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

2012

This Form is Open to Public Inspection ▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Part I	Annual Report Ide	entification Information				
For calen	dar plan year 2012 or fisca	al plan year beginning 01/01/2012		and ending	12/31/2012	
A This re	eturn/report is for:	a single-employer plan	a multiple-employer p	lan (not multiemployer)	a one-part	ticipant plan
B This re	eturn/report is:	the first return/report t	he final return/report			
		an amended return/report an	short plan year retur	n/report (less than 12 m	nonths)	
C Check	box if filing under:	Form 5558	automatic extension		DFVC pro	gram
		special extension (enter description)			
Part II	Basic Plan Inform	nation—enter all requested informat	ion		_	
1a Name	•				1b Three-digit	
JOHN H LE	NG DDS, PS RETIREMEN	NT PLAN			plan number (PN) ▶	002
					1c Effective date	I
						/01/2010
		ess; include room or suite number (em	ployer, if for a single	-employer plan)	2b Employer Ide	entification Number
JOHN H LE	ENG DDS, PS				(EIN) 27-	-1512597
					2c Sponsor's te	
245 N. OAI	(ST. , WA 99114					684-5066
OOLVILLE	, 111100111					de (see instructions)
3a Plan	administrator's name and a	address XSame as Plan Sponsor Na	ıme Same as Plai	n Sponsor Address	3b Administrator	r's EIN
			ш	•		
					3c Administrator	r's telephone number
	•	lan sponsor has changed since the la	st return/report filed fo	or this plan, enter the	4b EIN	
nam	e, EIN, and the plan number	lan sponsor has changed since the la er from the last return/report.	st return/report filed f	or this plan, enter the		
nam a Spon	e, EIN, and the plan numbe sor's name	er from the last return/report.	·	, ·	4c PN	2
a Spon 5a Total	e, EIN, and the plan numbersor's name number of participants at	er from the last return/report. the beginning of the plan year			4c PN 5a	3
a Spon5a Totalb Total	e, EIN, and the plan numbersor's name number of participants at number of participants at	er from the last return/report. the beginning of the plan yearthe end of the plan year			4c PN	3
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Do	4 III Financial Information		<u> </u>					
Par			1 () = 1				#\	
	7 Plan Assets and Liabilities		(a) Beginning of Yea			(b) End of Year		
	Total plan assets	7a 	7155	0/	-		125846	
	Total plan liabilities	7b	7455					
	Net plan assets (subtract line 7b from line 7a)	7c	7155	0/	-		125846	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
а	Contributions received or receivable from: (1) Employers	8a(1)	700	14				
	(2) Participants	8a(2)	4500	00				
	(3) Others (including rollovers)	8a(3)						
	Other income (loss)	8b	414	15				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					56149	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	186	60				
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f		0				
g	Other expenses	8g		0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					1860	
i	Net income (loss) (subtract line 8h from line 8c)	8i					54289	
j	Transfers to (from) the plan (see instructions)	8i						
Par	t IV Plan Characteristics		•					
9a	If the plan provides pension benefits, enter the applicable pension 2A 2D 2E 2F 2G 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 fe	eature cod	les from the List of Plan Chara	cteristi	ic Cod	les in t	he instructions:	
Part	V Compliance Questions							
10	During the plan year:				Yes	No	Amarint	
a				10a	100	X	Amount	
b		? (Do not	include transactions reported	10b		X		
С	Was the plan covered by a fidelity bond?				Χ			
				10c			10000	
d	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		
	Did the plan have any participant loans? (If "Yes," enter amount a					X		
g h	If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR	10g		X		
i	If 10h was answered "Yes," check the box if you either provided the	ne require	d notice or one of the	10h				
D = =1	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i				
Part 11	Is this a defined benefit plan subject to minimum funding requirem							
11a	5500) and line 11a below) Enter the amount from Schedule SB line 39					11a	103 / 100	
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,							
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		and e	enter th Day	ne date of the letter ruling Year	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedulo							
b	Enter the minimum required contribution for this plan year					12b		
	·			_		_	·	

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	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?		Yes 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 of the PBGC?	control		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	3c(1) Name of plan(s):	3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	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

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OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

