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.			
		lentification Information						
For	calendar plan year 2010 or fisca	al plan year beginning 01/01/2010	0	and ending 1	2/31/2	2010		
Α .	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-particip	ant plan	
В .	This return/report is for:	first return/report	final retur	n/report		_		
	Ţ	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						
Do	rt II Pacia Blan Inform	nation—enter all requested information						
	art II Basic Plan Inforr Name of plan	ination—enter all requested informa	ation		1h	Three-digit		-
	ISTOPHER M. DAVEY MD, PA	401K PLAN			10	plan number	004	
	,					(PN) •	001	
					1c	Effective date		
						01/01/	1991	
		ess (employer, if for single-employer	plan)		2b	Employer Ident		umber
СПК	ISTOPHER M. DAVEY MD, PA				20	(EIN) 65-023 Plan sponsor's		numbor
	9TH AVENUE NORTH SUITE	115			20	727-32	21-1234	Humber
ST. F	PETERSBURG, FL 33713-7147				2d	Business code		uctions)
						62111		
3a CHRI	Plan administrator's name and ISTOPHER M. DAVEY MD, PA	address (if same as Plan sponsor, ea	nter "Same /ENUE NO	e") DRTH SUITE 115	36	Administrator's 65-023		
	,	ST. PETERS			3c	Administrator's	telephone	number
					•		21-1234	Hamboi
	•	an sponsor has changed since the las		port filed for this plan, enter the	4b	EIN		
-	name, EIN, and the plan numbe	r from the last return/report. Sponso	r's name		40	PN		
5a	Total number of participants at	the beginning of the plan year			5a	TIN		1
_	• •			ł				
		the end of the plan year		ł	5b			2
С		ith account balances as of the end of	. ,	` .	5с			2
6a	•			(See instructions.)			X Ye	s No
	•	0 , ,		ndent qualified public accountant (IQF			<u>□</u>	
	,	• ,		ons.)			^ Ye	s No
D -			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	d of Year	310284
	Total plan assets		7a	190294	-			310204
b	•		. 7b	196294				310284
<u>C</u>	•	7b from line 7a)	7c		•			310204
8	Income, Expenses, and Transf			(a) Amount		(b)	Total	
а	Contributions received or received	vable from:	8a(1)	34632	2			
			8a(2)	21840)			
	• •)						
b	, ,			57518	3			
C	, ,	8a(2), 8a(3), and 8b)						113990
d	, , ,	rollovers and insurance premiums	. 00					
-	to provide benefits)		. 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, 8	8e, 8f, and 8g)	8h					0
i	Net income (loss) (subtract line	e 8h from line 8c)	. 8i					113990
j		ee instructions)						

	Form 5500-SF 2010 Page 2-				
ar	t IV Plan Characteristics				
а	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara	acteris	tic Co	des in	the instructions:
	2A 2E 2G 2J 2R 2T 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Charac	ctorict	ic Coc	loc in t	the instructions:
)	in the plan provides wellare benefits, effect the applicable wellare feature codes from the List of Flan Charac	CIGHSI	.10 000	162 111 (ine instructions.
art	V Compliance Questions				
)	During the plan year:		Yes	No	Amount
а	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		X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
С	Was the plan covered by a fidelity bond?	10c		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?	10d		X	
е	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.)				3772
f	Has the plan failed to provide any benefit when due under the plan?	10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h	Χ		
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		
ırt	VI Pension Funding Compliance				
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))				
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	02 of I	ERISA? Yes No
	(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 instruction granting the waiver				
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			401	
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	
d	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)			12d	

Part VII Plan Terminations and Transfers of Assets

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?....

e Will the minimum funding amount reported on line 12d be met by the funding deadline?.....

