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

	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance wit	h the instructions to the Form 550	0-SF.	1			
		dentification Information							
For	calendar plan year 2010 or fisc	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:	X Form 5558	automatio	extension	tension DFVC program				
		special extension (enter description	on)						
Pa	rt II Basic Plan Infor	mation —enter all requested inform	ation						
	Name of plan				1b	Three-digit			
	IAM M. WELCH ARCHITECT F	PROFIT SHARING PLAN				plan number 001			
						(PN) ▶			
					1c	Effective date of plan 02/01/1979			
22	Dian ananger's name and addr	ress (employer, if for single-employer	· nlon)		2h	Employer Identification Number			
	IAM M. WELCH, PSC	ess (employer, il loi single-employer	piari)		20	(EIN) 61-0940861			
					2c	Plan sponsor's telephone number			
	BAXTER AVENUE SVILLE, KY 40204				0-1	502-451-6188			
					∠a	Business code (see instructions) 541310			
3a	Plan administrator's name and	address (if same as Plan sponsor, e			3b	Administrator's EIN			
WILL	IAM M. WELCH, PSC	961 BAXTEF LOUISVILLE				61-0940861			
			.,020	•	3с	Administrator's telephone number 502-451-6188			
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter					4h	EIN 61-1076991			
1	name, EIN, and the plan numbe	er from the last return/report. Sponso		,					
	IAM M. WELCH, PSC				4c 5a				
	5a Total number of participants at the beginning of the plan year					3			
b		t the end of the plan year			5b	3			
С	•	rith account balances as of the end o		•	5c	3			
6a	•	during the plan year invested in eligib				Yes No			
b		he annual examination and report of							
		(See instructions on waiver eligibility				Yes No			
Da	rt III Financial Inform	ner 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 55	υυ.				
		ation				40 = 1 4V			
7	Plan Assets and Liabilities		_	(a) Beginning of Year		(b) End of Year			
	Total plan liabilities		. 7a		+				
b	·	7h from line 7a)		1081396	3	1127555			
<u>с</u> 8		7b from line 7a)	. 7с						
а	Income, Expenses, and Trans Contributions received or rece			(a) Amount		(b) Total			
<u> </u>			. 8a(1)	48442	2				
	(2) Participants		. 8a(2)						
	(3) Others (including rollovers	s)	. 8a(3)						
b	Other income (loss)		. 8b	34483	3				
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	. 8c			82925			
d		rollovers and insurance premiums	. 8d	36766	5				
е		tive distributions (see instructions)	. 8e						
f	Administrative service provide	rs (salaries, fees, commissions)	. 8f						
g	Other expenses		. 8g						
h	Total expenses (add lines 8d,	8e, 8f, and 8g)				36766			
i	Net income (loss) (subtract lin	e 8h from line 8c)	. 8i			46159			
j		ee instructions)							

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Part IV	Dian	('harac	tarietice
ганти	гіан	Cilaiac	เธาเอเเษอ

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a

D	II trie	e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	iciens	lic Co	ues in	ine insu	ructions			
art	٧	Compliance Questions								
0	Dur	ing the plan year:		Yes	No		Am	ount		
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					60000	
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud lishonesty?	10d		X					
е	insu	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, urance 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					
i		Oh 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		X					
art	VI	Pension Funding Compliance								
11	Is th	nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com						Yes	X No	
2		his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No	
а	(If "Yes," complete 12a or 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									
ıf v	-	nting the waiverMon completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	th		Day		_ Yea	ır		
		er the minimum required contribution for this plan year		Γ	12b					
		er the amount contributed by the employer to the plan for this plan year			12c					
c d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left			12d					
	neg	ative amount)		-		<u> </u>			7	
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	; <u> </u>	No	N/A	
art	VII	Plan Terminations and Transfers of Assets						1	-	
3а	Has	a resolution to terminate the plan been adopted during the plan year or any prior year?		r				Yes	× No	
		es," enter the amount of any plan assets that reverted to the employer this year			13a	<u> </u>				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought ne PBGC?	under	the co	ontrol			Yes	X No	
С	If du	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the chassets or liabilities were transferred. (See instructions.)	ne pla	n(s) to			_	_		
1	3c(1) Name of plan(s):		13	c(2) EI	N(s)		13c(3)	PN(s)	
Caut	ion:	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	establ	ished.	L			
Jnde SB o	r per Sch	nalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/edule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/true, correct, and complete.	ırn/rep	oort, ir	cludin	g, if app	,			
SIGI	F	iled with authorized/valid electronic signature. 09/06/2011 WILLIAM WELCH	1							

SIGN	Filed with authorized/valid electronic signature.	09/06/2011	WILLIAM WELCH
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

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).

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation Complete all entries in accordance with the	instru	ctions to t	he Fo	rm 5500-SF.	to Public I	Inspection	
P	art I Annual Report Identification Information							
For	calendar plan year 2010 or fiscal plan year beginning 01/01/2010		á	and er	iding 1	2/31/203	10	
A	This return/report is for: X single-employer plan multiple-emp	oloyer	olan (not n	nultien	nployer)	one-participar	nt plan	
B	This return/report is for: first return/report final return/r	eport						
_	an amended return/report short plan ye	ear retu	urn/report	(less t	han 12 months	s)		
C	Check box if filing under:	ktensic	n			DFVC progran	n	
	special extension (enter description)							
Pa	Basic Plan Information - enter all requested information							
1a	Name of plan			1b	Three-digit			
WI	LLIAM M. WELCH ARCHITECT PROFIT SHARING	PLA	N		plan number (PN)	001	
				1c	Effective date	of plan		
					02/0	1/1979		
2a	Plan sponsor's name and address (employer, if for single-employer plan)			2b	Employer Ider	ntification Numb	oer (EIN)	
WI	LLIAM M. WELCH, PSC				61-0	940861		
				2c	Plan sponsor's	s telephone nur	mber	
96	1 BAXTER AVENUE				(502) 451-61	188	
				2d	Business code	e (see instructio	ons)	
	UISVILLE KY 40204				5413			
	Plan administrator's name and address (If same as Plan sponsor, enter "Same'	')		3b	Administrator'	s EIN		
SA	ME							
				Зс	Administrator'	s telephone nu	mber	
4								
	f the name and/or EIN of the plan sponsor has changed since the last return/rep			4b		0.0001		
	· · · · · · · · · · · · · · · · · · ·	onsor'	s name			076991		
ΜŢ	LLIAM M. WELCH, PSC			4c				
<u></u>				_	001			
b	Total number of participants at the beginning of the plan year			5a				
b				5b	b 3			
	Total number of participants with account balances as of the end of the plan ye			_		2		
60	benefit plans do not complete this item)			5с		3	П.,	
oa h	Were all of the plan's assets during the plan year invested in eligible assets? (S	ee inst	ructions.)			X Ye	es 📙 No	
	Are you claiming a waiver of the annual examination and report of an independ					₩.	П.,	
	(IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and co					X Ye	es No	
D:	If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF art III Financial Information	and n	nust inste	ad us	e Form 5500.			
7	Plan Assets and Liabilities	I	(a) Ro	ainnir	ng of Year	(b) End	of Voor	
่ล	Tetal along the	7-			081396	(b) Liid	1127555	
b		7a			001330		114/555	
C	Total plan liabilities Net plan assets (subtract line 7b from line 7a)	7b 7c		1	081396		1127555	
8	Income, Expenses, and Transfers for this Plan Year	70	1	a) Am		(b) T		
	Contributions received or receivable from:			u, /	ount	(6) 1	Otal	
	(1) Employers	8a(1)			48442			
	(2) Participants	8a(2)			10112			
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss) SEE STATEMENT 1	8b			34483			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			24403		82925	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			36766	STATEME		
е	Certain deemed and/or corrective distributions (see instructions)	8e			55,00	> DIT		
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g						
h		8h					36766	
i	Net income (loss) (subtract line 8h from line 8c)	8i					46159	
j	Transfers to (from) the plan (see instructions)	8j						

