71007			
b		•	71. (P 7-)	7b	28235		71557			
<u>C</u>		•	7b from line 7a)	7c						
8		ne, Expenses, and Trans ibutions received or rece			(a) Amount		(b) Total			
а			ervable from:	8a(1)	1635					
	` '			8a(2)	44000					
	` '	·	s)	8a(3)						
b	` ,	, ,			-2313					
C			8a(2), 8a(3), and 8b)	8c			43322			
d			rollovers and insurance premiums							
				. 8d						
е	Certa	in deemed and/or correc	tive distributions (see instructions)	8e						
f	Admir	nistrative service provide	rs (salaries, fees, commissions)	. 8f						
g	Other	expenses		. 8g						
h	Total	expenses (add lines 8d,	8e, 8f, and 8g)	8h			0			
i	Net in	come (loss) (subtract lin	e 8h from line 8c)	. 8i			43322			
j	Trans	fers to (from) the plan (s	ee instructions)	8j						

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Part IV	I Plan	Charac	cteristics

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2D 2E 2F 2G 2J 3D
 - If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

art	v	Compliance Questions							
0		ng the plan year:		Yes	No			mount	
	Was	there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		X				
С	Was	s the plan covered by a fidelity bond?	10c		X				
d		he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		X				
е	insu	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See uctions.)	10e		X				
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did t	he plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х				
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		Χ				
i		h was answered "Yes," check the box if you either provided the required notice or one of the ptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI	Pension Funding Compliance							
11	Is thi	s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com						Ye	s X N
lf y	If a v gran	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver. Monompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. r the minimum required contribution for this plan year.	th	——					
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 (enter a minus sign to the left tive amount)		[12d				
е	Will t	he minimum funding amount reported on line 12d be met by the funding deadline?				Υe	es	No	N/A
art	VII	Plan Terminations and Transfers of Assets							
13a	Has	a resolution to terminate the plan been adopted in any plan year?			,	Yes	X No		
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year	1	3a					
b	Were	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought e PBGC?	under	the co	ontrol			Ye	s X N
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the hassets or liabilities were transferred. (See instructions.)	ne pla	n(s) to)				_
1	3c(1)	Name of plan(s):		13	c(2) E	IN(s)		13c(3) PN(s)
		penalty for the late or incomplete filing of this return/report will be assessed unless reasonab							
		alties of perjury and other penalties set forth in the instructions, I declare that I have examined this return.						e, a Sc	hed

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.

SIGN	Filed with authorized/valid electronic signature.	06/26/2012	JOHN H. LENG
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	06/26/2012	JOHN H. LENG
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2011

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_	Complete all entries in accord	iance with	the instruction	ons to the Form 550	10-5F.	l			
_	art I Annual Report Identification Information								
For	the calendar plan year 2011 or fiscal plan year beginning	01/01	/2011	and ending	12	/31/2011			
Α	This return/report is for: x a single-employer plan	a multiple-	employer plan (not multiemployer)		a one-particip	pant plan		
В	This return/report is: the first return/report	the final ret	turn/report						
	an amended return/report	a short plar	n year return/re	port (less than 12 mo	nlhs)				
С	Check box if filing under: Form 5558	automatic e	extension			DFVC progra	m		
	special extension (enter description))			_	_			
D	art II Basic Plan Information enter all requested inform	mation							
	Name of plan	nauon,			1b	Three-digit			
						plan number	002		
	John H Leng DDS, PS Retirement Plan					(PN) ► Effective date of			
					3577	01/01/2010	pian		
2a	Plan sponsor's name and address; include room or suite number (emp	oloyer, if for	single-employe	er plan)	2b	Employer Identi	fication Number		
	John H Leng DDS, PS					(EIN) 27-15:	12597		
					2c	,	telephone number		
	245 N. OAK ST.					(509) 684-5			
						Business code (621210	see instructions)		
US	COLVILLE WA 99114	- 110 11)				Administrator's	EIN		
sa	Plan administrator's name and address (If same as plan sponsor, ente Same	er "Same")			30	Aummistrator's I	CIIV .		
				20					
			3c Administrator's telephone number						
4	If the name and/or EIN of the plan sponsor has changed since the last	plan, enter the	4b EIN						
a	name, EIN, and the plan number from the last return/report. Sponsor's Name					4c PN			
-	. 921504	tal number of participants at the beginning of the plan year				5a 3			
b	Total number of participants at the end of the plan year				5b		3		
С	Number of participants with account balances as of the end of the plan		-		50		2		
62	complete this item)				5c	50 KOO M 75	X Yes No		
b							IN 163 LINO		
~	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and			· · · · · ·			X Yes No		
	If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.								
P	art III Financial Information								
7	Plan Assets and Liabilities	Shirthy	(a) Be	ginning of Year		(b) End	of Year		
а	Total plan assets	7a		28,235	_		71,557		
b	Total plan liabilities	7b							
C	Net plan assets (subtract line 7b from line 7a)	7c		28,235	-		71,557		
8	Income, Expenses, and Transfers for this Plan Year		(;	a) Amount		(b)	Total		
а	Contributions received or receivable from: (1) Employers	. 8a(1)		1,635	1				
	(2) Participants	8a(2)		44,000					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b		(2,313)	(100)				
¢	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	CH Ship to	Eliminative	So		43,322		
d	Benefits paid (including direct rollovers and insurance premiums				17.00				
_	to provide benefits)	8d			1 574				
e	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions) .	8f							
g	Other expenses	8g			1857		0		
h H	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					43,322		
3	Net income (loss) (subtract line 8h from line 8c)	8i 8i	A CHICAGO		DI II	N. P. J. September	326,06		
100	LEADSTONE TO LIESTING BIRD LEAD INSTRUCTIONS	LXL	E.						

