Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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

2011

This Form is Open to Public Inspection

F	Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.										
Pa	Part I Annual Report Identification Information										
For	calend	ar plan year 2011 or fisca	al plan year beginning 01/01/201	1	and ending 1	2/31/2	011				
Α	This re	turn/report is for:	a single-employer plan	a multiple	e-employer plan (not multiemployer)		a one-participant plan				
В	This re	turn/report is:	the first return/report	the final r	eturn/report						
		[an amended return/report	a short pla	an year return/report (less than 12 mo	onths)					
C	Chock	box if filing under:	☐ Form 5558		extension	[DFVC program				
C	CHECK		special extension (enter description		OCACHOION	_ Br vo program					
	4 11	Dania Dian Inform	. , .								
	art II		mation—enter all requested inform	ation		4 h	There all all				
1a Name of plan CHRISTOPHER M. DAVEY MD, PA 401K PLAN							Three-digit plan number				
CHIK	101011	HER W. DAVET WD, I A	40TKT LAN				(PN) ▶ 001				
						1c	Effective date of plan				
							01/01/1991				
			ess; include room or suite number (e	mployer, if	for a single-employer plan)	2b	Employer Identification Number				
CHR	ISTOP	HER M. DAVEY MD, PA				(EIN) 65-0232527					
						2c	Sponsor's telephone number				
		VENUE NORTH SUITE	115				727-321-1234				
S1. F	ETER	SBURG, FL 33713-7147				2a	Business code (see instructions)				
32	Dlana	dministrator's name and	address (if some so plan spensor so	ntor "Como	.,,,	2 h	621111 Administrator's EIN				
		HER M. DAVEY MD, PA	address (if same as plan sponsor, et 2191 9TH AV		eRTH SUITE 115	SD .	65-0232527				
			ST. PETERS	BURG, FL	33713-7147	3c Administrator's telephone num					
							727-321-1234				
4			plan sponsor has changed since the I per from the last return/report.	ast return/	report filed for this plan, enter the	4b	EIN				
а		e, Elin, and the plan numb sor's name		4c	DNI						
			the beginning of the plan year								
b			the end of the plan year								
			• •			5b					
С				plan year (defined benefit plans do not				2			
6a		,	luring the plan year invested in eligib				X Yes \(\Dag{\text{N}} \)	No			
b		· ·	ne annual examination and report of		·						
		•	See instructions on waiver eligibility				X Yes [] N	۷o			
-			er 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 55	00.					
Pa -	rt III	Financial Informa	ation		Ι						
1		Assets and Liabilities			(a) Beginning of Year		(b) End of Year				
а	,	•		. 7a	310284		364894				
b		•		. 7b	240204		264004				
<u>c</u>			7b from line 7a)	. 7c	310284		364894				
8		ne, Expenses, and Transf			(a) Amount		(b) Total	_			
а		ibutions received or recei	vable from:	8a(1)	34907						
	` '	, ,			22000						
	` '	•)	8a(3)							
b	` '	, ,			-2297						
_			8a(2), 8a(3), and 8b)	8c			54610				
c d			rollovers and insurance premiums	. 60			3.3.3				
u				. 8d							
е	Certai	in deemed and/or correct	tive distributions (see instructions)	. 8e							
f	` 										
g		•									
h		•	8e, 8f, and 8g)				0				
i			e 8h from line 8c)				54610	_			
j		` , `	ee instructions)								
		• •		_ v,	İ						

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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:

