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.

0040

2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I		t Identification Informati	on							
For calend	ar plan year 2013 or	fiscal plan year beginning 01	/01/2013	and ending 1	2/31/	2013				
A This ref	turn/report is for:	x a single-employer plan	a multiple-employ	er plan (not multiemployer)	yer) a one-participant plan					
B This ref	turn/report is:	the first return/report	the final return/re	port						
		an amended return/report	a short plan year ı	return/report (less than 12 m	onths)				
C Check	box if filing under:	Form 5558	automatic extensi	ion		DFVC progra	am			
	ŭ	special extension (enter d	_							
Part II	Basic Plan Inf	ormation—enter all requested	<u> </u>							
1a Name					1b	Three-digit				
	•	ROFIT SHARING PLAN				plan number				
						(PN) •	001			
					1C	Effective date of 02/16	•			
2a Plan s	nonsor's name and a	ddress; include room or suite nu	mber (employer if for a si	ngle-employer plan)	2h	Employer Identi				
	BROWN MD PLLC	adiood, molado room or odito na	moor (employer, ii for a en	igio ompioyor piam	25	, ,	33315			
					2c	Sponsor's telep	hone number			
100 MOUNT	TAIN VIEW DRIVE					606-679				
LONDON, K	(Y 40741				2d	Business code (see instructions)			
						62111				
		and address Same as Plan Sp	_	Plan Sponsor Address	3b	Administrator's I	EIN)33315			
ONALD E B	ROWN MD PLLC		DUNTAIN VIEW DRIVE DN, KY 40741		3c		telephone number			
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			606-679				
1 If the	name and/or FINI of th	no plan apapaar baa abangad sir	and the last return/report fil	ad far this plan, aptor the	415	EIN				
		ne plan sponsor has changed sir umber from the last return/report	•	ed for this plan, enter the	4D	EIN				
	or's name				4c	PN				
5a Total	number of participant	s at the beginning of the plan ye	ar		5a		5			
b Total	number of participant	s at the end of the plan year			5b		1			
c Numb	er of participants with	account balances as of the end	of the plan year (defined	benefit plans do not						
	,				5c		1			
		ets during the plan year invested	-				X Yes No			
		of the annual examination and re					X Yes No			
		under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
	answered No to	either line 6a or line 6b, the pla	an cannot use Form 5500			i 5500.				
C If the		either line 6a or line 6b, the pla efit plan, is it covered under the f)-SF and must instead use	Form		Not determined			
	plan is a defined bene	efit plan, is it covered under the I	PBGC insurance program	See ERISA section 4021)?	Form	Yes No	Not determined			
Caution: A	plan is a defined bendandary	efit plan, is it covered under the le or incomplete filing of this re	PBGC insurance program turn/report will be asses	O-SF and must instead use (see ERISA section 4021)? sed unless reasonable cau	Form	Yes No established.				
Caution: A Under pena SB or Sche	plan is a defined bendance A penalty for the lateralties of perjury and conducted MB completed	efit plan, is it covered under the less or incomplete filing of this reputher penalties set forth in the instand signed by an enrolled actual	PBGC insurance program turn/report will be assestructions, I declare that I h	csee ERISA section 4021)? sed unless reasonable cause examined this return/re	Form	Yes No setablished. ncluding, if applic	able, a Schedule			
Caution: A Under pena SB or Sche	plan is a defined bendandary A penalty for the late alties of perjury and o	efit plan, is it covered under the less or incomplete filing of this reputher penalties set forth in the instand signed by an enrolled actual	PBGC insurance program turn/report will be assestructions, I declare that I h	csee ERISA section 4021)? sed unless reasonable cause examined this return/re	Form	Yes No setablished. ncluding, if applic	able, a Schedule			
Caution: A Under pena SB or Sche belief, it is	plan is a defined bend A penalty for the late alties of perjury and dedule MB completed true, correct, and cor	efit plan, is it covered under the less or incomplete filing of this reputher penalties set forth in the instand signed by an enrolled actual	PBGC insurance program turn/report will be assestructions, I declare that I h	csee ERISA section 4021)? sed unless reasonable cause examined this return/re	Form use is port, in t, and	Yes No setablished. ncluding, if applic	able, a Schedule			
Caution: A Under pena SB or Sche	A penalty for the late alties of perjury and dedule MB completed true, correct, and cor	efit plan, is it covered under the feer incomplete filing of this resther penalties set forth in the instand signed by an enrolled actual inplete. d/valid electronic signature.	turn/report will be assessifuctions, I declare that I hry, as well as the electronic	(see ERISA section 4021)? sed unless reasonable cause examined this return/report DONALD E BROWN I	Form use is port, in t, and	Yes No established. ncluding, if applic to the best of my	able, a Schedule knowledge and			
Caution: A Under pens SB or Sche belief, it is SIGN HERE	plan is a defined bend A penalty for the late alties of perjury and dedule MB completed true, correct, and cor	efit plan, is it covered under the feer incomplete filing of this resther penalties set forth in the instand signed by an enrolled actual inplete. d/valid electronic signature.	PBGC insurance program turn/report will be asses structions, I declare that I h ry, as well as the electronic	(see ERISA section 4021)? sed unless reasonable cause examined this return/report	Form use is port, in t, and	Yes No established. ncluding, if applic to the best of my	able, a Schedule knowledge and			
Caution: A Under pena SB or Sche belief, it is	A penalty for the late alties of perjury and cedule MB completed true, correct, and correct with authorized Signature of plan	efit plan, is it covered under the feer incomplete filing of this resther penalties set forth in the instand signed by an enrolled actual inplete. d/valid electronic signature. administrator	turn/report will be assess structions, I declare that I hry, as well as the electronic 05/29/2014 Date	(see ERISA section 4021)? sed unless reasonable cause examined this return/report DONALD E BROWN I Enter name of individ	Form use is port, int, and	Yes No established. Including, if applicate to the best of my	able, a Schedule knowledge and ninistrator			
Caution: A Under pens SB or Sche belief, it is SIGN HERE SIGN HERE	A penalty for the late alties of perjury and cedule MB completed true, correct, and correct with authorized Signature of plan	efit plan, is it covered under the fe or incomplete filing of this reported penalties set forth in the instand signed by an enrolled actual enplete. Idvalid electronic signature. Idward administrator Idward actual enplete.	PBGC insurance program turn/report will be asses structions, I declare that I h ry, as well as the electronic 05/29/2014 Date Date	(see ERISA section 4021)? sed unless reasonable cause examined this return/report DONALD E BROWN I Enter name of individ	Jase is port, in t, and MD ual signal	Yes No established. ncluding, if applic to the best of my gning as plan adm gning as employe	able, a Schedule knowledge and ministrator			
Caution: A Under pens SB or Sche belief, it is SIGN HERE SIGN HERE	A penalty for the late alties of perjury and cedule MB completed true, correct, and correct with authorized Signature of plan	efit plan, is it covered under the feer incomplete filing of this resther penalties set forth in the instand signed by an enrolled actual inplete. d/valid electronic signature. administrator	PBGC insurance program turn/report will be asses structions, I declare that I h ry, as well as the electronic 05/29/2014 Date Date	(see ERISA section 4021)? sed unless reasonable cause examined this return/report DONALD E BROWN I Enter name of individ	Jase is port, in t, and MD ual signal	Yes No established. ncluding, if applic to the best of my gning as plan adm gning as employe	able, a Schedule knowledge and ministrator			
Caution: A Under pens SB or Sche belief, it is SIGN HERE SIGN HERE	A penalty for the late alties of perjury and cedule MB completed true, correct, and correct with authorized Signature of plan	efit plan, is it covered under the fe or incomplete filing of this reported penalties set forth in the instand signed by an enrolled actual enplete. Idvalid electronic signature. Idward administrator Idward actual enplete.	PBGC insurance program turn/report will be asses structions, I declare that I h ry, as well as the electronic 05/29/2014 Date Date	(see ERISA section 4021)? sed unless reasonable cause examined this return/report DONALD E BROWN I Enter name of individ	Jase is port, in t, and MD ual signal	Yes No established. ncluding, if applic to the best of my gning as plan adm gning as employe	able, a Schedule knowledge and ministrator			
Caution: A Under pens SB or Sche belief, it is SIGN HERE SIGN HERE	A penalty for the late alties of perjury and cedule MB completed true, correct, and correct with authorized Signature of plan	efit plan, is it covered under the fe or incomplete filing of this reported penalties set forth in the instand signed by an enrolled actual enplete. Idvalid electronic signature. Idward administrator Idward actual enplete.	PBGC insurance program turn/report will be asses structions, I declare that I h ry, as well as the electronic 05/29/2014 Date Date	(see ERISA section 4021)? sed unless reasonable cause examined this return/report DONALD E BROWN I Enter name of individ	Jase is port, in t, and MD ual signal	Yes No established. ncluding, if applic to the best of my gning as plan adm gning as employe	able, a Schedule knowledge and ministrator			
Caution: A Under pens SB or Sche belief, it is SIGN HERE SIGN HERE	A penalty for the late alties of perjury and cedule MB completed true, correct, and correct with authorized Signature of plan	efit plan, is it covered under the fe or incomplete filing of this reported penalties set forth in the instand signed by an enrolled actual enplete. Idvalid electronic signature. Idward administrator Idward actual enplete.	PBGC insurance program turn/report will be asses structions, I declare that I h ry, as well as the electronic 05/29/2014 Date Date	(see ERISA section 4021)? sed unless reasonable cause examined this return/report DONALD E BROWN I Enter name of individ	Jase is port, in t, and MD ual signal	Yes No established. ncluding, if applic to the best of my gning as plan adm gning as employe	able, a Schedule knowledge and ministrator			

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Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar	(b) End of Year						
a	Total plan assets	7a	214742		8						
	Total plan liabilities	7b									
	Net plan assets (subtract line 7b from line 7a)	7c	2147425				87				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Tot	al			
	Contributions received or receivable from:		(a) Amount				(5) 100	uı .			
	(1) Employers	8a(1)									
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	35297	7							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						352977	7		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	250031	5							
е	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						250031	5		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-214733	3		
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 2E 2F 3D	feature co	des from the List of Plan Chara	acteris	stic Co	odes in	the instruction	ns:			
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Charac	cterist	ic Cod	des in t	he instructior	ıs:			
Par	V Compliance Questions										
10	During the plan year:				Yes	No	Δ	mount			
a				10a		X	,	ou.ii			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		X					
						X					
				10c							
d	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										
	instructions.)		. ,	10e		X					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X					
h		(See instru	uctions and 29 CFR	10h		Х					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne required	d notice or one of the	10i							
Part		1 0		101							
11	Is this a defined benefit plan subject to minimum funding requirem							Пусс		No.	
44-	5500) and line 11a below)							Yes	Ш	No	
	Enter the unpaid minimum required contribution for current year fr		,		ı	11a	<u> </u>				
12	Is this a defined contribution plan subject to the minimum funding	-		or se	ction	302 of	ERISA?	Yes	X	No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			oti	0:1	ont== /'	no dota cfill	lotte:::	lie e		
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		, and e	enter ti Day		ear	ıırıg		
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•			<u> </u>	401	I				
b	Enter the minimum required contribution for this plan year					12b	ĺ				

Page	3	- [1
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			1		
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 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	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	es No)	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0
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	13c(1) Name of plan(s):	13c(2) EI	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)			•	
14a	Name of trust	14b ⊺	rust's EIN		

6063304179

Form 5500-SF

Department of the Treasury Internal Revenue Service

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

OMB Nos. 1210-0110 1210-0089

2013

Employee Benefits Security Administration the Internal Revenue Code (the Code). This Form is Open to Public Inspection							
,	Banafit Guaranty Corporation	▶ Complete all entries in acc	ordance with the instru	ctions to the Form 550	0-SF.	moperus	
Part I		lentification Information	/ /				
For calend	dar plan year 2013 or fisca		01/01/2013	and ending	44.03	2/31/2013	
A This re	eturn/report is for:	a single-employer plan	rnm	lan (not multiemployer)		a one-participant plan	
B This re	turn/report is:	the first return/report	the final return/report				
		an amended return/report	🔲 a short plan year returi	n/report (less than 12 m	onths)		
C Check	box if filing under:	Form 5558	automatic extension			DFVC program	
		special extension (enter descrip	ition)				
Part II	Basic Plan Inform	nation—enter all requested infor	mation				
1a Name						nree-digit	
Donald	i E Brown MD Pil	.C Profit Sharing Pla	an.			an number	
						fective date of plan	
						2/16/2002	
		ess; include room or sulte number	(employer, if for a single-	employer plan)	2b ∈n	nployer Identification Number	
Donalo	LE Brown Md Pll	.c			(E	IN) 30-0033315	
100 Ma	untain View Dri	***				ponsor's telephone number	
100 140	dicain view bii	· V =				06-679-5161 usiness code (see instructions)	
London	ı	KY 40741			1	21111	
3a Plan s	administrator's name and	address Same as Plan Sponsor	r Name Same as Plan	Sponsor Address		Iministrator's EIN	
Donald	E Brown Md Pll	II	11	·		0-0033315	
						iministrator's telephone number	
100 Mo	untain View Dri	Ve			60	06-679-5161	
London		KY 40741					
		an sponsor has changed since the	e last return/report filed fo	or this plan, onler the	4b EI	N	
	e, ⊫IN, and the plan numb sor's name	er from the last return/report.			4c PN	AI	
		the beginning of the plan year			5a	5	
		the end of the plan year			5b		
	·	count balances as of the end of the			30	7.	
		Filinian in the contract of the cost of the			5c	1	
6a Were	all of the plan's assets di	uring the plan year invested in elig	ible assets? (See instruc	tions.)		X Yes No	
		e annual examination and report of				X Yes No	
		See instructions on waiver eligibilit er line 6a or line 6b, the plan car					
_		ian, is it covered under the PBGC					
				WALKET TO THE RESERVE		'max' www'	
		Incomplete filing of this return/re					
SB or Sch	atties of perjury and other edule MB completed and :	penalties set forth in the instruction signed by an enrolled actuary, as t	ons, I declare that I have o well as the electronic vers	examined this return/report	and to th	ding, it applicable, a Schedule he best of my knowledge and	
belief, it is	true, correct, and complet	ē.		·			
SIGN				Donald E Brown	CIM C		
HERE	Signature of plan adm	inletrator	Date	-		g as plan administrator	
SIGN	Signature of phan adm	mostator	L/ate	Donald E Brown		g as pian aoministrator	
HERE	Simulation of a second		D-4-				
Preparer's	Signature of employer name (including firm nam	ripian sponsor ie, if applicable) and address; inclu	Date Ide room or suite number	(ontional)		g as employer or plan sponsor r's telephone number (optional)	
	- Comment of the Comm			Zelemannenk	· Plaici	. S. toropriorio manivor (epiterial)	
				}			

