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).

0040

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Per	nsion Be	nefit Guaranty Corporation	▶ Complete all entries in accor	rdance with the	instructions to the Form 55	00-SF.		P		
Pai	rt I	Annual Repor	t Identification Information							
For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012										
		urn/report is for: urn/report is:	a single-employer plan the first return/report	a multiple-em	oloyer plan (not multiemployer) n/report)	a one-particip	oant plan		
		ш., , орож ю.	an amended return/report	1	ar return/report (less than 12 r	nonths))			
C C	heck b	oox if filing under:	Form 5558 special extension (enter descripti	automatic exte	ension		DFVC progra	ım		
Par	+ II	Rasic Plan Inf	ormation—enter all requested inform							
1a N	Name (of plan MBLEY, DMD PC 4		iation		1b	Three-digit plan number (PN)	001		
						1c	Effective date o	f plan		
		oonsor's name and a AMBLEY, DMD PC	ddress; include room or suite number (employer, if for a	a single-employer plan)	2b	2b Employer Identification Number (EIN) 14-1701673			
1562 S						2c	2c Sponsor's telephone number 518-377-2836			
SCHE	NECT	ADY, NY 12304				2d	Business code (81299	,		
3a F	Plan ad	dministrator's name a	and address XSame as Plan Sponsor	Name Same	as Plan Sponsor Address	3b	Administrator's	EIN		
							, an initial and a	telephone number		
1	name,		he plan sponsor has changed since the umber from the last return/report.	last return/repo	rt filed for this plan, enter the		EIN PN			
			s at the beginning of the plan year			-	FIN			
_			0 0 1 7					2		
			s at the end of the plan year			. 5b		3		
			n account balances as of the end of the		•	. 5c		3		
b .	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.									
			or incomplete filing of this return/re							
Unde SB or	r pena r Sche	alties of perjury and o	other penalties set forth in the instruction and signed by an enrolled actuary, as w	ns, I declare tha	t I have examined this return/re	eport, ir	ncluding, if applic			
SIGN		Filed with authorized	d/valid electronic signature.	06/10/201	3 JOHN MCCAMBLEY	,				
HERI	_	Signature of plan	administrator	Date	Enter name of indivi	dividual signing as plan administrator				
SIGN										
	Signature of employer/plan sponsor Date Enter name of individual Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)					, , , ,				
r Prepa	arer'S I	name (including firm	name, ir applicable) and address; inclu	ue room of suite	number (optional)	Prep	parer s telephone	number (optional)		

