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).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Annual Report Identification Information For calendar plan year 2011 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the first return/report **B** This return/report is: the final return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number JOHN MCCAMBLEY, DMD PC 401(K) PLAN (PN) ▶ 001 1c Effective date of plan 01/01/2005 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number JOHN MCCAMBLEY, DMD PC 14-1701673 (EIN) 2c Sponsor's telephone number 518-377-2836 1562 STATE ST SCHENECTADY, NY 12304 2d Business code (see instructions) 812990 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 14-1701673 JOHN MCCAMBLEY, DMD PC 1562 STATE ST SCHENECTADY, NY 12304 3c Administrator's telephone number 518-377-2836 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. 4c PN Sponsor's name 5a Total number of participants at the beginning of the plan year..... 5a **b** Total number of participants at the end of the plan year..... Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)..... **6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 96718 112455 Total plan assets..... 7a 7b Total plan liabilities..... 112455 96718 Net plan assets (subtract line 7b from line 7a)..... 7с Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 4536 8a(1) (1) Employers 15975 (2) Participants 8a(2) (3) Others (including rollovers)..... 8a(3) -4724 **b** Other income (loss)..... 8b 15787 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с Benefits paid (including direct rollovers and insurance premiums to provide benefits)..... 8d Certain deemed and/or corrective distributions (see instructions) ... 8e 50 Administrative service providers (salaries, fees, commissions)....... 8f Other expenses..... 8g 50 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h 15737 Net income (loss) (subtract line 8h from line 8c)..... 8i Transfers to (from) the plan (see instructions)

Form	5500	-SE	201	•

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Part IV	Plan	Charac	teristics
railiv	ı Fiaii	Charac	teristics

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

During the plan year:		Yes	No		Am	ount	
Was there a failure 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		Χ				
Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
Was the plan covered by a fidelity bond?	10c	Χ					4800
Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	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 benefits under the plan? (See instructions.)	10e	X					32
Has the plan failed to provide any benefit when due under the plan?	10f		X				
Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Χ				
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
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	10i		X				
t VI Pension Funding Compliance							
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor 5500))					Г	Yes	X No
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod	e or se	ction 3		ERISA?		Yes	X No
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	e or se	ction 3		ERISA?		Yes	X No
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	ıctions,	and e	302 of	ne date d	f the le	tter ruli	ng
(If "Yes," complete 12a or 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 instru	ıctions, nth	and e	302 of	ne date d	f the le	tter ruli	ng
(If "Yes," complete 12a or 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 instrugranting the waiver	ictions, nth	and e	302 of	ne date d	f the le	tter ruli	ng
(If "Yes," complete 12a or 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 instrugranting the waiver. Mo f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year.	uctions, nth	and e	02 of Inter th Day	ne date d	f the le	tter ruli	ng
(If "Yes," complete 12a or 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 instrugranting the waiver	uctions, nth	and e	nter th Day	ne date d	f the le	tter ruli	ng
(If "Yes," complete 12a or 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 instrugranting the waiver	uctions, nth	and e	12b 12c 12d	ne date d		tter ruli	ng ——
(If "Yes," complete 12a or 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 instrugranting the waiver. Mo f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount).	uctions, nth	and e	12b 12c 12d	ne date d		atter ruli	
(If "Yes," complete 12a or 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 instrugranting the waiver. Mo f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline?	uctions, nth	and e	12b 12c 12d	Yes		atter ruli	ng
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(If "Yes," complete 12a or 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 instrugranting the waiver	t of a	and e	12b 12c 12d	Yes	of the le	etter ruli ar	ng
(If "Yes," complete 12a or 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 instrugranting the waiver. Mo f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? Will Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought	t of a	and e	12b 12c 12d	Yes	of the le	atter ruli	ng
(If "Yes," complete 12a or 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 instrugranting the waiver. Mo f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? Will Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?. If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify	t of a	and e	12b 12c 12d	Yes X	of the letar Year	etter ruli ar	ng N/A
(If "Yes," complete 12a or 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 instrugranting the waiver. Mo f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 in Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? Will Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?. If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	t of a	and e	12b 12c 12d	Yes X	of the letar Year	No Yes	N/A

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	06/18/2012	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

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

2011

This Form is Open to Public Inspection

	Part I Annual Report Identification Information			00-01-,	
F	or calendar plan year 2011 or fiscal plan year beginning	01/01/2	2011 and ending	12/21/201	1
	A This return/report is for:	_	e-employer plan (not multiemployer	12/31/201	
	This return/report is: the first return/report		eturn/report	a one-particip	ant plan
	an amended return/report	terral pairs	· ·		
-	Check box if filing under: Form 5558		an year return/report (less than 12 r	· —	
`	in the state of th	هيد	extension	DFVC program	n
Г	special extension (enter descri				
-	Part II Basic Plan Information—enter all requested info a Name of plan	rmation			
•	John McCambley, DMD PC 401(k) Plan			1b Three-digit	
	TOTAL RECAMBLEY, DRD PC 401(K) Plan			plan number (PN)	001
				1c Effective date of	
_				01/01/2005	piali
2	a Plan sponsor's name and address; include room or suite number John McCambley, DMD PC	(employer, if	for a single-employer plan)	2b Employer Identific	cation Number
	oom recambley, DMD PC			(EIN) 14-1701	.673
				2c Sponsor's telepho	one number
	1562 State St			(518) 377-2	
	Schenectady		NY 12304	2d Business code (se 812990	ee instructions)
3:	a Plan administrator's name and address (if same as plan sponsor,	enter "Same"	NI 12304	3b Administrator's El	NI
	SAME		,	Administrator S El	14
				3c Administrator's tel	ephone number
4	If the name and/or EIN of the plan sponsor has changed since the	last return/re	anort filed for this plan, onto the	Ale out	
	name, Eliv, and the plan number from the last return/report.	inor recurring	sport med for this plant, effici the	4b EIN	
_	Sponsor's name			4c PN	
Jä L	Total number of participants at the beginning of the plan year			5a	2
	Total number of participants at the end of the plan year			5b	2
C	Number of participants with account balances as of the end of the complete this item)	plan year (de	efined benefit plans do not	-	2
6a	Were all of the plan's assets during the plan year invested in eligi	blo accoto? (200 instruction 1	5c	2
b	Are you claiming a waiver of the annual examination and report of	an independ	ant qualified public personntant (ICE	141	Yes No
	ander 25 CFR 2520.104-46? (See Instructions on waiver eligibility	and condition	decembed basing accomment (1681	75)	
Б	II VOII 2DSWORDD "No" to gither Co or Ch. 4h		ns.)		X Yes No
. "	If you answered "No" to either 6a or 6b, the plan cannot use F	orm 5500-SI	ns.) F and must instead use Form 550	0.	X Yes No
-	art III Financial Information	orm 5500-SI	F and must instead use Form 550	0.	Yes No
7	Plan Assets and Liabilities	form 5500-SI	F and must instead use Form 550 (a) Beginning of Year	0. (b) End of	Year
-	Plan Assets and Liabilities Total plan assets	7a	F and must instead use Form 550	0. (b) End of	
7 a b	Plan Assets and Liabilities Total plan assets Total plan liabilities	7a 7b	F and must instead use Form 550 (a) Beginning of Year 96,718	(b) End of	Year 112,455
7 a b	Plan Assets and Liabilities Total plan assets Total plan liabilities Total plan liabilities Net plan assets (subtract line 7b from line 7a)	7a	F and must instead use Form 550 (a) Beginning of Year 96,718	(b) End of	Year
7 a b c	Plan Assets and Liabilities Total plan assets Total plan liabilities Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	7a 7b	F and must instead use Form 550 (a) Beginning of Year 96,718	(b) End of	Year 112,455 112,455
7 a b c	Plan Assets and Liabilities Total plan assets Total plan liabilities Total plan liabilities Net plan assets (subtract line 7b from line 7a)	7a 7b	F and must instead use Form 550 (a) Beginning of Year 96,718	(b) End of	Year 112,455 112,455
7 a b c	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	7a 7b 7c	F and must instead use Form 550 (a) Beginning of Year 96,718 96,718 (a) Amount	(b) End of	Year 112,455 112,455
7 a b c	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	7a 7b 7c 8a(1)	(a) Beginning of Year 96, 718 (a) Amount	(b) End of	Year 112,455 112,455
7 a b c	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss)	7a 7b 7c 8a(1) 8a(2)	(a) Beginning of Year 96, 718 (a) Amount	(b) End of	Year 112,455 112,455
7 a b c 8 a b	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	7a 7b 7c 8a(1) 8a(2) 8a(3)	(a) Beginning of Year 96, 718 96, 718 (a) Amount 4, 536	(b) End of	Year 112,455 112,455
7 a b c 8 a	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	(a) Beginning of Year 96, 718 96, 718 (a) Amount 4, 536	(b) End of	Year 112,455 112,455
7 a b c 8 a b c	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits)	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d	(a) Beginning of Year 96, 718 96, 718 (a) Amount 4, 536	(b) End of	Year 112,455 112,455
7 a b c 8 a b c d	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions)	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e	(a) Beginning of Year 96,718 96,718 (a) Amount 4,536 15,975	(b) End of	Year 112,455 112,455
7 a b c 8 a b c d e f	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions)	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f	(a) Beginning of Year 96, 718 96, 718 (a) Amount 4, 536	(b) End of	Year 112,455 112,455
7 a b c 8 a b c d e f g	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions) Other expenses	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g	(a) Beginning of Year 96,718 96,718 (a) Amount 4,536 15,975	(b) End of	Year 112,455 112,455 al
7 a b c 8 a b c d e f g	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions) Other expenses Total expenses (add lines 8d, 8e, 8f, and 8g)	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h	(a) Beginning of Year 96,718 96,718 (a) Amount 4,536 15,975	(b) End of	Year 112,455 112,455 115,787
7 a b c 8 a b c d e f g	Plan Assets and Liabilities Total plan assets Total plan liabilities	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h 8i	(a) Beginning of Year 96,718 96,718 (a) Amount 4,536 15,975	(b) End of	Year 112,455 112,455 al
7 a b c 8 a b c d e f g h i j	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions) Other expenses Total expenses (add lines 8d, 8e, 8f, and 8g)	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h 8i 8i 8i	(a) Beginning of Year 96,718 96,718 (a) Amount 4,536 15,975	(b) End of (b) Tota	Year 112,455 112,455 al

SIGN HERE

SIGN HERE Signature of plan administrator

Signature of employer/plan sponsor

	Form 5500-SF 2011 Page 2 -						
Б	nrt IV Plan Characteristics						
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Cha 2E 2G 2J 2K 3D		-1:- 0				
t	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	ecteris	tic Cod	des in	the instr	uctions:	
Pa	t V Compliance Questions						
10	During the plan year:						
i	Was there a failure 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	Yes	No X		Amou	unt
	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10a		х			
•		10c	Х				48,000
(10d	- 11	х			40,000
€	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 benefits under the plan? (See instructions.)		Х				329
f	Has the plan failed to provide any benefit when due under the plan?	10e		Х			327
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10f					
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520 101-3.)	10g		X			
i	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	10ii		х			
Part	VI Pension Funding Compliance	701				······································	<u> </u>
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp	olete S	chedu	ile SB	(Form		
12	2330///	*******				. Y	es X No
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	or sec	tion 30)2 of E	RISA?	. <u>U</u> Y	es 🏻 No
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver.	tions, a	and en	ter the	date of	the letter	ruling
lf :	3. and skip to line 13.					1 to al	
D	Enter the minimum required contribution for this plan year	.,	. 1	2b			
d	Enter the amount contributed by the employer to the plan for this plan year		_ 1	2c			
•	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)	fa	1:	2d			
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?	**********	L	_	Yes	No	N/A
art	VII Plan Terminations and Transfers of Assets				100	110	II COL
3a	Has a resolution to terminate the plan been adopted in any plan year?			Ye	s XI	No.	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		,,,,	3 1,	***	
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought un of the PBGC?	der th	e cont	ral		П уа	s 🛭 No
	if during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	plan(s	s) to	••		ப ் ' '	El Mo
13	c(1) Name of plan(s):		13c(2) EIN(s)	13c(3) PN(s)
			`	````			
aufir	n: A negative for the late or incomplete filling of the						
nder	n: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable openalties of periury and other penalties set forth in the instructions. I dealers that I be	cause	is est	ablis	ned.		
	penalties of perjury and other penalties set forth in the instructions. I declare that I have examined this return, Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/rep t is true, opriect, and complete.	/report oort, ar	t, inclu nd to ti	ding, i he bes	f applica at of my	ible, a Sc knowledg	hedule e and

Date

Date

6-15-12

John McCambley Dmp

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

JOHN M'CAMBUN DMO