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).

2042

OMB Nos. 1210-0110

1210-0089

2012

This Form is Open to Public Inspection

		Complete all entries in acc	ordance with the instri	uctions to the Form 550)0-SF.	
Part I	Annual Report	Identification Information				
For calend	ar plan year 2012 or fis	cal plan year beginning 01/01/2	2012	and ending	12/31/2	2012
A This ref	turn/report is for:	a single-employer plan	a multiple-employer	plan (not multiemployer)		a one-participant plan
B This ref	turn/report is:	the first return/report	the final return/repor	t		
		an amended return/report	a short plan year retu	ırn/report (less than 12 m	nonths)	
C Check	box if filing under:	X Form 5558	automatic extension			DFVC program
	-	special extension (enter descri	 ption)			_
Part II	Basic Plan Info	rmation—enter all requested info	rmation			
1a Name					1b	Three-digit
	•	OFIT SHARING PLAN				plan number
						(PN) ▶ 001
					1c	Effective date of plan
30 Disc. 1		dan and the land and an arrange of the second and t	. /	\	Ol-	02/16/2002
	ponsor's name and add BROWN MD PLLC	dress; include room or suite number	r (employer, if for a single	e-employer plan)	20	Employer Identification Number (EIN) 30-0033315
					20	(EII4)
4.4 LIII ANI	D DALE PLACE				20	Sponsor's telephone number 606-679-5161
SOMERSET					2d	Business code (see instructions)
						621111
3a Plan a	dministrator's name ar	d address Same as Plan Sponso	or Name Same as Pla	an Sponsor Address	3b	Administrator's EIN
ONALD E B	ROWN MD PLLC	14 HILL AN	D DALE PLACE			30-0033315
		SOMERSE	Γ, KY 42501		3c	Administrator's telephone number 606-679-5161
						000-079-5101
4 If the r	name and/or FIN of the	plan sponsor has changed since the	ne last return/report filed	for this plan, enter the	4h	EIN
		nber from the last return/report.	io last retain report mea	for this plan, enter the	70	LIIV
a Spons	or's name				4c	PN
5a Total i	number of participants	at the beginning of the plan year			5a	5
b Total	number of participants	at the end of the plan year			5b	5
		account balances as of the end of the		-	F	5
	,				. 5c	
	•	during the plan year invested in eli the annual examination and report	• '			X Yes No
		the annual examination and report (See instructions on waiver eligibil				X Yes No
		ther line 6a or line 6b, the plan ca				
		or incomplete filing of this return				
		ner penalties set forth in the instruct				
		nd signed by an enrolled actuary, as	well as the electronic ve	ersion of this return/repor	t, and	to the best of my knowledge and
belief, it is	true, correct, and comp	piete.				
SIGN	Filed with authorized/	valid electronic signature.	10/15/2013	DONALD E BROWN	MD	
HERE	Signature of plan a	dministrator	Date	Enter name of individ	dual sig	ning as plan administrator
SIGN						
HERE	Signature of emplo	ver/nlan snonsor	Date	Enter name of individ	lual sid	ning as employer or plan sponsor
Preparer's		ame, if applicable) and address; inc			1	earer's telephone number (optional)
		,		, ,	1 '	
Ī						

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Pai	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar		(b) End	(b) End of Year				
a	al plan assets						7425				
	Total plan liabilities	7b									
С	Net plan assets (subtract line 7b from line 7a)	7c	195936	1959360			2147425				
	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total					
	Contributions received or receivable from:		,								
	(1) Employers	8a(1)									
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
	Other income (loss)	8b	18806	55							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					18	8065			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						0			
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					18	88065			
<u>j</u>	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 3D	feature co	des from the List of Plan Char	acteris	tic Codes	in the instru	ictions:				
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cteristi	c Codes ir	the instruc	tions:				
Par	t V Compliance Questions										
10	•				Yes No		A	4			
a	' '' '			10a	X		Amou	ли			
b	 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported 				X						
	on line 10a.)			10b	X						
<u>c</u>	Was the plan covered by a fidelity bond?			10c	^						
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d	X						
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)	of the bene	efits under the plan? (See	10e	X						
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 a			10g	X	1					
— h	If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR		X						
	2520.101-3.)	ne require	d notice or one of the	10h							
i_	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i							
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	a Enter the amount from Schedule SB line 39										
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?										
	(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 Schedul	e MB (For	m 5500), and skip to line 13.		ı	1					
b	Enter the minimum required contribution for this plan year				12b						

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С	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 resunegative amount)			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding	ng deadline?				Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets							
13a	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				
b	Were all the plan assets distributed to participants or beneficiaries, transfer of the PBGC?	rred to another plan, or brought unde	er the c	ontro	I		Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this p which assets or liabilities were transferred. (See instructions.)	plan to another plan(s), identify the p	lan(s) t	0			_	
1	3c(1) Name of plan(s):		13	3c(2)	EIN(s	s)	13c(3) PN(s)
Part	VIII Trust Information (optional)						•	
14a 1	Name of trust			14b	Trust	's EIN		

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.