2A 2E 2G 2J 2T 3D

If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

)	V Compliance Questions							
,	During the plan year:		Yes	No		Amo	unt	
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.)	10e	X					104
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		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						
art	VI Pension Funding Compliance		•					
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))	plete	Sched	ule SB	(Form		Yes	□ N
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X N
	(If I)\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		otion c	002 01 1	EKISA?.	· 🗀	. 00	_ IN
	(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. Mon	ctions, th	and e	nter th	e date of	the le	ter ruli	ng
lf y	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	ctions, th	and e	nter th Day	e date of	the le	ter ruli	ng
If y	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver. Monou 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.	ctions, th	and e	nter th Day	e date of	the le	ter ruli	ng
lf y b c	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	ctions, th of a	and e	nter th Day	e date of	the le	ter ruli	ng
lf y b c d	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	ctions, th of a	and e	nter th Day 12b 12c 12d	e date of	the let	ter ruli	ng ———
lf y b c d	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver. Mon ou 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?	ctions, th of a	and e	nter th Day 12b 12c 12d	e date of	the let	ter ruli	ப ng
lf y b c d e	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	ctions, th of a	and e	12b 12c 12d	e date of	the let	ter ruli	ng ———
lf y b c d e	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver. Monou 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? Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year?	of a	and e	12b 12c 12d	e date of	the let	ter ruli	ng ——
lf y b c d e art 3a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	of a	and e	12b 12c 12d	e date of	the let	ter ruli	ng N/A
b c d e art 3a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	of a	and e	12b 12c 12d	e date of	the let	ter ruli	ng N/A
b c d art 3a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	of a	and e	12b 12c 12d	Yes X	the let Yea	ter ruli	ng
b c d art 3a b c	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver. Mon ou 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? VII 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 the which assets or liabilities were transferred. (See instructions.)	of a	and e	12b 12c 12d	Yes X	the let Yea	lo Yes	ng
b c art 3a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver. Mon ou 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? VII 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 the which assets or liabilities were transferred. (See instructions.)	of a	and e	12b 12c 12d Y	Yes Yes Yes	the let Yea	lo Yes	ng N/A

SIGN	Filed with authorized/valid electronic signature.	07/25/2012	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					

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 8500-SF

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OMB Nos. 1210-0110 1210-0089

Form 5800-SF (2011)

V.012611

Short Form Annual Return/Report of Small Employee Form 5500-SF Benefit Plan

Department of the Treasury Internal Revenue Service

Department of Labor

This form is required to be filled 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).

2011 This Form is Open to Public

Employee Benefits Security Administration Inspection Pension Benefit Guaranty Corporatio ▶ Complete all entries in accordance with the instructions to the Form 5500-SF. Part Annual Report Identification Information 12/31/2011 01/01/2011 and ending For calendar plan year 2011 or fiscal plan year beginning a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the first return/report the final return/report B This return/report is: a short plan year return/report (less than 12 mgnths) an amended return/repo automatic extension DFVC program Form 5558 C 'Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 18 Name of plan 1b Three-digit nlan number Christopher M. Davey MD, PA 401k Plan (PN) ▶ 1c Effective date of plan 01/01/1991 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number Christopher M. Davey MD, PA (EIN) 65-0232527 2c Sponsor's telephone number 2191 9th Avenue North Suite 115 727-321-1234 2d Business code (see instructions) St. Petersburg 33718-7147 621111 Administrator's EIN 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") Christopher M. Davey MD, PA 65-0232527 3c Administrator's telephone number 2191 9th Avenue North Suite 115 St. Petersburg FL 33713-7147 727-321-1234 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 5a Total number of participants at the beginning of the plan year..... 2 5a 2 **b** Total number of participants at the end of the plan year. 5b C Number of participants with account balances as of the end of the plan year (defined benefit plans do not 2 complete this item) Yes No 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 (IQদিA) Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "N<u>o" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.</u> Part III Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 310284 364894 a Total plan assets..... 7a b Total plan liabilities..... 7Ь 310284 C Net plan assets (subtract line 7b from line 7a). 364894 7¢ Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 34907 (1) Employers Ba(1) 22000 8a(2) (2) Participants (3) Others (including rollovers)..... 8a(3) -22917 b Other income (loss)..... 86 C Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 54610 Benefits paid (including direct rollovers and insurance premiums 8d to provide benefits)..... Certain deemed and/or corrective distributions (see instructions)... 8e Administrative service providers (salaries, fees, commissions)... ЯŦ 8g Other expenses Ö Яh h Total expenses (add lines 8d, 8e, 8f, and 8g)..... 54610 Net income (loss) (subtract line 8h from line 8c)....... 8î Transfers to (from) the plan (see Instructions)

