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 section 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2010

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation	Complete all entries in accor	dance wit	h the instructions to the Form 550	0-SF.	1
		entification Information				
For	calendar plan year 2010 or fisca	al plan year beginning 01/01/201	0	and ending 1	2/31/2	2010
Α.	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan
В .	This return/report is for:	first return/report	final retur	n/report		
		an amended return/report	short plar	n year return/report (less than 12 mor	nths)	
C	Check box if filing under:	Form 5558	automatio	extension		DFVC program
		special extension (enter description	on)			
Pa	rt II Basic Plan Inforn	nation—enter all requested inform				
	Name of plan	mation—enter all requested inform	iation		1h	Three-digit
	MAS E CLAY PSC PROFIT SHA	ARING PLAN				plan number
						(PN) • 001
					1c	Effective date of plan
						12/31/1998
	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)		2b	Employer Identification Number
ТПОІ	VIAS E CLAT PSC				20	(EIN) 61-0958381 Plan sponsor's telephone number
	OUTH 4TH AVENUE, STE 101				20	502-561-2005
	INGER TOWER SVILLE, KY 40202				2d	Business code (see instructions)
	•				01	541110
THO	Plan administrator's name and a MAS E CLAY PSC	address (if same as Plan sponsor, e 462 SOUTH	enter "Same 4TH AVEN	e") NUE, STE 101	30	Administrator's EIN 61-0958381
		MEIDINGER LOUISVILLE		,	3c	Administrator's telephone number
		EGGIGVIELE	, 101 40202			502-561-2005
	•	n sponsor has changed since the la		port filed for this plan, enter the	4b	EIN 61-0958381
SAM		r from the last return/report. Sponso	or's name		4c	PN
			5a	3		
b			5b	2		
C	·	th account balances as of the end o			อม	_
U	·			•	5с	2
6a	Were all of the plan's assets d	uring the plan year invested in eligib	ole assets?	(See instructions.)		Yes No
b				ndent qualified public accountant (IQI		
				ions.)		Yes No
Do	rt III Financial Informa		orm 5500-	SF and must instead use Form 55	00.	
		ation				
7	Plan Assets and Liabilities		_	(a) Beginning of Year	2	(b) End of Year 398049
	Total plan assets		. 7a	300040		000040
b	•	/h f li 7-)		386648	2	398049
<u></u>		'b from line 7a)	. 7с			
8	Income, Expenses, and Transf Contributions received or recei			(a) Amount		(b) Total
а		vable ITOITI.	. 8a(1)	19068	3	
	• • • •		` '			
	` ,	1				
b	, , ,		, ,	42408	3	
С	` ,	8a(2), 8a(3), and 8b)				61476
d	, , , ,	collovers and insurance premiums		50075		
			. 8d	50075		
е	Certain deemed and/or correct	ive distributions (see instructions)	. 8е			
f	Administrative service provider	s (salaries, fees, commissions)	. 8f			
g	Other expenses		. 8g			
h	Total expenses (add lines 8d, 8	Be, 8f, and 8g)	. 8h			50075
i	Net income (loss) (subtract line	e 8h from line 8c)	. 8i			11401
i	Transfers to (from) the plan (se	ee instructions)	. 8i			

	F	Form 5500-SF 2010 Page 2-							
ar	t IV	Plan Characteristics							_
		e plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char 2F 2G 3D	acteris	tic Co	des in	the instruc	ctions:		_
		e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	acteris	tic Cod	des in t	he instruc	tions:		
		plan provided world be believed, order the approache world between codes from the block of harronax	2010110		200 111 0	110 111011111			
art	: V	Compliance Questions							
)	Duri	ing the plan year:		Yes	No		Amount		_
а		s 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		re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ine 10a.)	10b		X				
С	Wa	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 ishonesty?	10d		X				_
е	insu	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, irance service or other organization that provides some or all of the benefits under the plan? (See ructions.)	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 as of year end.)	10g		X				_
h		is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		X				Ī
i		The was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI	Pension Funding Compliance							
1		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con					Ye	s N	o
2	ls th	nis a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	e or se	ction 3	302 of E	ERISA?	Ye	s 🛚 N	5
	,	res," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а	If a v	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru nting the waiver	ctions, ith	and e	nter the Day ₋	e date of t	he letter r Year	uling 	
	•	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_					_
b	Ente	er the minimum required contribution for this plan year		⊢	12b				_
_		er the amount contributed by the employer to the plan for this plan year			12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative 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

Has a resolution to terminate the plan been adopted during the plan year or any prior year?