	Form 5500-SF 2011	P	age 2-							
Par	Part IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension feat	ure codes from the Lis	t of Plan Characteri	istic Cod	es in the i	nstructions:				
h	2A 2D 2E 2F 2G 2J 3D									
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:									
Par	t V Compliance Questions									
10	During the plan year:			Ye	s No	Am	nount			
а				10a	x					
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciar Were there any nonexempt transactions with any party-in-interest? (I		,	100						
	on line 10a.)			10b	X					
С	Was the plan covered by a fidelity bond?			10c	х					
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud ishonesty?								
_	,			10d						
е	Were any fees or commisions paid to any brokers, agents, or other prinsurance services or other organization that provides some or all of				l _x l					
	instructions.)		114 744	10e	x					
f	Has the plan failed to provide any benefit when due under the plan?		i	10f						
g h	Did the plan have any participant loans? (If "Yes," enter amount as our lf this is an individual account plan, was there a blackout period? (Se	•		10g	X	09/63/10				
	2520.101-3.)		10h	х	Market 1	带于独国联系				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3		10i							
	Part VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))									
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? 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 year, see instructions, and enter the date of the letter ruling granting the waiver									
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule M				Day		ar			
b	Enter the minimum required contribution for this plan year			- es e	12b					
С	Enter the amount contributed by the employer to the plan for this pla	n year			12c					
d	Subtract the amount in line 12c from the amount in line 12b. Enter th negative amount)		s sign to the left of a	a	12d					
е	Will the minimum funding amount reported on line 12d be met by the			120 12	2 32 32	Yes	□No □N/A			
art	VII Plan Terminations and Transfers of Assets	Torraing doddinio.								
13a	Has a resolution to terminate the plan been adopted in any plan year	?	# 194 F # 194 F # 194	2 2 2	.gg: 02_ 10.	(SET SE EC SES	Yes X No			
	If "Yes," enter the amount of any plan assets that reverted to the em		F 3 . R (4: 3 . R	(6: 6:	13a					
b	Were all the plan assets distributed to participants or beneficiaries, to		_				Yes X No			
С	of the PBGC? If during this plan year, any assets or liabilities were transferred from						Lies Mildo			
	which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s):				13c(2) EI	N(s)	13c(3) PN(s)			
	really realled or planter					(-)	atomorphic formation and an artist of the second and artist of the second artist of the second and artist of the second artist of the second and a			
Cauti	on: A penalty for the late or incomplete filing of this return/report	will be assessed unl	ess reasonable ca	use is e	stablishe	d.				
BB or	penalties of perjury and other penalties set forth in the instructions, I of Schedule MB completed and signed by an enrolled actuary, as well as it is true, correct, and complete.									
SIC	81 10 00	7/5/12	John H Leng							
HE		Date	Enter name of indi	ividual si	igning as p	plan administ	rator			
SIC	()1 8	5/15/12	John H Leng							
HE		Date 4	Enter name of indi	ividual si	gning as	employer or p	lan sponsor			