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FOITH	5500-SF	(2010)

Part IV	Plan	Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Par	V Compliance Questions							
				V	NI-		A a	
	During the plan year:	contributions within the	time period described	Yes	No		Amount	
	Was there a failure to transmit to the plan any participant				v			
_	in 29 CFR 2510.3-102? (See instructions and DOL's \				X			
	Were there any nonexempt transactions with any p				v			
			10b		X			60000
_	Was the plan covered by a fidelity bond?			X				60000
	Did the plan have a loss, whether or not reimburse				37			
	was caused by fraud or dishonesty?			-	X			
	Were any fees or commissions paid to any brokers		•					
	carrier, insurance service or other organization that	•						
	the plan? (See instructions.)		10e		X			
	Has the plan failed to provide any benefit when du				X			
_	Did the plan have any participant loans? (If "Yes,"				X			
	If this is an individual account plan, was there a bla							
	and 29 CFR 2520.101-3.)		10h		X			
	If 10h was answered "Yes," check the box if you e							
	of the exceptions to providing the notice applied u	nder 29 CFR 2520.10	1-3 10i		X		***************************************	
Par								
11	ls this a defined benefit plan subject to minimum fu	unding requirements?	(If "Yes," see instructions and	d comp	lete			
10							Yes	X No
	s this a defined contribution plan subject to the m							
	section 302 of ERISA? (If "Yes," complete 12a or 1	2b, 12c, 12d, and 12e	e below, as applicable.)				Yes	X No
a	If a waiver of the minimum funding standard for a p	orior year is being amo	ortized in this plan year, see in	structio	ns, an	d enter	the date of	the letter
	ruling granting the waiver.		Month	_ Day	y		Year	
lf y	ou completed line 12a, complete lines 3, 9, and	10 of Schedule MB (I	orm 5500), and skip to line	13.				
	Enter the minimum required contribution for this pla				12b			
C	Enter the amount contributed by the employer to tl	he plan for this plan y	ear		12c			
d	Subtract the amount in line 12c from the amount in	line 12b. Enter the re	sult (enter a minus sign to					
	the left of a negative amount)				12d			
	Will the minimum funding amount reported on line	12d be met by the fur			Y	es	No	N/A
Par	VII Plan Terminations and Transfer	s of Assets						
13a	Has a resolution to terminate the plan been adopte	ed during the plan yea	r or any prior year?				Yes	X No
	f "Yes," enter the amount of any plan assets that r				13a			
	Were all the plan assets distributed to participants							
	under the control of the PBGC?						Yes	X No
C	f during this plan year, any assets or liabilities were	e transferred from this	plan to another plan(s), ident	ify the r	olan(s)	to which	n assets or	
	iabilities were transferred. (See instructions.)		, , , , , , , , , , , , , , , , , , , ,	,	,			
13	c(1) Name of plan(s):			13c(2)	EIN(s)		13c(3)	PN(s)
Caut	on: A penalty for the late or incomplete filing of	this return/report wi	II be assessed unless reaso	nable o	ause	is estab	lished	
	enalties of perjury and other penalties set forth in the instructions, I o							d and
igned b	y 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, correc	t, and com	plete.	Ji Scriedur	e MB complete	u anu
	a in a la .	, .m						
SIGN	111111111111111111111111111111111111111	9-2-11	WILLIAM WELCH					
HERE	Signature of plan administrator	Date	Enter name of individual sig	ning as	plan a	administ	rator	
	Miss man							
SIGN		9-2-11						
HERE	Signature of employer/plan sponsor	Date	Enter name of individual sig	individual signing as employer or plan sponsor				