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Pa	rt III Financial Information				,		1=11=1			
7	Plan Assets and Liablitles		(a) Beginning of Ye	ar			(b) End	of Ye	ar	
а	Total plan assets	7a	21	4742	25					8
b	Total plan liabilities	. 7b								
С	Net plan assets (subtract line 7b from line 7a)	. 7c	21	4742	25					8
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(в) Т	otal		
a	Contributions received or receivable from: (1) Employers	. 8a(1)								
	(2) Participants	. 8a(2)								
	(3) Others (including rollovers)	. 8a(3)								
b	Other income (loss)	. 8b	3	529	77					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							2	5297
d	Benefits paid (including direct rollovers and insurance premlums		25	0031						
	to provide benefits)			003.						
	Certain deemed and/or corrective distributions (see instructions)	. 8e								
f_	Administrative service providers (salaries, fees, commissions)	8f								
<u>g</u>	Other expenses	. 8g	ынынат							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h								0031
i_	Net Income (loss) (subtract line 8h from line 8c)								-21	4733
<u>i</u>	Transfers to (from) the plan (see instructions)	8)								
	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	acteri:	stic Çç	odes in	the Instruc	tions:		
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	es from the List of Plan Chara	cterist	tic Cod	les In	the Instructi	ons:		•
Par	V Compliance Questions									
10	During the plan year:				Yes	No		Amo	unt	
	Was there a failure to transmit to the plan any participant contribution of CFR 2510.3-1027 (See instructions and DOL's Voluntary Fid.	uciary Corr	ection Program)	10a		х				
	Were there any nonexempt transactions with any party-in-interes on line 10a.)			10Ь		ж				***************************************
С	Was the plan covered by a fidelity bond?			10c		Х				
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х				
ę		her person: of the ben	by an insurance carrier, efits under the plan? (See	10e		х				
f	Has the plan failed to provide any benefit when due under the pla			10f		х				
g	Did the plan have any participant loans? (If "Yes," enter amount a					X				
<u>_</u>	If this is an Individual account plan, was there a blackout period?	(See instru	ctions and 29 CFR	10g 10h		X				
í	If 10h was answered "Yes," check the box if you either provided the	he required	notice or one of the							
Part	exceptions to providing the notice applied under 29 CFR 2520.10	1=0		10i			<u> </u>			
11	is this a defined benefit plan subject to minimum funding requirem	ents? (If "Y	'es," see instructions and com	plete	Sched	lule St	3 (Form	п	Yes	
112	5500) and line 11a below)								103	1,40
12						11a	ERICAR I	$\overline{}$	Voo	Tel No.
	Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below			or se	ction 3	ouz of	ERISA?		108	x No
а	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	ig amortize	d in this plan year, see instruc	tions,	and e	nter th		ie lett Year	er ruli	ng
I#	ou completed line 12a, complete lines 3, 9, and 10 of Schedule			-11		Jay		reell		
	1000					12b				
b	Enter the minimum required contribution for this plan year				!	120	1			

	Form 5500-SF 2013 Page 3 -	ww.			
Ģ	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			
0	Will the minimum funding amount reported on line 12d be met by the funding 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?	х	Yes N	10	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under to the PBGC?	he 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 which assets or liabilities were transferred. (See instructions.)	(s) to			
	3c(1) Name of plan(s):	13¢(2) 8	IN(s)	13c(3) PN(s)
1879142 444	VIII Trust Information (optional)				
	Name of trust	1/16-7	rust's EIN		
148	Name of trust	140	TUSTS EIN		