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Part I	Annual Report Io	dentification Information	01/01/2012	and ending	12/31/2012	
-				plan (not multiemployer)		
				,	∐ a one-parti	cipant pian
B This re	turn/report is:	Ⅎ	he final return/report			
	Į	=		rn/report (less than 12 m		
C Check	box if filing under:	Form 5558	automatic extension		☐ DFVC prog	ıram
		special extension (enter description)			
Part II	Basic Plan Infor	mation enter all requested inform	nation			
1a Name	e of plan				1b Three-digit plan number	
Johr	n H Leng DDS, PS	Retirement Plan			(PN) ►	002
					1c Effective date	
<u> </u>					01/01/201	
	sponsor's name and add n H Leng DDS, PS	ress; include room or suite number (er	nployer, if for a singl	e-employer plan)	2b Employer Idea (EIN) 27-1	
					2c Sponsor's tele	
0.45					(509) 684	
245	N. OAK ST.				2d Business cod	e (see instructions)
US COLV	/ILLE	WA 99114			621210	
3a Plan	administrator's name and	d address 🗓 Same as Plan Sponsor	Name 🗌 Same as	Plan Sponsor Address	3b Administrator	's EIN
					3c Administrator	's telephone number
A If the	name and/or CINI of the	alan anagar has abangad since the Is	est return/report filed	for this plan, apter the	4b EIN	
		plan sponsor has changed since the laber from the last return/report.	st return/report filed	for this plan, enter the	4b EIN	
name			st return/report filed	for this plan, enter the	4b EIN 4c PN	
name a Spon	e, EIN, and the plan numl sor's name				_	3
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Part III Financial Information							
7 Plan Assets and Liabilities	1000	(a) Beginning of Year			(b) End of	Year
a Total plan assets	7a	71,5	57				125,846
b Total plan liabilities	7b						
C Net plan assets (subtract line 7b from line 7a)	7c	71,5	57				125,846
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Tot	al
a Contributions received or receivable from:	8a(1)	7,00)4	188	Plan of		
(1) Employers	8a(2)	45,00		14 00			
(2) Participants	8a(3)	10,0		Table 1			STATE OF THE PARTY
b Other income (loss)	8b	4,14	15	18.4		92500	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						56,149
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1,86	50		Son Ke		
e Certain deemed and/or corrective distributions (see instructions)	8e			144	N I S	SAVE MILL	
f Administrative service providers (salaries, fees, commissions)	8f		0	1			
g Other expenses	8g		0				HX50H/R VI
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1,860
i Net income (loss) (subtract line 8h from line 8c)	8i		Mal				54,289
j Transfers to (from) the plan (see instructions)	8j			190	E PLE	值年初	
Part IV Plan Characteristics		Wi					
b If the plan provides welfare benefits, enter the applicable welfare features.	ature code	es from the List of Plan Characte	eristic	Code	s in the i	nstructions	5:
Part V Compliance Questions							
10 During the plan year:			_	Yes	No	Aı	nount
a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce			10a		x		
b Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		х		
C Was the plan covered by a fidelity bond?			10c	х			10,000
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	,		10d		х		
Were any fees or commisions paid to any brokers, agents, or other insurance service or other organization that provides some or all constructions.)	of the bene	efits under the plan? (See	10e		х		
f Has the plan failed to provide any benefit when due under the plan	1?		10f		х		
g Did the plan have any participant loans? (If "Yes," enter amount a	s of year 6	and)	10g		х		
h If this is an individual account plan, was there a blackout period? (See instru	uctions and 29 CFR	10h				
i If 10h was answered "Yes," check the box if you either provided the	ne require	d notice or one of the			Х	VE O	
exceptions to providing the notice applied under 29 CFR 2520.101 Part VI Pension Funding Compliance	1-3		10i				
				0.1		·-	
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	,						Yes X No
11a Enter the amount from Schedule SB line 39					11a		
12 Is this a defined contribution plan subject to the minimum funding		CTW TY SIX	or sec	ction 3	02 of EF	RISA?	Yes X No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	7777		_				
If a waiver of the minimum funding standard for a prior year is being ranting the waiver							e letter ruling Year
If you completed line 12a, complete lines 3, 9, and 10 of Schedule	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-			
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?	□ Ye	es X N	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 co 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) to which assets or liabilities were transferred. (See instructions.)			
1	3c(1) Name of plan(s): 13c(2) EiN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a I	lame of trust	14b ⊺	rust's EIN	l