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 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation	▶ Complete all entries in accord	dance witl	h the instructions to the Form 5500	0-SF.		•		
Pa	art I Annual Report Id	lentification Information							
For	calendar plan year 2010 or fisca	al plan year beginning 01/01/201	0	and ending 1	2/31/2	2010			
A	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	ant plan		
В	This return/report is for:	first return/report	final retur	n/report		_			
		an amended return/report	short plan	year return/report (less than 12 mor	nths)				
C	Check box if filing under:	Form 5558	automatic	extension		DFVC progr	am		
		special extension (enter description				☐ e b a.			
Do	ert II Pacia Blan Inform	nation—enter all requested information	•						
		riation—enter all requested informa	ation		1h	Three-digit			
	Name of plan N MCCAMBLEY, DMD PC 401(K) PLAN			10	plan number	004		
						(PN) ▶	001		
					1c	Effective date of			
						01/01/2	2005		
	Plan sponsor's name and address MCCAMBLEY, DMD PC	ess (employer, if for single-employer	plan)		2b	Employer Ident		ımber	
JUHI	N WICCAMBLEY, DIVID PC				20	(EIN) 14-1/0 Plan sponsor's		numbor	
	STATE ST				20	518-37	7-2836	Humber	
SCH	ENECTADY, NY 12304				2d	Business code	(see instru	ctions)	
						81299			
3a JOHI	Plan administrator's name and NMCCAMBLEY, DMD PC	address (if same as Plan sponsor, e 1562 STATE		∍")	3b	Administrator's			
	,	SCHENECTA	ADY, NY 1	2304	3c	Administrator's	telephone	number	
					•		7-2836	nambor	
	•	, ,	st return/report filed for this plan, enter the			4b EIN			
- 1	name, EIN, and the plan numbe	er from the last return/report. Sponso	r's name		40	PN			
5a	Total number of participants at	the beginning of the plan year			тс 5а	FIN		2	
_	• •			ł				2	
	·	the end of the plan year		ł	5b				
С		ith account balances as of the end of	. ,	` .	5с			2	
6a	•	luring the plan year invested in eligib					X Yes	s No	
	•	ne annual examination and report of		'			<u> </u>		
	,	See instructions on waiver eligibility a		,			^ Yes	s 📙 No	
D-		er 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 550	00.				
	rt III Financial Informa	ation							
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	l of Year	96718	
	Total plan assets		. 7a	77743	_			90710	
b	'		. 7b	77745				96718	
<u>C</u>		7b from line 7a)	. 7c		•			90710	
8	Income, Expenses, and Transf			(a) Amount		(b)	Total		
а	Contributions received or received	ivable from:	. 8a(1)	4864	ļ				
	, , , ,		8a(2)	3300)				
	• •)			_				
b	, ,	,	` ` `	10809)				
C	,	8a(2), 8a(3), and 8b)						18973	
d		rollovers and insurance premiums	. 00						
-			. 8d						
е	Certain deemed and/or correct	tive distributions (see instructions)	. 8e						
f	Administrative service provider	rs (salaries, fees, commissions)	. 8f						
g	Other expenses		. 8g						
h	Total expenses (add lines 8d,	8e, 8f, and 8g)						0	
i	Net income (loss) (subtract line	e 8h from line 8c)	. 8i					18973	
j		ee instructions)							

	Fo	orm 5500-SF	2010			Page 2-			
Par	t IV	Plan Ch	aracteristics						
		plan provides 2G 2J 2K		enter the applicable pension	ion feature codes from	n the List of Plan Chara	cteristic Codes in t	he instructions:	
b	If the p	plan provides	welfare benefits,	enter the applicable welfare	re feature codes from	the List of Plan Charac	teristic Codes in th	ne instructions:	

art	٧	Compliance Questions							
0	Duri	ng the plan year:		Yes	No		Am	ount	
а		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					48000
d		the 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					3156
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did 1	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR).101-3.)	10h		X				
i		h was answered "Yes," check the box if you either provided the required notice or one of the options to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI	Pension Funding Compliance							
1		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com						Yes	X No
2	Is th	is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of	ERISA?	[Yes	X No
		es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
	gran	vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver.							
-		ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	12b	I			
		r the minimum required contribution for this plan year		T					
		r 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)							,	
е	Will t	he minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N/A
art	VII	Plan Terminations and Transfers of Assets							
3a	Has	a resolution to terminate the plan been adopted during the plan year or any prior year?		<u>.</u>				Yes	X No
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year			13a				
b	Were	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought e PBGC?	under	the co				Yes	X No
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 plai	n(s) to)				
1	3c(1)	Name of plan(s):		13	c(2) E	IN(s)		13c(3)	PN(s)
_									
auti	on: A	penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	estab	lished.	•		
B or	Sche	alties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu edule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/ true, correct, and complete.							