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	Annual Report Identification Information	/ /	1 1:	12/31/2012				
For calendar	plan year 2012 or fiscal plan year beginning 01,	/01/2012	and ending					
A This retu	A This return/report is for:							
B This return/report is: ☐ the first return/report ☐ the final return/report								
	an amended return/report	short plan year return	report (less than 12 mo	nths)				
C Check be	ox if filing under: X Form 5558	automatic extension		DFVC program				
	special extension (enter description	1)						
Part II	Basic Plan Information—enter all requested informa							
1a Name o				1b Three-digit				
Donald	E Brown MD PLLC Profit Sharing Plan	plan number (PN) • 001						
			1c Effective date of plan 02/16/2002					
2a Plan sp	onsor's name and address; include room or suite number (er E Brown Md Pllc	mployer, if for a single-e	employer plan)	2b Employer Identification Number (EIN) 30 - 0033315				
				2c Sponsor's telephone number 606-679-5161				
14 Hill	And Dale Place			2d Business code (see instructions)				
Somerse	KY 42501			621111				
3a Plan ad	Iministrator's name and address Same as Plan Sponsor N	ame Same as Plan	Sponsor Address	3b Administrator's EIN 30-0033315				
Donald	E Brown Md Pllc			3c Administrator's telephone number				
14 Hill	And Dale Place			606-679-5161				
-22	ky 42501							
Somerse		t to the form the stand for	s this plan antar tha	4b EIN				
4 If the n	ame and/or EIN of the plan sponsor has changed since the la EIN, and the plan number from the last return/report.	ast return/report filed to	tills plan, enter the	40 EIIV				
a Sponso	or's name			4c PN				
5a Total n	number of participants at the beginning of the plan year			5a 5				
	number of participants at the end of the plan year			5b 5				
C Number	er of participants with account balances as of the end of the peter this item)	olan year (defined bene	fit plans do not	5c 5				
6a Were	all of the plan's assets during the plan year invested in eligib	le assets? (See instruc	tions.)	X Yes No				
b Are yo	ou claiming a waiver of the annual examination and report of a 29 CFR 2520.104-46? (See instructions on waiver eligibility)	an independent qualifie and conditions.)	d public accountant (IQ	PA) X Yes No				
	answered "No" to either line 6a or line 6b, the plan cann							
Caution: A	penalty for the late or incomplete filing of this return/rep	ort will be assessed	unless reasonable cau	ise is established.				
SB or Sche	alties of perjury and other penalties set forth in the instruction adule MB completed and signed by an enrolled actuary, as we true, correct, and complete.	s, I declare that I have ell as the electronic ver	examined this return/report	oort, including, if applicable, a Scriedule, and to the best of my knowledge and				
SIGN	(0) 4 8 0	10/14/13	Donald E Brown	n MD				
HERE	Signature of plan administrator	Date	The same of the sa	ual signing as plan administrator				
SIGN	(1) 115 (5)	10/14/15	Donald E Brown	n MD				
HERE	Signature of employer/plan sponsor	Date		ual signing as employer or plan sponsor				
Preparer's	name (including firm name, if applicable) and address; include	le room or suite numbe	r (optional)	Preparer's telephone number (optional)				

Par	t III Financial Information				_					
7	Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year				7405
a	Total plan assets	7a	195	936	0				214	7425
	Total plan liabilities	7b							014	F405
	Net plan assets (subtract line 7b from line 7a)	7c	195	936	0				214	7425
OF REAL PROPERTY.	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal		
a	Contributions received or receivable from: (1) Employers	8a(1)								
	(2) Participants	8a(2)								
The same of the sa	(3) Others (including rollovers)	8a(3)			-					
b	Other income (loss)	8b	18	8806	5					2265
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					22 - 22 - 19 - 19 - 19 - 19 - 19 - 19 -		18	8065
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			-					
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g			-			lein-		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								0
	Net income (loss) (subtract line 8h from line 8c)	8i							18	88065
j	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension									
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	les from the List of Plan Charac	cterist	ic Cod	es in th	ne instruct	ions:		
Par	V Compliance Questions						2200 March 1980			
10	During the plan year:				Yes	No		Amo	unt	
а	Was there a failure to transmit to the plan any participant contribu	uciary Cor	rection Program)	10a		Х				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	t? (Do not	include transactions reported	10b		Х				
C	Was the plan covered by a fidelity bond?			10c		X				
	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	ond, that was caused by fraud	10d		Х				
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all	her persor	ns by an insurance carrier,			х				
	instructions.)			10e						
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X				
	Did the plan have any participant loans? (If "Yes," enter amount a	as of year	end.)	10g		X				
-	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instr	ructions and 29 CFR	10h		Х				
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	he require	ed notice or one of the	10i						
Par										
11	Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)	nents? (If	"Yes," see instructions and con	nplete	Sche	dule SE	3 (Form		Yes	☐ No
11:	a Enter the amount from Schedule SB line 39					11a				
12	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA?.		Yes	X No
-	(If "Vee." 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 be	ing amorti	zed in this plan year, see instru	IIII	s, and	enter tl Day	ne date of	the le Yea	tter rul r	ing
I	f you completed line 12a, complete lines 3, 9, and 10 of Schedu	le MB (Fo	orm 5500), and skip to line 13.							
1	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 negative amount)	(enter a minus sign to the left of a	12d					
e	Will the minimum funding amount reported on line 12d be met by the funding			Yes	No N/A			
Part								
	Has a resolution to terminate the plan been adopted in any plan year?		X	res No				
	If "Yes," enter the amount of any plan assets that reverted to the employer the		1		C			
b	Were all the plan assets distributed to participants or beneficiaries, transferred of the PBGC?							
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	n to another plan(s), identify the plan(s) to		_			
	3c(1) Name of plan(s):		13c(2) E	IN(s)	13c(3) PN(s)			
Part	VIII Trust Information (optional)							
14a Name of trust				14b Trust's EIN				