## 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.

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Part I	Annual Report	<b>Identification Information</b>							
For calend	lar plan year 2015 or fis	scal plan year beginning 01/01/2	2015 and ending 1	2/31/2015					
A This re	turn/report is for:	a single-employer plan	a multiple-employer plan (not multiemployer) (Filers checking this box must attach list of participating employer information in accordance with the form instructions)						
		a one-participant plan	a foreign plan						
<b>B</b> This ret	urn/report is	the first return/report	· H						
_		an amended return/report							
C Check	box if filing under:	X Form 5558	automatic extension	DFVC program					
		special extension (enter descr	· /						
Part II	Basic Plan Info	rmation—enter all requested inf	formation	Τ					
1a Name of plan MALCHOW & LAWLESS PSC PROFIT SHARING PLAN				<b>1b</b> Three-digiting plan number					
				(PN) <b>)</b>	001				
				1c Effective date of plan 06/30/1980					
Mailin	g address (include roor	yer, if for a single-employer plan) m, apt., suite no. and street, or P.C		<b>2b</b> Employer Identification Number (EIN) 43-2044638					
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)  _AWLESS ORTHODONTICS PSC				2c Sponsor's telephone number 270-781-1025					
				2d Business	code (see instructions)				
B95 WILKINSON TRACE BOWLING GREEN, KY 42103-2486				621210					
3a Plan administrator's name and address Same as Plan Sponsor.			sor.	<b>3b</b> Administrator's EIN					
				3c Administrator's telephone number					
<ul> <li>4 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.</li> <li>a Sponsor's name</li> </ul>			4b EIN						
				4c PN					
<b>5a</b> Total	number of participants	at the beginning of the plan year		. 5a	16				
<b>b</b> Total	al number of participants at the end of the plan year			5b	14				
	Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)				5c <sub>14</sub>				
d(1) Total number of active participants at the beginning of the plan year				5d(1)	13				
<b>d(2)</b> To	tal number of active pa	rticipants at the end of the plan yea	ar	5d(2)	11				
than	100% vested		plan year with accrued benefits that were less	5e	0				
Caution: /	A penalty for the late	or incomplete filing of this return	n/report will be assessed unless reasonable ca	use is establishe	d.				

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

	Delici, it is t	ide, correct, and complete.					
SIGN	SIGN	Filed with authorized/valid electronic signature.	08/17/2016	JAY LAWLESS			
	HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator			
	SIGN	Filed with authorized/valid electronic signature.	08/17/2016	JAY LAWLESS			
	HERE	Signature of employer/plan sponsor Date		Enter name of individual signing as employer or plan sponsor			
	Preparer's name (including firm name, if applicable) and address (include room or suite number)  Preparer's telephone number						

Preparer's name (including firm name, if applicable) and address (include room or suite number )

Preparer's name (including firm name, if applicable) and address (include room or suite number )

Preparer's telephone number

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<ul> <li>Were all of the plan's assets during the plan year invested in eligib</li> <li>Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a second to</li></ul>	an indepenand	dent qualified public a	ccount	ant (IQ	PA)		- -	Yes No
<b>c</b> If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No No	t determined
Part III Financial Information								
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End of Y	'ear
a Total plan assets	7a		637	800				672383
<b>b</b> Total plan liabilities	7b							
C Net plan assets (subtract line 7b from line 7a)	7c		637008				672383	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	ınt				(b) Tota	
Contributions received or receivable from:     (1) Employers	8a(1)		61370 26001					
(2) Participants	8a(2)							
(3) Others (including rollovers)	8a(3)							
<b>b</b> Other income (loss)	8b		-30	955				
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							56416
<b>d</b> Benefits paid (including direct rollovers and insurance premiums	8d		16	112				
to provide benefits)  Certain deemed and/or corrective distributions (see instructions)	8e		- 10	7112				
f Administrative service providers (salaries, fees, commissions)	8f			929				
g Other expenses	8g			020				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							21041
i Net income (loss) (subtract line 8h from line 8c)	8i							35375
j Transfers to (from) the plan (see instructions)	8i							
Part IV Plan Characteristics	, .							
<b>9a</b> If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2R 3D	feature coo	des from the List of Plant	an Cha	racteris	stic Co	des in th	e instruction	is:
B If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Pla	n Chara	acterist	ic Coc	les in the	instructions	
— In the plant provides wonare solitones, office the appropriate wonare to	odiaio oodi	oo nom aro ziot or rial	T Onarc	20101101		.00	, mondono	•
Part V Compliance Questions								
10 During the plan year:				Yes	No	N/A	An	nount
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary Fi	duciary Correction	10a		X			
<b>b</b> Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X			
C Was the plan covered by a fidelity bond?			10c	Х				68000
	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused				X			00000
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ner persons ne or all of t	by an insurance he benefits under	10d 10e		X			
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  h If this is an individual account plan, was there a blackout period?	•	,	10g		X			
2520.101-3.)	•		10h		Χ			
· · · · · · · · · · · · · · · · · · ·	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				X			
j Did the plan trust incur unrelated business taxable income?			10i					
Part VI Pension Funding Compliance			,	<u> </u>	<u> </u>	<u> </u>		
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes X No
11a Enter the unpaid minimum required contribution for all years from						11a		
12 Is this a defined contribution plan subject to the minimum funding							RISA?	Yes X No

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(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing	
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui		
b	Enter t	ne minimum required contribution for this plan year		12b				
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c				
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d				
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A	
Part		Plan Terminations and Transfers of Assets			100	110	1471	
		resolution to terminate the plan been adopted in any plan year?		Yes X No				
		s," 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 brough	ght under the co	ontrol				
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)						
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		<b>13c(3)</b> F	PN(s)	
Part	: VIII	Trust Information						
14a	Name o	f trust		14b Trust's EIN				
14c	Name	of trustee or custodian		14d Trustee's or custodian's				
Name of trustee of custodian						telephone number		
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan?		Yes No				
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?					Design- based safe ADP/ACP harbor test method			
15c	C If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?					No		
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	Ratio Average benefit test			0		
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?					s	No		
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A	
17b Date the last plan amendment/restatement for the required tax law changes was adopted// Enter the applicable code (See instructions for tax law changes and codes).							tructions	
17c	17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter / and the letter's serial number							
17d	17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter							
18		Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?				No		
19	Were in-service distributions made during the plan year?			Ye	s	No		
	If "Yes	If "Yes," enter amount						
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)?					No	N/A	