Form 5500-SF 2012 Page **2**

Part III Financial Information	Par	t III Financial Information		<u> </u>					
a Total plan assets. 7a 112465 147630 b Total plan listilities. 7b 17c 112465 147630 b Total plan listilities. 7b 17c 112465 147630 c Not plan assets (subtract line 7b from line 7a). 7c 112465 147630 c Not plan assets (subtract line 7b from line 7a). 7c 112465 147630 c Not plan assets (subtract line 7b from line 7a). 7c 112465 147630 c Not plan assets (subtract line 7b from line 7a). 7c 112465 147630 c Not plan assets (subtract line 7b from line 7a). 7c 112465 147630 c Not plan assets (subtract line 7b from line 7a). 7c 112465 147630 c Not plan assets (subtract line 7b from line 7a). 7c 112465 147630 c Not plan assets (subtract line 7b from line 7a). 7c 112465 147630 c Not plan assets (subtract line 7b from line 7a). 7c 112465 147630 c Not plan assets (subtract line 7b from line 8a). 8a(1) 3684 147630 c Not plan asset (subtract line 7b from line 8a). 8a(2) 16000 c Not plan asset (subtract line 7b from line 8a). 8a(2) 16000 c Not plan asset (subtract line 8b from line 8a). 8a(2) 16000 c Not expenses. 8a(2) 16000 c Not expenses. 8a(3) 16000 c Not expenses. 8a(3) 16000 c Not expenses. 8a(4) 16000 c Not expenses. 16a(4) 16a(4) 16a(4) c Not expenses. 16a(4) 16a(4)		<u> </u>		(a) Baginning of Vac		1		(h) End of Voor	
b Total plan liabilities. 7b 112455 147630			7-			-			
C Not plan assets (subract line 7b from line 7a)		•		11240	55			147630	
8 Combutions received or receivable from: 9 (2) Participants (2) Participants (3) Other income (loss) (3) Other income (loss) (4) Engloyers (5) Participants (6) Engloyers (6) Participants (7) Engloyers (8) Participants (9) Part				112//5	5	-		147630	
a Contributions received or receivable from: (1) Employers. (2) Participants. (2) Participants. (3) Others (including rollovers). (3) Others (including rollovers). (4) Employers. (5) Other (including rollovers). (6) Other income (dast) incise Bel1), 84(2), 84(3), and 8b). (7) Total income (dast) incise Bel1), 84(2), 84(3), and 8b). (8) Be 13471 6 Benefits paid including direct rollovers and insurance premiums to provide benefits). (8) Other expenses. (9) Total expenses (dast lines 8d 8d, 8d, 8d, 8d, 8d, 8d, 8d, 8d, 8d,			70		55	-			
(2) Perticipents. (3) Other income (loss). (3) Other income (loss). (3) Other income (loss). (4) Be set (1) Sa(2), Sa(3), and 8b). (5) Cartain decembed and or corrective distributions (see instructions). (6) Be set (1) Sa(2), Sa(3), and 8b). (7) Cartain decembed and/or corrective distributions (see instructions). (8) Cartain decembed and/or corrective distributions (see instructions). (9) Cartain decembed insee 3d, 8e, 3d, and 8g). (9) Cartain decembed and/or corrective distributions (see instructions). (9) Cartain decembed insee 3d, 8e, 3d, and 8g). (9) Cartain decembed insee 3d, 8e, 3d, and 8g). (9) Cartain decembed insee 3d, 8e, 3d, and 8g). (9) Cartain decembed insee 3d, 8e, 3d, and 8g). (9) Cartain decembed insee 3d, 8e, 3d, and 8g). (9) Cartain decembed insee 3d, 8e, 3d, and 8g). (9) Cartain decembed insee 3d, 8e, 3d, and 8g). (9) Cartain decembed insee 3d, 8e, 3d, and 8g). (9) Cartain decembed insee 3d, 8e, 3d, 3d, 3d, 3d, 3d, 3d, 3d, 3d, 3d, 3d				(a) Amount				(D) I Otal	
(3) Others (including rollovers)			8a(1)	368	4				
b Other income (loss)		(2) Participants	8a(2)	1802	20				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	8a(3)						
d Benefits paid (including direct rollovers and insurance premiums to provide benefits). e Cartain deemed and/or corrective distributions (see instructions)	b	Other income (loss)	8b	1347	'1				
to provide benefits)	С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					35175	
f Administrative service providers (salaries, fees, commissions)			. 8d						
Solution	<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e						
n Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f						
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g						
Transfers to (from) the plan (see instructions) 8 Part IV Plan Characteristics	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					0	
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 3D b 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: a 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). b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a). c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e 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). g Did the plan have any participant losns? (If "Yes," enter amount as of year end.)	<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					35175	
9a	j	Transfers to (from) the plan (see instructions)	8j						
b 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	Par	t IV Plan Characteristics							
Part V Compliance Questions Ves No Amount	9a		feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:	
10 During the plan year: 2	b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Chara	cterist	ic Coc	les in t	he instructions:	
10 During the plan year: 2	Part	Part V Compliance Questions							
a 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	Amount	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	а	a Was there a failure to transmit to the plan any participant contributions within the time period described in					Х		
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported					X		
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		Was the plan covered by a fidelity bond?			100	X		49000	
e 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.)					100			40000	
insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)		or dishonesty?			10d		X		
f Has the plan failed to provide any benefit when due under the plan?	C	insurance service or other organization that provides some or all or	of the bene	efits under the plan? (See	10e	X		527	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	f	·			10f		Χ		
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h 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. 10i X 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) and line 11a below). 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? Yes X No (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 amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							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		If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR	J				
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) and line 11a below)	i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the					X		
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	Dort	1	1-3		101				
11a Enter the amount from Schedule SB line 39	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form								
(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 amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver	11a	3000/ una mio 114 3000/)							
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 waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?						ERISA? Yes X No	
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 waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applic	able.)					
	а	If a waiver of the minimum funding standard for a prior year is being	ng amortiz	ed in this plan year, see instru		and e	_		
b Enter the minimum required contribution for this plan year	lf	you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (For	m 5500), and skip to line 13.					
	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 X 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):	l3c(2) ⊟	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

1210-0089 Benefit Plan Department of the Treasury Internal Revenue Service 2012 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 Department of Labor Employee Benefits Security Administration the Internal Revenue Code (the Code). This Form is Open to Public Inspection Pension Benefit Guaranty Corporation > Complete all entries in accordance with the instructions to the Form 5500-SF. Part I Annual Report Identification Information For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012 a single-employer plan A This return/report is for: a multiple-employer plan (not multiemployer) a one-participant plan B This return/report is: the first return/report the final return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: Form 5558 automatic extension DFVC program special extension (enter description) Basic Plan Information—enter all requested information 1a Name of plan Three-digit plan number John McCambley, DMD PC 401(k) Plan 001 (PN) ▶ 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 (EIN) 14-1701673 2c Sponsor's telephone number (518) 377-2836 1562 State St 2d Business code (see instructions) 812990 Schenectady NY 12304 3a Plan administrator's name and address X Same as Plan Sponsor Name | Same as Plan Sponsor Address 3b Administrator's EIN 3c Administrator's telephone number 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. a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year 2 5a b Total number of participants at the end of the plan year..... 3 5b c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)..... 5c 3 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)...... Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... X Yes No If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. 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. SIGN 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 Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)