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)

N/A

No

Yes X No

13c(3) PN(s)

No

Yes

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	Filed with authorized/valid electronic signature.	11/03/2011	CHRISTOPHER M. DAVEY, MD					
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

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Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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OMB Nos. 1210-0110 1210-0089

2010

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	rension benefit Guaranty Corporation		ordance wi	th the instructions to the Form 550	O-SF.	
	Part I Annual Report Id	dentification Information				
	or calendar plan year 2010 or fisc		01/01/	2010 and ending		12/31/2010
A	This return/report is for:	X single-employer plan	multiple-	employer plan (not multiemployer)		one-participant plan
В	This return/report is for:	first return/report	final retu	rn/re port		
	[an amended return/report	short pla	n year return/report (less than 12 mor	nths)	
С	Check box if filing under:	X Form 5558	automati	c extension	•	DFVC program
		special extension (enter descrip	ntion)			h. radiram
F	Part II Basic Plan Inform	mation—enter all requested info				
-	Name of plan	Hador enter an requested lind	mation		1h	Three-digit
•		ey MD, PA 401k Plan			110	plan number
	-	•				(PN) DO1
					1c	Effective date of plan
						01/01/1991
2	Christopher M. Dave	ess (employer, if for single-employ ev MD, PA	er plan)		2b	Employer Identification Number
	_	-			20	(EIN) 85 0232527 Plan sponsor's telephone number
	2191 9th Avenue No:	rth Suite 115				727 321 1234
	St. Petersburg	FL 33713 7147			2d	Business code (see instructions)
3:			enter "Sam	2	25	621111
	Christopher M. Dave	address (if same as Plan sponsor ey MD, PA	, enter Dain	-)	JD	Administrator's EIN 65 0232527
	2191 9th Avenue Nor				Зс	Administrator's telephone number
<u></u>	St. Petersburg	F_ 33713 71				727 321 1234
7	name, EIN, and the plan number	n sponsor has changed since the r from the last return/report. Spon	iasi return/re sor's name	port filed for this plan, enter the	4b	EIN
					4c	PN
					5a	1
b	Total number of participants at	the end of the plan year			5b	2
C	Total number of participants wit	h account balances as of the end	of the plan y	ear (defined benefit plans do not		
6-	More ell of the plants and a				<u>5c</u>	
b	Are you claiming a waiver of the	Jring the plan year invested in elig	ible assets?	(See instructions.) dent qualified public accountant (IQP.		X Yes No
	under 25 CFR 2520, 104-46? (5	see instructions on waiver eligibiliti	v and conditi	ons)	•	X Yes No
	If you answered "No" to either	er 6 a or 6b, the plan cannot use:	Form 5500-	SF and must instead use Form 5500	3.	
	art III Financial Informa	tion				
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year
				196294		310284
			7b			
	Net plan assets (subtract line 7b) from line 7a)	. 7c	196294		310284
8	Income, Expenses, and Transfe	rs for this Plan Year		(a) Amount		(b) Total
а	Contributions received or received. (1) Employers	able from:	Om(4)			
				31632		
				21840		
b				57518		
C		a(2), 8a(3), and 8b)				
d	Benefits paid (including direct ro	lovers and insurance premiums	1 00			113990
_	to provide benefits)		8d			
9		e distributions (see instructions)	. 8e			어린 시간 다양한 일 나는 얼마를
T		(salaries, fees, commissions)	. 8f			
g	Other expenses		8g			
n :	otal expenses (add lines 8d, 8e	, 8f, and 8g)	8h			Ū
!	Net income (loss) (subtract line 8	3h from line 8c)	8i			113990
1	I ransfers to (from) the plan (see	instructions)	- Bi			
1	aperwork Reduction Act Notice and O		0]			