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Pai	IV Plan Characteristics	+								WB-14-1	
	If the plan provides pension benefits, enter the applic ZA ZE ZG ZJ ZT 3D						1				
b	If the plan provides welfare benefits, enter the application	able	welfare fe	ature codes from th	e List of Plan Chara	cterist	Cod	les in t	the instructi	ons:	
Par	V Compliance Questions	1		, , , , , , , , , , , , , , , , , , ,							
10	During the plan year:	Ť			*		Yes	No	1	Amount	
а	Was there a failure to transmit to the plan any partic 29 CFR 2510.3-102? (See instructions and DOL's V	ipan Volu:	t contribut ntary Fidu	ions within the time ciary Correction Pro	period described in gram)	10a		Х		- 1111111111111111111111111111111111111	
b	Were there any nonexempt transactions with any pa on line 10a.)	rty-ī	n-interest?	(Do not include tra	nsactions reported	10b		Х			
C	Was the plan covered by a fidelity bond?	- 33	II .			10c		х			
d	Did the plan have a loss, whether or not reimbursed or dishonesty?	by t	he plan's f	fidelity bond, that wa	as caused by fraud	10d	<b></b>	X		***************************************	
e	Were any fees or commissions paid to any brokers, insurance service or other organization that provides instructions.)	ager	nts, or other	er persons by an ins fithe benefits under	surance carrier, the plan? (See	10e	x				1049
f	Has the plan failed to provide any benefit when due					10f		X			
g	Did the plan have any participant loans? (If "Yes," er	iter a	 amount as	of year end.)		10g		x			
h	If this is an individual account plan, was there a blac 2520.101-3.)	køut	period? (	See instructions and	129 CFR	10h		Х		eldert de Milakare	
I	If 10h was answered "Yes," check the box if you eith exceptions to providing the notice applied under 29 0	el pi	ovided the	e regulred notice or	one of the	101					
Part	Yi Pension Funding Compliance					:		RUB HOU.	Katanik dialin milyon	u stad vir stade a state d	atori di alimini in a
11	Is this a defined benefit plan subject to minimum functions))		! 				,	,		Yes	∏ No
12	Is this a defined contribution plan subject to the mini	ញ្ចឹមក	funding r	equirements of sec	ion 412 of the Code	or sec	tion 3	02 of	ERISA?	Yes	X No
_	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e bel					:					
а	If a waiver of the minimum funding standard for a pric granting the walver.	of ye	ar is being i	g amortized in this p	lan year, şee instruc Mont	tions,	and e	nter th	e date of th	e letter ru	ling
lf y	ou completed line 12a, complete lines 3, 9, and 10	of :	Schedule	MB (Form 5500), a	nd skip to line 13.	a :		Day.		1881	
b	Enter the minimum required contribution for this plan	year	<u> </u> 	*******				12b			
Ċ	Enter the amount contributed by the employer to the	plan	for this pla	an year				12c			
	Subtract the amount in line 12o from the amount in line 12o from the amount)	ie 12	b. Enter t	he result (enter a m	inus sign to the left o	ofa :		124			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	Will the minimum funding amount reported on line 12			e funding deadline?		; 		,,,,	Yes	No [	N/A
	/II Plan Terminations and Transfers o		THE PERSON NAMED IN COLUMN	~		j					
13a	Has a resolution to terminate the plan been adopted in ar							Y	es X No		
	If "Yes," enter the amount of any plan assets that reve	rtec	l to the em	hployer this year		13	a				
	Were all the plan assets distributed to participants or of the PBGC?	J						trol		Yes	X No
	lf during this plan year, any assets or liabilities were to which assets or liabilities were transferred. (See instru	ans ictio	ferred from ns.)	n this plan to anothe	er plan(s), identify the	e plan	s) to			<b>1</b>	
7.	c(1) Name of plan(s):	<u> </u>					13c	2) EIN	l(s) .	13c(3)	PN(s)
Cautic	n: A penalty for the late or incomplete filing of thi	s nei	turn/repoi	rt will be assessed	uniess reasonable	Cauc	e is e	stabli		1	
Under SB or	penalties of perjury and other penalties set forth in the Schedule MB completed and signed by an enrolled ac it is true, correct, and complete	ins	tructions.	I declare that I have	examined this retur	n/reno	rt. inc	ludina	if applicab	e, a Sche owledge :	dule and
74. j. kg.,		-		2/2/12	Christopher	M	T1=	377	Mrs		
SIGN		^7	-	1 -	<del></del>		*****				
	Signature of plan administrator		······································	Date	Enter name of ind	lividuá	ı signi	ng as	plan admini	strator	
SIGN HERE		<u> </u>   !					·				
nent	Signature of employer/plan sponsor			Date	Enter name of Ind	lvidua	signi	ng as	employer o	plan spo	nsor