## 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

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Revenue Code (the Code).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I	Annual Repor	t identification informatio	n						
For calend	dar plan year 2014 or	fiscal plan year beginning 01/01/	<u>2014</u>	and ending 12	/31/2014				
A This re	eturn/report is for:	X a single-employer plan		plan (not multiemployer) loyer information in accord					
		a one-participant plan	a foreign plan						
<b>B</b> This ret	turn/report is	the first return/report	the first return/report the final return/report an amended return/report a short plan year return/report (less than 12 months)						
		an amended return/report							
C Check	box if filing under:	X Form 5558	automatic extension	ı	DFVC p	rogram			
		special extension (enter des	cription)						
Part II	Basic Plan Inf	ormation—enter all requested i	nformation						
1a Name DONALD E		PROFIT SHARING PLAN			1b Three-digit plan number	er			
					(PN) 1c Effective da	001 ate of plan 02/16/2002			
<b>2a</b> Plan s	sponsor's name and a	address; include room or suite num	ber (employer, if for a sing	e-employer plan)	<b>2b</b> Employer lo	dentification Number 80-0033315			
					2c Sponsor's	telephone number 6-679-5161			
LONDON, K	TAIN VIEW DRIVE IY 40741				2d Business co	ode (see instructions)			
3a Plan a	administrator's name	and address Same as Plan Spo	nsor.		<b>3b</b> Administrat				
	BROWN MD PLLC	<u> </u>	OUNTAIN VIEW DRIVE		30-0033315				
		LONDO	ON, KY 40741		3c Administrat	or's telephone number			
					60	6-679-5161			
4									
		he plan sponsor has changed sinc umber from the last return/report.	e the last return/report filed	for this plan, enter the	4b EIN				
	sor's name	idiniber from the last retain, report.			4c PN				
<b>5a</b> Total	number of participan	ts at the beginning of the plan year			5a	1			
<b>b</b> Total	number of participan	ts at the end of the plan year			5b				
		h account balances as of the end c		•	5c				
<b>d(1)</b> To	tal number of active p	participants at the beginning of the	plan year		5d(1)				
d(2) ⊤o	tal number of active r	participants at the end of the plan y	oor		5d(2)	0			
		terminated employment during the							
					5e	(			
		e or incomplete filing of this retu							
SB or Sch		other penalties set forth in the instr and signed by an enrolled actuary							
		d/valid electronic signature.	10/15/2015	DONALD E BROWN I	MD				
SIGN HERE						dual signing as plan administrator			
CICN	Signature of plan	aummstrator	Date	Litter flame of individ	idai sigilirig as piai	1 administrator			
SIGN HERE						<del> </del>			
Preparer's		loyer/plan sponsor name, if applicable) and address	Date			oloyer or plan sponsor none number (optional)			
i reparet s	manie (including IIII	i name, ii appiicabiej and addiess i	unolade room or saite Hulli	oci / (optional)	i reparer s telepr	iono number (optional)			

	Form 5500-SF 2014		Page <b>2</b>								
_	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan's assets during the plan year invested in eligible.	an indepe and condi	ndent qualified public accounta	int (IQ	PA)				X Ye		Nc Nc
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA section 40	21)?		Yes	No	N	ot dete	rmined	l
Par	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) E	nd of	Year		
а	Total plan assets	. 7a		87						0	
b	Total plan liabilities	. 7b									
С	Net plan assets (subtract line 7b from line 7a)	. 7с		87						0	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(k	) Tota	al		
а	Contributions received or receivable from:	- (1)		0							
-	(1) Employers	. 8a(1)		0							_
-	(2) Participants	. 8a(2)		0							_
	(3) Others (including rollovers)	1		0							_
	Other income (loss)	. 8b									
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c								0	_
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		87							
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								87	
i	Net income (loss) (subtract line 8h from line 8c)	. 8i								-87	
j	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	odes from the List of Plan Char	acteris	stic Co	des in	the inst	ructio	ns:		
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Plan Charac	cterist	ic Coc	les in t	he instr	uction	s:		
David	V O										_
Part	•				V	NI -	I				_
10	During the plan year:	.0	Control Control Control Control		Yes	No		Aı	nount		_
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid			10a		Χ					
b	Were there any nonexempt transactions with any party-in-interes		0 /								_
	on line 10a.)			10b		Χ					
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 or dishonesty?			10d		X					
е	Were any fees or commissions paid to any brokers, agents, or ot	her persor	ns by an insurance carrier,								
	insurance service, or other organization that provides some or all instructions.)			10e		Χ					
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		Χ					
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year	end.)	10g		Χ					
h				.og							
	2520.101-3.)			10h		X					
i	If 10h was answered "Yes," check the box if you either provided texceptions to providing the notice applied under 29 CFR 2520.10			10i							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)	•					•		Ye:	П г	Νc
112	Enter the unpaid minimum required contribution for current year f					11a				<u> </u>	_
12			· ·		•		EDICAC	,	Ye	<u> </u>	Νc
12	Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below			UI SE	ะเเปก	JUZ Oſ	EKISA			· [^] [	-
	If a waiver of the minimum funding standard for a prior year is bei		,	ctions	and e	anter th	l a data	of the	letter r	ulina	_

. Month

Day

Year

granting the waiver. .....

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lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b	Enter the minimum required contribution for this plan year	12b			
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	Yes N	10	
	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, transferred to another plan, or brought under the PBGC?	e 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.)	s) to			
1	3c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3	<b>B)</b> PN(s)
			_		

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor

## 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

OMB Nos. 1210-0110 1210-0089

2014

Employee Benefits Security Administration		This Form is Open to Public Inspection							
Pension Benefit Guaranty Corporation  Complete all entries in accordance with the instructions to the Form 5500-SF.									
Part I   Annual Report Id	lentification Information			/== /					
For calendar plan year 2014 or fisca	al plan year beginning	01/01/2014 and ending		31/2014					
X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions)  a one-participant plan a foreign plan									
B This return/report is	the first return/report	the final return/report							
an amended return/report a short plan year return/report (less than 12 months)									
C Check box if filing under: Form 5558 automatic extension DFVC program									
special extension (enter description)									
Part II Basic Plan Inform	mation—enter all requested inf	formation							
1a Name of plan Donald E Brown MD PLL	C Profit Sharing Pl	an	1b Three-digit plan number 001 (PN)						
				tive date of plan 16/2002					
2a Plan sponsor's name and addr Donald E Brown Md Pll		er (employer, if for a single-employer plan)	American Accessive Con	loyer Identification Number ) 30-0033315					
100 Mourtain View Dri	.ve		•	nsor's telephone number -679-5161					
			2d Busin	ness code (see instructions)					
London	KY 40741			111					
3a Plan administrator's name and	address Same as Plan Spons	sor.	3b Administrator's EIN 30-0033315						
Donald E Brown Md Pll	.c		3c Administrator's telephone number						
100 Mountain View Drive 606-679-5161									
London	KY 40741	No. 1 and an arrangement filed for this plan appear the	4b EIN						
name, EIN, and the plan numb		the last return/report filed for this plan, enter the	4c PN						
a Sponsor's name									
w			5a	1					
MC 50.0644 C	6 (3)		5b	0					
C Number of participants with ac complete this item)	count balances as of the end of	the plan year (defined benefit plans do not	5c	0					
d(1) Total number of active partic	ipants at the beginning of the pl	lan year	5d(1)	0					
		ar	5d(2)	0					
	ninated employment during the p	plan year with accrued benefits that were	5e	0					
Under penalties of penury and other	r penalties set forth in the instru- signed by an enrolled actuary, a	n/report will be assessed unless reasonable cau ctions, I declare that I have examined this return/rep as well as the electronic version of this return/report	ort, includi	ng, if applicable, a Schedule					
SIGN	$\mathcal{X}(\cdot,\cdot)$	10/14/15 Donald E Brown	n MD						
HERE Signature of plan add	nipistrator	Date/ Enter name of individual Donald E Brown		as plan administrator					
SIGN Signature of employs	prolan sponsor			as employer or plan sponsor					
Preparer's name (including firm nar	ne, if applicable) and address (in	nclude room or suite number ) (optional)		s telephone number (optional)					
, loperary and the same that t									

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6a Were all of the plan's assets during the plan year invested in a b Are you claiming a waiver of the annual examination and repounder 29 CFR 2520.104-46? (See instructions on waiver eligible if you answered "No" to either line 5a or line 6b, the plan of the plan is a defined benefit plan, is it covered under the PBC.	rt of an independ allity and condition cannot use For	dent qualified public accountations.)ons. m 5500-SF and must instead	nt (IQ di use	PA) Form	<b>5</b> 500.		X	Yes Yes deterr		
	5C insurance pri	ogram (see ERISA section 40	21):		165		1400	ucten		_
Part III   Financial Information	<del>-</del> 1 1									
7 Plan Assets and Liabilities		(a) Beginning of Yea		7		(b) End	Of Y	ear		0
a Total plan assets		-								
b Total plan liabilities				7		*	_			0
C Net plan assets (subtract line 7b from line 7a)	7¢			-		/b.\.	r=4=1			
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amount		+		(D)	otal		_	
(1) Employers	8a(1)			0						
(2) Participants	8a(2)			0						
(3) Others (including rollovers)				0						
b Other income (loss)	8b									
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c									0
d Benefits paid (including direct rollovers and insurance premiun			c	37						
to provide benefits)				-						
e Certain deemed and/or corrective distributions (see instruction			-							,
f Administrative service providers (salaries, fees, commissions)	$\neg$	<u></u>		-						
g Other expenses				-						07
h Total expenses (add lines 8d, 8e, 8f, and 8g)				+						87 -87
i Net income (loss) (subtract line 8h from line 8c)				+						-07
Part IV Plan Characteristics	····- 8j	4.45%								_
9a If the plan provides pension benefits, enter the applicable pen 2E 2F 3D  b If the plan provides welfare benefits, enter the applicable welf.										
Part V Compliance Questions				Yes	No		A			
	<ul><li>During the plan year.</li><li>Was there a failure to transmit to the plan any participant contributions within the time period described in</li></ul>						Am	ount		
29 CFR 2510.3-102? (See instructions and DOL's Voluntary  b Were there any nonexempt transactions with any party-in-int	Fiduciary Come	ection Program)	10a		X					
on line 10a.)			10b		X					
C Was the plan covered by a fidelity bond?			10c		Х					
d Did the plan have a loss, whether or not reimbursed by the p or dishonesty?			10d		х					
Were any fees or commissions paid to any brokers, agents, of insurance service, or other organization that provides some (instructions.)	or all of the bene	fits under the plan? (See	10e		х					
f Has the plan failed to provide any benefit when due under the	e plan?		10f		X					
g Did the plan have any participant loans? (If "Yes," enter amo	unt as of year er	ıd.)	10q		Х					
h If this is an individual account plan, was there a blackout peri	od? (See instruc	ctions and 29 CFR	10h		х					
i If 10h was answered "Yes," check the box if you either provide	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									
Part VI Pension Funding Compliance										
11 Is this a defined benefit plan subject to minimum funding requ 5500) and line 11a below)	irements? (If "Y	es," see instructions and com	plete	Sched	dule SE	3 (Form		Yes		No
11a Enter the unpaid minimum required contribution for current ye					11a					
12 Is this a defined contribution plan subject to the minimum fur					302 of	ERISA?		Yes	Х	No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e b										
a If a waiver of the minimum funding standard for a prior year is	being amortize	d in this plan year, see instruc	ctions	, and e	enter th	ne date of	the le	etter ru er	ling	

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If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB	(Form 5500), and skip to line 13.							
b	Enter the minimum required contribution for this plan year			12b					
С	Enter the amount contributed by the employer to the plan for this plan y	year		12c					
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)			12d					
е	Will the minimum funding amount reported on line 12d be met by the fu	unding 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 emplo	oyer this year		13a			C		
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?						Yes X No			
С	If during this plan year, any assets or liabilities were transferred from the which assets or liabilities were transferred. (See instructions.)	nis plan to another plan(s), identify the	ne plan(s) 1	lo					
1	3c(1) Name of plan(s):		1:	3c(2) El	N(s)	13c(3	) PN(s)		
Part	VIII Trust Information (optional)								
14a	14a Name of trust				ust's EIN				
				×					