If "Yes," enter the amount of any plan assets that reverted to the employer this year.

13a

• Were all the plan assets distributed to participants or beneficiaries, transferred to another plan or brought under the control

Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....

If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

 13c(1) Name of plan(s):
 13c(2) EIN(s)
 13c(3) PN(s)

Yes X No

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

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.

SIGN	Filed with authorized/valid electronic signature.	06/29/2011	THOMAS E. CLAY
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

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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OMB Nos. 1210 - 0110 1210 - 0089

2010

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Part Annual Report Identification Information For calendar plan year 2010 or fiscal y		Complete all entries in accordance with the instruction	s to the	Form 5500-SF.		inspection	
For calendar plan year 2010 or flacable plan year beginning A This return/report is for: Single-employer plan Interturn/report is for: Single-employer plan Interturn/report is for: Single-employer plan Interturn/report Int	Pari	Annual Report Identification Information			•		
A This return/report is for. B This return/report is for. Trief return/report to for. I an amended return/report to for. I an amended return/report to for. I an amended return/report to an anended return/report to an anended return/report to an amended return/report to an amended return/report to an amended return/report (less than 12 months) automatic extension. Part II Basic Plan Information—enter all requested information 1 Name of plan Thomas B. Clay, PSC 2 Profit Sharring Plan 1 the Reterior of the Return	For c		ng		·		
C C Check box if filling under: Part II Saste Plan Information—enter description) DEVC program DEVC p			multiem	ployer)	one-pa	articipant plan	
C Check box if filling under:	Вт	his return/report is for: first return/report		_			
Pairt II		an amended return/report short plan year return/repor	t (less th	an 12 months)			
Fair Hill: Basic Plan Information—enter all requested information 1	C 0	theck box if filing under: Form 5558 automatic extension			DFVC	program	
1							
Thomas E. Clay, PSC Profit Sharing Plan 2a Plan sponsor's name and address (employer, if for single-employer plan) 2b Employer Individual (PM) Thomas E. Clay, PSC 4c2 South 4th Avenue, Ste 101 Meidinger Tower Louisville KY 40202 2d equiness code (see insk!) 3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") Thomas E. Clay, PSC 4c2 South 4th Avenue, Ste 101 Meidinger Tower Thomas E. Clay, PSC 6c3 South 4th Avenue, Ste 101 Meidinger Tower Louisville KY 40202 3d Administrator's tells 6c4 South 4th Avenue, Ste 101 Meidinger Tower Louisville KY 40202 4 If the name and/or EN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EN, 4b EN 61-0958381 and the plan number for participants at the beginning of the plan year 5c2 - 5c1 - 2005 5a Total number of participants at the beginning of the plan year 5c1 Total number of participants at the beginning of the plan year (befined benefit plans do not complete this item) 5c2 - 5c1 - 2005 6d Were all the plans assets during the plan year invested in eligible assets (See instructions.) 6d Aver call the plans assets during the plan year invested in eligible assets (See instructions.) 6d Aver call the plans assets during the plan year invested in eligible assets (See instructions.) 6d Aver call the plans assets during the plan year invested in eligible assets (See instructions.) 6d Aver call the plans assets during the plan year invested in eligible assets (See instructions.) 6d Aver call the plans assets of the annual examination and report of an independent qualified public accountant (IOPA) under 29 CFR 2520.104-46* (See instructions on waiver eligible into an ordinary and the plans assets (See instructions on waiver eligible into an ordinary and the plans assets (See instructions on waiver eligible into an ordinary and the plans assets (See instructions on waiver eligible into an ordinary and the plans assets (See instructions on waiver eligible into an ordinary and the pla	Part	Basic Plan Information—enter all requested information					
Profit Sharing Plan Profit Sharing Plan sponsor's name and address (employer, if for single-employer plan) Thomas E. Clay, PSC Clay, PSC Act South 4th Avenue, Ste 101 Meidinger Tower Louisville KY 40202 3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") Thomas E. Clay, PSC Consider Manager Tower Louisville KY 40202 3b Administrator's ElN Thomas E. Clay, PSC Act South 4th Avenue, Ste 101 Meidinger Tower Louisville KY 40202 3c Administrator's ElN Thomas E. Clay, PSC Act South 4th Avenue, Ste 101 Meidinger Tower Louisville KY 40202 4 If the name and/or ElN of the plan sponsor has changed since the last return/report field for this plan, enter the name, ElN, 4b ElN 61-0958381 and the plan number from the last return/report field for this plan, enter the name, ElN, 4b ElN 61-0958381 and the plan number from the best return/report. Sponsor's name SAME 4c PN Total number of participants at the beginning of the plan year 5 total number of participants at the beginning of the plan year 5 to Total number of participants at the beginning of the plan year 5 to Total number of participants at the beginning of the plan year 5 to Total number of participants at the beginning of the plan year 6 Total number of participants at the beginning of the plan year 5 to Total number of participants at the beginning of the plan year 6 Total plan assests during the plan year invested in eligible assests? (See instructions). X Yes No X Yes No Part Illi Financial Information 7 Plan Assets and Labilities 7 to Jan assets 7 a 386.648 3990.49 8 Income, Expenses, and Transfers for this Plan Year 6 Contributions received or receivable from: (1) Employers (2) Participants 8 act) 1 19068 8 act) 1 19068 8 act) 1 2 certain deemed and/or corrective distributions (see instructions) 9 Cheer of the manuel expenses (add lines 8d, 8a, 8f, and 8g) 1 Total prome (loss) (subtract line 7b from line 8c) 1 Transfers for from the presses (subtract line 8h from line 8c) 1 Transfers for fro	1a	Name of plan			1b	• • •	
2a Plan sponsor's name and address (employer, if for single-employer plan) Thomas B. Clay, PSC 462 South 4th Avenue, Ste 101 Meidinger Tower Louisville KY 40202 3b Administrator's name and address (if same as Plan sponsor, enter "Same") Thomas E. Clay, PSC 462 South 4th Avenue, Ste 101 Meidinger Tower Thomas E. Clay, PSC 462 South 4th Avenue, Ste 101 Meidinger Tower 462 South 4th Avenue, Ste 101 Meidinger Tower Louisville KY 40202 4 If the name and/or ElN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, ElN, 4b ElN 61-0958381 and the plan number from the last return/report Sponsor's name SAME 502-561-2005 4 If the name and/or ElN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, ElN, 4b ElN 61-0958381 and the plan number from the last return/report Sponsor's name SAME 5 Total number of participants at the beginning of the plan year 5a B 3 Total number of participants at the end of the plan year 5b C 7c Total number of participants at the end of the plan year 9c Total number of participants with account balances as of the end of the plan year 9c Total number of participants with account balances as of the end of the plan year 9c Total number of participants with account balances as of the end of the plan year 9c Total plan year 9c		-				number (PN)	001
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462 South 4th Avenue, Ste 101 Meidinger Tower telephone number telephone number Louisville KY 40202	•	momas E. Clay, PSC				61-0958	3.8.1
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C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	b				_		2
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under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III Financial Information 7 Plan Assets and Liabilities	6a					X Yes	∐ No
Figure If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III Financial Information	b						
Part Financial Information (a) Beginning of Year (b) End of Year						X Yes	∐ No
7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets 7a 386648 398049 b Total plan liabilities 7b	- France	9000000	stead us	e Form 5500.			
a Total plan assets 7a 386648 398049 b Total plan liabilities 7b 386648 398049 c Net plan assets (subtract line 7b from line 7a) 7c 386648 398049 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) 19068 (1) Employers 8a(1) 19068 (2) Participants 8a(2) 3a(3) (3) Others (including rollovers) 8a(3) 3a(3) b Other income (loss) 8b 42408 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 61476 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 50075 d Earlies (including direct rollovers and insurance premiums to provide benefits) 8e 61476 d Administrative service providers (salaries, fees, commissions) 8f 9 g Other expenses 8g 9 To				(a) Basinning a	f Voor	(b) End of	Voor
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	Fo	rm 5500-9	SF 2010

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Par	*********										
9a	If the plan provides pension benefits, enter the applicable pension for 2E 2F 2G 3D	eature codes from the	e List of Plan Charac	teristic C	odes	in ti	ne instr	uctions	Į.		
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature codes from the	List of Plan Characte	eristic Co	des i	n the	e instru	ctions:			
Par	V Compliance Questions	 .	········			-					
10	During the plan year:			Ye	s N	0		Amour	t		
a	Was there a failure to transmit to the plan any participant contribution	ons within the time pe	riod described in		\top	\sqcap					
-	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia			10a	2	<u>ل</u> ۲					
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported											
	on line 10a.)			10b		۲ ا					
С	C Was the plan covered by a fidelity bond?										
d	Did the plan have a loss, whether or not reimbursed by the plan's fic	delity bond, that was	caused by fraud			1					
	or dishonesty?			10d	_ :	<u> </u>					
е	Were any fees or commissions paid to any brokers, agents, or other	r persons by an insu	rance carrier,								
	insurance service or other organization that provides some or all of	the benefits under th	e plan? (See								
	instructions.)			10e		ζ					
f	Has the plan failed to provide any benefit when due under the plan?) 		10f		K.					
g	Did the plan have any participant loans? (If "Yes," enter the amount			10g		K		***********	***************		
h	If this is an individual account plan, was there a blackout period? (S	ee instructions and 2	9 CFR	i	- [
	2520.101-3.)			10h	_	X					
i	If 10h was answered "Yes," check the box if you either provided the	required notice or or	ne of the								
	exceptions to providing the notice applied under 29 CFR 2520.101-	3 <u></u>		10i							
Par	t VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requireme 5500))	nts? (If "Yes," see in	structions and compl	lete Sch	eaule	28	(Form	Yes	No		
12	Is this a defined contribution plan subject to the minimum funding requirements	s of section 412 of the C	ode or section 302 of EF	RISA? 🛒	.		[Yes	X No		
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)										
а	If a waiver of the minimum funding standard for a prior year is being	amortized in this pla	an year, see instructi	ons, and	ente	r the	date o	of the le	tter ruling		
	granting the waiver.			h	Day _.		_ Yea	ar			
lfy	ou completed line 12a, complete lines 3, 9, and 10 of Schedule Mi	B (Form 5500), and	skip to line 13.								
b	Enter the minimum required contribution for this plan year				. —	2b					
C	Enter the amount contributed by the employer to the plan for this plan				. 1	2c					
d	Subtract the amount in line 12c from the amount in line 12b. Enter t	the result (enter a mi	nus sign to the left of	fa	Ι.						
	negative amount)				. []	2d	Г	T [1 11/0		
е	Will the minimum funding amount reported on line 12d be met by the	ne funding deadline?	<u></u>		1		Yes _	No	N/A		
	t VII Plan Terminations and Transfers of Assets							T V	X No		
13a	Has a resolution to terminate the plan been adopted during the plan		ar?			<u> </u>		res	IV 140		
	if "Yes," enter the amount of any plan assets that reverted to the en	nployer this year				3a_					
b	Were all the plan assets distributed to participants or beneficiaries,	transferred to anothe	er plan, or prought ur	ider the	contro	И	٦	Yes	X No		
	of the PBGC?			nlon(o)			∟] 163	<u> </u>		
С	If during this plan year, any assets or liabilities were transferred from	n this plan to anothe	r plan(s), identity the	pian(s)	ıo						
	which assets or liabilities were transferred. (See instructions.)	 		13c(2	L EIN	(e)	$\neg \top$	13c(3)	PN(s)		
	13c(1) Name of plan(s):			100(2		(5)	_	100,07	111(5)		
Cau	tion: A penalty for the late or incomplete filing of this return/repor	t will be assessed u	inless reasonable ca	ause is	stab	lish	ed.				
	er penalties of perjury and other penalties set forth in the instructions, I declare the										
SB	r Schedule MB completed and signed by an enrolled actuary, as well as the elec	tronic version of this ret	urn/report, and to the be	st of my k	nowle	ige a	and				
	f, it is true, corect and complete										
SIGN			Thomas E. C	lay							
HER		Date -28-11	Enter name of indiv	/idual sig	ning	as p	olan adr	ministra	tor		
SIGN											
HER	(66)	Date	Enter name of individu	ıal signinç	as er	nploy	er or pla	an spons	or		