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

Pension B	enefit Guaranty Corporation	▶ Complete all entries in accorda	nce with the instruc	tions to the Form 5500	0-SF.		
Part I	Annual Report Id	dentification Information				•	
	lar plan year 2013 or fisc			and ending 1:	2/31/2	2013	
A This re	turn/report is for:	X a single-employer plan a	multiple-employer pl	an (not multiemployer)		a one-partici	pant plan
B This re	turn/report is:	the first return/report X tl	ne final return/report				
		an amended return/report a	short plan year return	n/report (less than 12 mo	onths))	
C Check	box if filing under:	Form 5558 a a	utomatic extension			DFVC progra	am
Dort II	Basis Blan Inform						
Part II		mation—enter all requested informati	on		1h	Thurs dist	1
1a Name	∈of pian NG DDS, PS RETIREME	ENT DLAN			ID	Three-digit plan number	
JOHN H LE	NG DDS, PS RETIREWE	INI PLAN				(PN) ▶	002
					1c	Effective date of	f plan
							/2010
	sponsor's name and addr NG DDS, PS	ress; include room or suite number (em	ployer, if for a single-	employer plan)	2b	Employer Identi (EIN) 27-15	fication Number
045 N. OAK	V CT				2c	Sponsor's telep	
245 N. OAK COLVILLE,					2d	Business code	(see instructions)
3a Plan a	administrator's name and	address Same as Plan Sponsor Na	me Same as Plan	Sponsor Address	3b	6212 ² Administrator's	
					3c	Administrator's	telephone number
4 If the	name and/or EIN of the p	plan sponsor has changed since the las	st return/report filed fo	r this plan, enter the	4b	EIN	
		per from the last return/report.					
a Spons	sor's name				4c	PN	
5a Total	number of participants at	t the beginning of the plan year			5a		3
b Total	number of participants at	t the end of the plan year			5b		0
		count balances as of the end of the pla			5c		0
6a Were	e all of the plan's assets of	during the plan year invested in eligible	assets? (See instruct	tions.)			X Yes No
b Are y	ou claiming a waiver of the	he annual examination and report of an	independent qualifie	d public accountant (IQI	PA)		
		See instructions on waiver eligibility an					X Yes No
-		ner line 6a or line 6b, the plan cannot					7
C If the	plan is a defined benefit	plan, is it covered under the PBGC insu	urance program (see	ERISA section 4021)?		Yes No	Not determined
Caution:	A penalty for the late or	incomplete filing of this return/repo	rt will be assessed u	unless reasonable cau	se is	established.	
SB or Sch		er penalties set forth in the instructions, I signed by an enrolled actuary, as well ete.					
SIGN	Filed with authorized/va	alid electronic signature.					
HERE	Signature of plan adr	ministrator	Date	Enter name of individu	ual siç	gning as plan adr	ministrator
SIGN							
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individu	ual siç	ning as employe	er or plan sponsor
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone num							
				-			

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Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	or.			(b) End o	f Voor		
	Total plan assets	7a	(a) Beginning of Tea		(a) End of Tol			i i cai	0	
	Total plan liabilities	7b			+				0	
	Net plan assets (subtract line 7b from line 7a)	7c	12584	-6	0					
	Income, Expenses, and Transfers for this Plan Year	,,,	(a) Amount				(b) To	tal		
	Contributions received or receivable from:		(a) Amount				(6) 10	ıaı		
	(1) Employers	8a(1)	789	4						
	(2) Participants	8a(2)	4600	0						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	2832	4						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						822	18	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	20806	4						
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						2080	064	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-1258	346	
j_	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructi	ons:		
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 instructio	ns:		
Par	V Compliance Questions									
10	During the plan year:				Yes	No		Amoun	t	
а				10a		X				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		X				
				10c	X				1	10000
d				100						0000
	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					V				
	instructions.)		. ,	10e		X				
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						
Part	VI Pension Funding Compliance						•			
11										
112	a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39									
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?									
				oi se	CHUII	JUZ UI	LNIOA!	<u> </u>	~ <u> </u>	INO
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 ruling						g			
	granting the waiver.			th		Day		Year		
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•				12b				
a	Enter the minimum required contribution for this plan year					IZU	Ī			

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гаус	J		

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 country of the PBGC?	control		X Yes	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.)	:0			
1	3c(1) Name of plan(s):	3 c(2) EI	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust	14b Trust's EIN			

Form 5500-SF

Department of the Treasury Internal Revenue Service

Deparlment 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).

2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	Pension	Benefit Guaranty Corporation	► Complete all entries in accorda	ance with the instru	ctions to the Form 550	0-SF.		
P	art I	Annual Report	Identification Information				-1	
For	caler	ndar plan year 2013 or fis		01/01/2013	and ending	12	2/31/2013	
Α	This	return/report is for:	x a single-employer plan	a multiple-employer p	olan (not multiemployer)		a one-particip	pant plan
В	This I	return/report is:	the first return/report x t	he final return/report				
			an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)	ı	
С	Chec	k box if filing under:	Form 5558	automatic extension		[DFVC progra	am
			special extension (enter description)				
P	art II	Basic Plan Info	rmation enter all requested inform	nation				
		ne of plan		NATURAL DESCRIPTION OF THE PROPERTY OF THE PRO		1b	Three-digit	
	Joh	nn H Leng DDS, PS	Retirement Plan				plan number (PN) ▶	002
		,,	1.00-10110 1-411			1c	Effective date o	
							01/01/2010	•
2a		n sponsor's name and ad nn H Leng DDS, PS	dress; include room or suite number (er	mployer, if for a single	e-employer plan)	2b	Employer Identi (EIN) 27-15:	ification Number 12597
						2c	Sponsor's telep	
	245	N. OAK ST.				2d		(see instructions)
_		LVILLE	WA 99114				621210	
3a	Plar	n administrator's name ar	nd address X Same as Plan Sponsor	Name Same as	Plan Sponsor Address	36	Administrator's	EIN
						_		
						3C	Administrator's	telephone number
4	If th	e name and/or EIN of the	plan sponsor has changed since the la	st return/report filed	for this plan, enter the	4b	EIN	
			nber from the last return/report.					
		nsor's name				4c	PN	
			at the beginning of the plan year			5a		3
b			at the end of the plan year			5b	_	0
	com	plete this item)				5c		0
_			during the plan year invested in eligible					X Yes No
b			the annual examination and report of ar (See instructions on waiver eligibility ar	ad aanditiona)		,		X Yes No
			her line 6a or line 6b, the plan canno		and must instead use			
С	-		t plan, is it covered under the PBGC ins			_		Not determined
Ca	aution	: A penalty for the late	or incomplete filing of this return/rep	ort will be assessed	d unless reasonable ca	use is	established.	
			her penalties set forth in the instructions					cable, a Schedule
		chedule MB completed a is true, correct, and com	nd signed by an enrolled actuary, as we plete.	ell as the electronic ve	ersion of this return/repor	t, and	to the best of m	y knowledge and
0	IGN	Quin	Pin		John H. Leng			
	IERE	Signature of plan adm	inistrator	Date 1/24/14	Enter name of individua	al sinni	ng as plan admi	inistrator
			e ti-pe	Bato Marini	John H. Leng	ar organi	ng as plan adm	motrator
	IGN	Signature of employer	/nlan spansor	Date 1/24/14	Enter name of individua	al ciani	ng as employer	or plan enoneor
			name, if applicable) and address; include					number (optional)
	орато	ro namo (molading mm n	iame, ir applicable) and addices, includ-	o room or oano marris	(optional)	1 Topo	noi o tolopilono	mannes (optional)
						THE P		

Pa	rt III Financial Information			_				
*-	Plan Assets and Liabilities		(a) Beginning of Year	r	T		(b) End of	Year
	Total plan assets	7a	125,84					0
-	Total plan liabilities	7b	220/0					
	Net plan assets (subtract line 7b from line 7a)	7c	125,8	46			0	
-	Income, Expenses, and Transfers for this Plan Year	E Walto	(a) Amount		1		(b) Tot	
а	Contributions received or receivable from:				8.01		- T 7 1 1 1	A PARTY AND A PART
	(1) Employers	8a(1)	7,89		9150	Cont.		edio Sul Sad
	(2) Participants	8a(2)	46,00	00				710 160 1100 1
	(3) Others (including rollovers)	8a(3)	20.20	2.4	1.510	MAC.		
	Other income (loss)	8b 8c	28,32	24		400	N. E. CONTENT	00.010
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8d	208,00	64		3/4		82,218
е	Certain deemed and/or corrective distributions (see instructions)	8e					Ti hage	New York
f .	Administrative service providers (salaries, fees, commissions)	8f			3.5			
g	Other expenses	8g						III STEPANIE IN COMPANIE
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		7,				208,064
ī	Net income (loss) (subtract line 8h from line 8c)	8i						(125,846)
j	Transfers to (from) the plan (see instructions)	8j			1000	175		THE REAL PROPERTY.
Pa	rt IV Plan Characteristics							
9a	f the plan provides pension benefits, enter the applicable pension for 2A 2E 2F 2G 2J 3D	eature cod	les from the List of Plan Charac	teristi	c Cod	es in	the instructio	ns:
_					0 1			
D	If the plan provides welfare benefits, enter the applicable welfare fea	ature code	is from the List of Plan Characte	eristic	Code	s in ti	ne instruction:	5:
Pa	rt 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 Fiduc	ciary Corre	ection Program)	10a		х		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		х		
С	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		
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 ben	efits under the plan? (See	10e		х		
f	Has the plan failed to provide any benefit when due under the plar	1?		10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	and)	10g		х		
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instru	uctions and 29 CFR	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 2520.101	ne require	d notice or one of the	10i				
Par		1-0		101				
-								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Yes X No
_11a	Enter the unpaid minimum required contribution for current year fr	om Sched	dule SB (Form 5500) line 39			11a		
12	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.)							
a	If a waiver of the minimum funding standard for a prior year is being ranting the waiver							
If	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
b	Enter the minimum required contribution for this plan year					12b		
	Tonn A Pour Market							

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С	Enter the amount contributed by the employer to the plan for this plan year	12	с	
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)	12	d	
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 🗀	No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13	а	0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under of the PBGC?			
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)	ı(s) to		
1	3c(1) Name of plan(s):	13c(2) E	EIN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a (Name of trust	14	b Trust's I	EIN