SIGN	Filed with authorized/valid electronic signature.	07/05/2011	JOHN MCCAMBLEY
HERE Signature of plan administrator		Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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-SF Short Form Annual Return/Report of Small Employee Benefit Plan

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OMB Nos. 1210-0110 1210-0089

2010

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	Pension Senett Guaranty Corporation			vith the instructions to the Form 55	00-8F	· ""	spection	
	Part I Annual Report Id	entification Information						
1-0	or calendar plan year 2010 or fisca		01/01	/2010 and ending		12/31/20	10	
Α	This return/report is for:	single-employer plan	multipi	e-employer plan (not multiemployer)		one-particip	ant plan	
₿	This return/report is for:	first return/report	🎵 final re	turn/report		_		
	Ī	an amended return/report	∭ short p	ian year return/report (less than 12 m	onths)			
C	Check box if filing under:	Form 5558	×	atio extension	•	☐ DFVC progr	am	
_		special extension (enter desc	44			D p. co biodi	A114	
	Part II Basic Plan Inform		1 1					
	Name of plan	nation—enter all requested in	ormation		T 4 6		<u> </u>	
	John McCambley, DMD	PC 401(k) Plan			10	Three-digit plan number]	
		, 				(PN)	001	
					1c	Effective date of		
						01/01/200		
28	Plan sponsor's name and addre John McCambley, DMD	ss (employer, if for single-emplo	yerplan)		2b	Employer Identi	fication Number	
						(EIN) 14-170		
	1562 State St				ZC	telephone number 2836		
	1302 State St				2d		(see instructions)	
_	Schenectady			NY 12304		812990	(oco mondonomy	
3 a	l Pian administrator's name and a SAME	ddress (if same as Pian sponso	r, enter "Sai	me")	3b	Administrator's	EIN	
					3C Administrator's telephone number			
4	if the name and/or EIN of the plan	sponsor has changed since the	last return/	report filed for this plan, enter the	4b	EIN		
	name, EIN, and the plan number	from the last return/report. Spo	naor's name	•	<u> </u>			
Ē.	T-4-1				4¢	PN		
				***************************************	5a			
D					5b		2	
¢	Total number of participants with	account balances as of the en	d of the plan	year (defined benefit plans do not	-	1	2	
ga.				3/0	БC		···· · 	
Ъ	Are you claiming a waiver of the	anny the plan year invested in eit	gine assets	? (See instructions.)endent qualified public accountant (IC			ĭ Yes ∐ No	
	under 29 CFR 2520.104-467 (St	se instructions on waiver eligibil	ity and cond	ltions.)			X Yes No	
_	If you answered "No" to either	Ba or 6b, the plan cannot use	Form 5500	-SF and must instead use Form 55	<u> </u>			
<u> </u>	art III Financial Informat	<u>lon</u>		agradia di Calabara di Calabar				
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year	
	Total plan assets	***************************************	7a	77,74	5		96,718	
	Total plan tiabilities							
C	Net plan assets (subtract line 7b		7c	77,74	5		96,718	
8	Income, Expenses, and Transfer			(a) Amount		(b) To	otai	
а	Contributions received or receive		A	4,86	٨			
	(1) Employers				⊣			
	(2) Participants			3,30	뫽			
	(3) Others (including rollovers)				4			
p	Other income (loss)			10,80	9			
d	Total income (add lines 8a(1), 8a	(2). 88(3). and 86)	8c	í			18,973	
-	- Haranto raid (leaderline direct coll							
	to provide benefits)	overs and insurance premiums						
e	to provide benefits)	overs and insurance premiums	8d		-			
e f	to provide benefits) Certain deemed and/or corrective	overs and insurance premiums distributions (see instructions)	8d		1			
f	to provide benefits) Certain deemed and/or corrective Administrative service providers (overs and insurance premiums distributions (see instructions) salaries, fees, commissions)	8d 8e Br					
f	to provide benefits)	overs and insurance premiums distributions (see instructions) salaries, fees, commissions)	8d 8e 8f 8g	71				
f g	to provide benefits)	overs and insurance premiums distributions (see instructions) salaries, fees, commissions) 8f, and 8g)	8d 8e 8f 8g 8h				0	
f g	to provide benefits)	overs and insurance premiums distributions (see instructions) salaries, fees, commissions) 8f, and 8g)	8d 8e 8f 8g 8h				0 18,973	

Form 5500-SF 2010 Page 2-Part IV Plan Characteristics if the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2Ј 2K ЗD If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: Yes No Amount at Was there a fallure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a Х b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b Х Was the plan covered by a fidelity bond?.... 10c х 48,000 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud 10d X Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the banefits under the plan? (See instructions.) Х 10e 3,156 Has the plan falled to provide any benefit when due under the plan? Х 10f Did the plan have any participant loans? (if "Yes," enter amount as of year end.)..... 10g х If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h Х 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..... 101 Part VI Pension Funding Compliance is this a defined benefit plan subject to minimum funding requirements? (if "Yes," see instructions and complete Schedule SB (Form 5500))..... Yes te 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 12a or 12b, 12c, 12d, and 12e below, as applicable.) 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 letter ruling granting the walver.Month 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 Enter the amount contributed by the employer to the plan for this plan year..... 12c Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a 12d negative amount) Yes No N/A Part VII Plan Terminations and Transfers of Assets 13a Has a resolution to terminate the plan been adopted during the plan year or any prior year?..... \square Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?..... Yes X No 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.) 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s) Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 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. SKIN John McCambley HERE Signat e of plan administrator Enter name of individual algoing as plan administrator SKGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor