## 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.

OMB Nos. 1210-0110

1210-0089

2011 This Form is Open to Public Inspection

Pa	art I Annual Report Identification Information							
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2011	1	and ending 1	2/31/2	2011			
Α .	This return/report is for: 🗵 a single-employer plan 🔲 a multiple-employer plan (not multiemployer) 🔲 a one-participant plan							
В .	his return/report is: the first return/report the final return/report							
	an amended return/report	a short pla	in year return/report (less than 12 mo	onths)				
С	Check box if filing under: X Form 5558	automatic	extension		DFVC program			
	special extension (enter description	n)						
Pa	Int II Basic Plan Information—enter all requested information	·						
	Name of plan			1b	Three-digit			
	ALD E BROWN MD PLLC PROFIT SHARING PLAN				plan number			
					(PN) • 001			
				1C	Effective date of plan 02/16/2002			
2a	Plan sponsor's name and address; include room or suite number (en	molover if	for a single-employer plan)	2h	Employer Identification Number			
	ALD E BROWN MD PLLC	npioyor, ii	Tot a onigio omproyer plant,		(EIN) 30-0033315			
				2c	Sponsor's telephone number			
14 HI	LL AND DALE PLACE				606-679-5161			
SOM	ERSET, KY 42501			2d	Business code (see instructions)			
2-	<b>5</b>	. "0	m	O.L.	621111			
	Plan administrator's name and address (if same as plan sponsor, en ALD E BROWN MD PLLC 14 HILL AND			30	Administrator's EIN 30-0033315			
	SOMERSET,	KY 42501		3с	Administrator's telephone number			
4				41	606-679-5161			
4	If the name and/or EIN of the plan sponsor has changed since the la name, EIN, and the plan number from the last return/report.	ast return/i	report filed for this plan, enter the	4b	EIN			
а	Sponsor's name			4c	PN			
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			5b				
С	Number of participants with account balances as of the end of the pl	lan year (d	defined benefit plans do not	_				
	complete this item)			5c				
	Were all of the plan's assets during the plan year invested in eligible				X Yes No			
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a				X Yes ☐ No			
	If you answered "No" to either 6a or 6b, the plan cannot use Fo							
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year			
а	Total plan assets	7a	2005220		1959360			
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c	2005220		1959360			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			
а	Contributions received or receivable from:  (1) Employers	8a(1)						
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	-45860					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-45860			
d	Benefits paid (including direct rollovers and insurance premiums							
	to provide benefits)	8d						
e	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			45960			
ĺ	Net income (loss) (subtract line 8h from line 8c)	8i			-45860			
J	Transfers to (from) the plan (see instructions)	8i						

Form	5500.	SF.	201

Page <b>2</b> -	1	
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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: 9a
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Dant	V	Compliance Overtions							
Part		Compliance Questions		V	NI.	T			
10		ng the plan year:		Yes	No		Ar	nount	
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			Х				
	on li	ne 10a.)	10b		^				
С	Was	s the plan covered by a fidelity bond?	10c		X				
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				
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did t	he plan have any participant loans? (If "Yes," enter amount as of year end.)	10q		X				
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR	109						
		0.101-3.)	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						
Part	VI	Pension Funding Compliance			•				
11	Is thi	s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com						Yes	No
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No
		es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							_
а	lf a v	vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver.							
lf y	-	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			•				
b	Ente	r the minimum required contribution for this plan year			12b				
С	Ente	r the amount contributed by the employer to the plan for this plan year			12c				
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left tive amount)		[	12d				
е	Will t	he minimum funding amount reported on line 12d be met by the funding deadline?				Ye	s	No	N/A
art		Plan Terminations and Transfers of Assets						<u>L</u>	
		a resolution to terminate the plan been adopted in any plan year?			× \	res -	No		
		es," enter the amount of any plan assets that reverted to the employer this year							C
D		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought e PBGC?	unaer 	tne co	ntroi			Yes	X No
С	If du	ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the	ne pla	n(s) to			'	_	
		h assets or liabilities were transferred. (See instructions.)	1		(0) 51	10.17		40 (0)	DN( )
1	3c(1)	Name of plan(s):		13	c(2) El	N(s)		13c(3)	PN(s)
			<u> </u>						
		penalty for the late or incomplete filing of this return/report will be assessed unless reasonab						- 0 :	11
		alties of perjury and other penalties set forth in the instructions, I declare that I have examined this retr edule MB completed and signed by an enrolled actuary, as well as the electronic version of this return							

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	10/15/2012	DONALD E BROWN 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

10/15/2012 MON 11:10 FAX 8592557664 BENEFITS AUMINISTRATORS

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OFM DOUG-OF	l B	Benefit Plan					
Internal Rovenue Service	L madenness teacome Security Act of 1	a) of	Open to Public				
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Δnnual Report Io	lentification Information				12/31/2011		
lendar plan year 2011 or fisc	at plan year beginning					ant plan	
	X a single-employer plan			Į.	T a oue-barrob-	an pian	
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esk boy If filipg under:	X Form 5558	automatic	extension	ļ	T DEAC bloguer	i į	
took box it mand any and	special extension (enter description	n)					
Basic Plan Infor	mation—cnter all requested informa	tion		1h	There didi!		
lame of pier			·	ıD	plan number		
ald E Brown MD PL	LC Profit Sharing Plan				(FIN) F	001.	
				10	Effective date of 02/16/2002	plan	
lan anonsor's name and add	reas; include room or sulte number (er	nployer, if	for a single-employer plan)	2b			
ald E Brown Md Pl	lc		•		· · · · · · · · · · · · · · · · · · ·		
				ZC			
Hill And Dale Pla	CĒ			2d			
	KY 42501				621111		
ersec		ter "Same	*)	3b			
ald E Brown Md Pl	LC			20			
Hill And Dale Pla	.ce			Ç.	606-679-5		
	K 42301	ast return/c	eport filed for this plan, enter the	4ь	EIN		
if the name and/or EIN of the name, EIN, and the plan num	ber from the last return/report.		•	40			
Sponsor's name					PN	5	
Total number of participants	at the beginning of the plan year					5	
Total number of participants	at the end of the plan year			20			
Number of participants with a	account balances as of the end of the	plan year (d	belined ocucial bishs do not	5c		5	
server all of the plants separate	during the plan year invested in cligit	le assets?	(See instructions.)			X Yes   No	
Are you claiming a waiver of	the annual examination and report of	an indeper and conditi	ions.)unidea public accountant (ic			X Yes 🗌 No	
If you answered "No" to el	ther 6a or 6b, the plan cannot use F	orm 5500-	se and must instead use Form 3:	ψψ.			
	Ration	14704645763	(a) Regioning of Year	<u> </u>	(b) End	of Year	
		7-3		20		1959360	
			20052	20		1959360	
			(a) Amount		(b)	Total	
Contributions received of 100	elvable from:			_ \			
(1) Employers				-{}			
				<b></b>  ::			
			/ = 0	50			
Other income (loss)			The second section is a second	<u> </u>	The modern and Tarbus and April	-45860	
Total Income (add lines 8s(1	), 8s(2), 8s(3), and 8b)	<u>8c</u>	and published and state of a tile of the section of	127		The state of the s	
to provide benefits)		. 8d		-			
Cortain deemed and/or corre	octive distributions (see instructions)	89					
		8f	<u> </u>		医线性 医乳腺性多类性坏疽	and the first of the property of the second	
Administrative service provide				- 1	the state of the state of		
Other expenses	***************************************	<u>8g</u>					
Other expenses Total expenses (add lines 8	d, 9e, 8f, and 8g)	<u>8g</u> <u>8h</u>				-4586	
Other expenses Total expenses (add times 8: Net income (loss) (subtract	***************************************	<u>8g</u> <u>8h</u>				-4586	
	Department of Labor over Brandto Security Administration aton Brandto Security Administration aton Brandto Security Administration aton Brandto Security Administration at the Brandto Security Administration at the Brandto File Brandto File Brandto File Brandto File Brown MD PL.  Plan aponsor's name and addial of E Brown MD PL.  Plan aponsor's name and addial of E Brown MD PL.  Plan administrator's name and addial of E Brown MD PL.  Plan administrator's name and addial of E Brown MD PL.  Plan administrator's name and addial of E Brown MD PL.  Plan administrator's name and addial of E Brown MD PL.  Plan administrator's name and addial of E Brown MD PL.  Plan administrator's name and addial of E Brown MD PL.  Werset  Plan administrator's name and addial of E Brown MD PL.  Total number of participants.  Total number of participants.  Number of participants with a complete this Item)	Retirement income Security Act of the Internal open Benefit Currents Security Act of the Internal on Benefit Currents Corporation   Complete all entries in accord   Complete all entries   Complete all entries	Retirement Income Security Action 1974 (ERIST to Annual Report Identification Information alender plan year 2011 or flacet plan year beginning   01/01/2	Retirement Income Security Act of 1974 (Act 1974) and security Act of 1974 (Act 1974) and security Corporation the Internal Revoruse Code (the Code)	This form is required to be filled under sections to an autous of the property	This form is required to be filled under sections (04 and 4085 of the Employer Both Commission South Activity Care (1974) and 5086(a) of the Interrupt South Activity Care (1974) and 5086(a) of the I	