n	2	
Page	Z -	

_			
Form	5500	- 51	2010

D.	-	115	1	Dian	Characteristic	e

9a if the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2G 2J 2R 2T 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	A							
10		ng the plan year:				Yes	No		Amount	
а	Was 29 (there a failure to transmit to the plan any participant contribut CFR 2510.3-102? (See instructions and DOL's Voluntary Fidue	ions within the time policiery Correction Proj	eriod described in gram)	10a		Х			
b	Wer	e there any nonexempt transactions with any party-in-interest? ne 10a.)	(Do not include tran	sactions reported	10b		Х			
C	Was	s the plan covered by a fidelity bond?			10c		Х			
d	Did t	he plan have a loss, whether or not reimbursed by the plan's f shonesty?	idelity bond, that wa	s caused by fraud	10d		Х		P-14-15-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
e	Were	e any fees or commissions paid to any brokers, agents, or other rance service or other organization that provides some or all of actions.)	er persons by an insi fithe benefits under t	rance carrier, he plan? (See	10e	х				3772
f	Has	the plan failed to provide any benefit when due under the plan	P	W	101		х			
g	Did t	the plan have any participant loans? (If "Yes," enter amount as	of year end.)		10g		Х			
h		s is an individual account plan, was there a blackout period? (5 0.101-3.)			10h	Х				
i		h was answered "Yes," check the box if you either provided the options to providing the notice applied under 29 CFR 2520.101			101	Х				
Part	/)	Pension Funding Compliance				otok ku a				
		s a defined benefit plan subject to minimum funding requireme							☐ Yes	∏ No
		is a defined contribution plan subject to the minimum funding a							Yes	X No
а	lf a w grant	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicate of the minimum funding standard for a prior year is being ing the walver. Completed line 12a, complete lines 3, 9, and 10 of Schedule	amonized in this pl	Mont	tions. h	and e	nter th Day	e date of th	ie letter rul Year	ling
þ	Enter	the minimum required contribution for this plan year				[12b			
C	Enter	the amount contributed by the employer to the plan for this pl	an year	. *** * * * * * * * * * * * * * * * * *		[12c			
đ	Subti negal	ract the amount in line 12c from the amount in line 12b. Enter t tive amount)	he result (enter a mi	nus sign to the left o	មាខ		12d			
e	Will ti	he minimum funding amount reported on line 12d be met by th	e funding deadline?	1.4.4			[Yas	No	N/A
ati		Plan Terminations and Transfers of Assets			***************************************			-		
3a	Has a	a resolution to terminate the plan been adopted during the plan	year or any prior ye	ar?	* *******	****	****	Minimage groups and a very recognition that the same	Yes	X No
	f "Ye	s," enter the amount of any plan assets that reverted to the en	nployer this year				The state of the s			
b '	Were of the	all the plan assets distributed to participants or beneficiaries, PBCC?	transferred to anothe	e plan, or brought u	nder t	he co	ntroi		Yes	No No
······································	MHCN	ing this plan year, any assets or liabilities were transferred from assets or liabilities were transferred. (See instructions.)	m this plan to anothe	r plan(s), identify the	e pian	(s) 10				
13	c(1)	Name of plan(s):			DOMESTIC OF	130	(2) EI	∜(s)	13c(3)	PN(s)

				20 - 1 mm					Ĭ	
Saut fo	7: A	penalty for the late or incomplete filling of this return/repo	n will be assessed	Uniess teasonable	caus	sa is s	essa hiji	e hosel	************	
Jnder 3B or 1	pena Schei	Ities of perjury and other penalties set forth in the instructions, dule MS completed and signed by an enrolled actuary, as well tue, correct and complete.	I deciare that I have	examined told retur	n/ran	ort inc	disting	: If applicate	vie, a Scha nowlenge	dule and
SIGN	- [14/3/4	Christopher	И.	Dav	ey.	ND		
HERE	5	gnature of plan administrator	Date	Enter name of inc	CONTRACTOR OF THE PARTY OF THE	***********	ME SHEEPACK MALEY	THE STATE OF THE S	icirolar	The state of the s
SIGN				The second second		or 2014/11	63	Paris Christia		
HERE	5	ignature of employer/plan sponsor	Date	Eme: name of inc	liçirin.	al cirra	ina se	romano este antico este este este este este este este est	and the same of the same	n.cor
	-	All the second s		a minimum restriction on 1916.	4 - 2 - 14 Lill 1	ಷಾಗಿಕ್ಕ⊈ಚ	ung ##	_ = ii.uruv⊎i ü	n pratt 500	الالالالة