Short Form Annual Return/Report of Small Employee

06/07/2013 13:53 FAX 518 377 8727

Form 5500-SF

2002

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P	rt III Financial Information						****		
7	Plan Assets and Liabilities	(a) Beginning of Ye					(b) End of Year		
a	Total plan assets	7a	The second secon	12,4	55			147,630	
d	Total plan liabilities	7b				, 		***************************************	
C	Net plan assets (subtract line 7b from line 7a)	7c	1	12,4	55	***************************************		147,630	
8	Income, Expenses, and Transfers for this Plan Year (a) Amount					***************************************	(b) Total	· · · · · · · · · · · · · · · · · · ·	
а	Contributions received or receivable from:					***************************************			
***********	(1) Employers	8a(1)		3,6					
estatoline term	(2) Participants	8a(2)		18,0	20		· · · · · · · · · · · · · · · · · · ·	cannon obsessor of the	
	(3) Others (including rollovers)	8a(3)		***************************************			111/2017 - Application access 1 - 10-	Annual Maria Company of the Company	
	Other income (loss)	8b		13,4	71			· · · · · · · · · · · · · · · · · · ·	
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_		and the second second second second	35,175	
Ož.	to provide benefits)	8d							
е	Certain deemed and/or corrective distributions (see instructions)	8e		****					
f	Administrative service providers (salaries, fees, commissions)	8f			1	***************************************			
Q	Other expenses	8g :					A	······································	
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h :		w	\dashv			n	
İ	Net income (loss) (subtract line 8h from line 8c)	8i		,·				35,175	
j	Transfers to (from) the plan (see instructions)	8i			\dashv				
Pa	t IV Plan Characteristics								
WHITE CHILD	If the plan provides pension benefits, enter the applicable pension f 2E 2G 2J 2K 3D	feature cod	les from the List of Plan Cha	racter	istic C	odes in ti	he instructions		
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature code	s from the List of Plan Chare	acteris	tic Co	tes in the	e instructions;		
Par	V Compliance Questions				· · · · · · · · · · · · · · · · · · ·		··	() 	
10	During the plan year:				Yes	No	Amo	umf	
	Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduc	ciary Carre	ction Program)	10a		Х	A		
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	Do not in	clude transactions reported	10b		х	· · · · · · · · · · · · · · · · · · ·		
c	Was the plan covered by a fidelity bond?		***************************************	10c	Х			48,000	
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					Х		10,000	
е	e 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		The second section of the	527	
f	Has the plan failed to provide any benefit when due under the plan	?		10f		Х	· · · · · · · · · · · · · · · · · · ·	**************************************	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					Х		Wide Commence of the Commence	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					х			
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-	required r	otice or one of the	10i		Х			
Part					····	· · · · · ·			
11	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)								
11a	1a Enter the amount from Schedule SB 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? Yes X No									
(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 granting the waiver	amortized	in this plan year, see instruc	tions, th	and e	nter the o	date of the lett Year	er ruling	
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule I								
<u> </u>	Enter the minimum required contribution for this plan year					12b			

Form 5500-SF 2012	Page 3 -	and the state of t		
c 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. negative amount)	Enter the result (enter a minus sign to the left of	ía 12d	and an amount of the state of t	
e Will the minimum funding amount reported on line 12d be me			Yes No X N/A	
Part VII Plan Terminations and Transfers of Asse			ot.	
13a Has a resolution to terminate the plan been adopted in any plan y	rear?	Y	es X No	
If "Yes," enter the amount of any plan assets that reverted to				
b Were all the plan assets distributed to participants or benefici of the PBGC?	aries, transferred to another plan, or brought u	nder the control	∏ Yes ☒ No	
C If during this plan year, any assets or liabilities were transferr which assets or liabilities were transferred. (See instructions.)	ed from this plan to another plan(s), identify the	plan(s) to		
13c(1) Name of plan(s):		13c(2) EIN	(s) 13c(3) PN(s)	
	:			
Part VIII Trust Information (optional)				
14a Name of trust	14b Trus	14b Trust's EIN		
		, v , (() , () , ()		