10/15/2012 MON 11:11 FAX 8592557664 BENEFITS ADMINISTRATORS

	Form 5500-SF 2011 Page <b>2</b> -		_			
Principles.				-		
Par 9a	Plan Characteristics   If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char	acteris	stic Co	des In	the Instructions:	
	ZE 2F 3D					
b	if the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chará	Cterist	(¢ C0a	es in u	ie instructions:	
Part	V Compliance Questions		r		<u> </u>	
10	During the plan year:		Yes	No	Amount	
а	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)	103		Х		
þ	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10s.)	10b		х		
¢	Was the plan covered by a fidelity bond?	100		_ 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?	10d		Х		
6	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	AL-III 1011 10 11 11 11 11 11 11 11 11 11 11 1	<u></u>
f	Has the plan failed to provide any benefit when due under the plan?	101	ļ	*		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		ж	,	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520,101-3.)	10h		х		
i	If 10h was answered "Yes," chock 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				
	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (if "Yes," see instructions and cor 5500)).	npleto	Sched	lule SE	(Form Yes	∏ No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	0 OF 80	ection :	302 of	ERISA? Yes	X No
1,2	(If "Yes," complete 12a or 12b, 12c, 12d, and 12c below, as applicable.)					
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru	1th	, and e	nter th Day	e date of the letter rul	fing
. 11	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13		_		T	
b	Enter the minimum required contribution for this plan year			126		
¢	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 negative amount)	•••••	[	12đ		
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		<u> </u>		Yes No	N/A
Part	VII Plan Terminations and Transfers of Assets					
	Has a resolution to terminate the plan been adopted in any plan year?			X	Yes No	
	If "Yes." enter the amount of any plan assets that reverted to the employer this year	] '	13a			0
ь	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?				_ Yes	X No
c	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.)	the pla				
	3c(1) Name of plan(s):		13	c(2) E	N(s) 13c(3	) PN(s)
				•		
						***
Cau	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonal	ble ca	use is	estab	lished.	
SB (	or penalties of perjury and other penaltics set forth in the instructions, I declare that I have examined this roles of perjury and administration of this return a schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return.	rurn/re	t, and	to the	g, if applicable, a sch best of my knowledge	and
DGII	f, it is true-correct, and complete.	in const	n MD			
Sic					s plan administrator	
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