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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF **Annual Report Identification Information** For calendar plan year 2011 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the first return/report **B** This return/report is: the final return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number THOMAS E. CLAY, PSC PROFIT SHARING PLAN (PN) ▶ 001 1c Effective date of plan 12/31/1998 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number THOMAS E. CLAY, PSC 61-0958381 (EIN) 2c Sponsor's telephone number 502-561-2005 462 SOUTH 4TH AVENUE, STE 101 MEIDINGER TOWER LOUISVILLE, KY 40202 2d Business code (see instructions) 541110 3b Administrator's EIN 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 462 SOUTH 4TH AVENUE, STE 101 THOMAS E. CLAY, PSC **MEIDINGER TOWER** 3c Administrator's telephone number LOUISVILLE, KY 40202 502-561-2005 4b EIN 61-0958381 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. Sponsor's nameSAME 4c PN 5a Total number of participants at the beginning of the plan year...... 5a **b** Total number of participants at the end of the plan year..... Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)..... **6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes 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. Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 398049 393993 Total plan assets..... 7a 7b Total plan liabilities..... 398049 393993 Net plan assets (subtract line 7b from line 7a)..... 7с Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) (1) Employers (2) Participants 8a(2) (3) Others (including rollovers)..... 8a(3) -4056 **b** Other income (loss)..... 8b -4056 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с Benefits paid (including direct rollovers and insurance premiums to provide benefits)..... 8d Certain deemed and/or corrective distributions (see instructions) ... 8e Administrative service providers (salaries, fees, commissions)....... 8f Other expenses..... 8g Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h -4056 Net income (loss) (subtract line 8h from line 8c)..... 8i Transfers to (from) the plan (see instructions)

Form	5500-	SF	201

Part IV	Plan Characteristics

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

)	V Compliance Questions During the plan year:		Yes	No		Amou	nt		
	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	•	AIIIOU			
	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X					
С	Was the plan covered by a fidelity bond?	10c		Χ					
	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X					
	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	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					
	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X					
	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	10i							
art \	/I Pension Funding Compliance								
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500))						Yes	N	lo
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X N	lo
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru granting the waiver								
If y	ou 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					
	Enter the amount contributed by the employer to the plan for this plan year			12c					
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)			12d		_		1	
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No		N/A	1
art \	/II Plan Terminations and Transfers of Assets								
3a	Has a resolution to terminate the plan been adopted in any plan year?	<u></u>		Y	es X No)			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a						
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought			ntrol		П	Yes	V N	l۵
	of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t					Ш	163		U
	which assets or liabilities were transferred. (See instructions.)	поріа	11(3) 10						
13	Sc(1) Name of plan(s):		130	c(2) Ell	V(s)	13	c(3) [PN(s))
autio	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	establ	ished.				
Inder	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret	urn/re	oort, in	cludin	g, if applica				
B or	Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return	/report	and t	o the h	est of my k	nowle	dae a	and	

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	09/30/2012	THOMAS E. CLAY				
UEDE		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 Internat 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.

OMB Nos. 1210 - 0110 1210 - 0089

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information				
For calendar plan year 2011 or fiscal plan year beginning and ending			7	
A This return/report is for: X single-employer plan a multiple-employer plan (not	multien	nployer)	a one-p	participant plan
B This return/report is: the first return/report the final return/report				
an amended return/report a short plan year return/report	t (less tl	han 12 month <u>s)</u>	_	
C Check box if filing under: X Form 5558 automatic extension			DFVC	program
special extension (enter description)				
Part II Basic Plan Information—enter all requested information			146	T. P. S. L.
1a Name of plan			1b	Three-digit plan
Thomas E. Clay, PSC			40	number (PN) 001
Profit Sharing Plan		•	1c	Effective date of plan 12/31/1998
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-emp	olover p	ilan)	2b	Employer identification No.
Thomas E. Clay, PSC	,			(EIN) 61-095838 <u>1</u>
Indian Br Cau, 150			2c	Sponsor's telephone number
462 South 4th Avenue, Ste 101 Meidinger Tower				502-561-2005
Louisville KY 40202			2d	Business code (see instr.)
				541110
3a Plan administrator's name and address (if same as plan sponsor, enter "Same")		4.7.	3b	Administrator's EIN
Thomas E. Clay, PSC				
		*** *** **		61-0958381
462 South 4th Avenue, Ste 101 Meidinger Tower		1194114 10015		Administrator's
Louisville Warder of KY 40202			arilg e tgel	telephone number
Company Association of the Company o		A Temple		
			-	502-561-2005
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the	e name,	EIN,	4b	EIN 61-0958381
and the plan number from the last return/report. a Sponsor's name SAME			4c	PN
5a Total number of participants at the beginning of the plan year			5a	2
b Total number of participants at the end of the plan year	. ,		5b 5c	2
Number of participants with account balances as of the end of the plan year (defined benefit plans do not com	iplete thi	s item)	36	X Yes No
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions	i.) 	nountant (IODA)		K res [No
b Are you claiming a waiver of the annual examination and report of an independent qualified pu	DIIC acc	countant (IQFA)		X Yes No
		se Form 5500		🖭 100 🗀 140
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must ins	icau u	<u>se i cim 5500.</u>		
7 Plan Assets and Liabilities		(a) Beginning	of Year	(b) End of Year
	7a	3		393993
a Total plan assets b Total plan liabilities	7b			
C Net plan assets (subtract line 7b from line 7a)	7c	3	98049	393993
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	ınt	(b) Total
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		-4056	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-4056
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	·	<u> </u>	
e Certain deemed and/or corrective distributions (see instructions)	8e	·	<u></u>	
f Administrative service providers (salaries, fees, commissions)	8f		÷	
g Other expenses	8g	***************************************		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			
i Net income (loss) (subtract line 8h from line 8c)	8i			-4056
Transfers to (from) the plan (see instructions)	8j			

SIGN HERE

Signature of employer/plan sponsor

Page 2-		
. 494 —		

Enter name of individual signing as employer or plan sponsor

	Form 5500-SF 2011			_			
Part	V. Plan Characteristics						
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Ch	aracteris	tic Cod	les in t	he instr	uctions	
	2E 2F 2G 3D						
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Cha	racteristi	c Code	s in th	e instruc	ctions:	
Part	V Compliance Questions						
::::::::::::::::::::::::::::::::::::::			Yes	No		Amoun	<u>t</u>
	During the plan year: Was there a failure to transmit to the plan any participant contributions within the time period described i	<u>, </u>	103		<u>-</u>		
а	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		x			
h	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported		 				
b				x			
_	on line 10a.) Was the plan covered by a fidelity bond?	400		х			
۲ C	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud						
d		104		х			
_	or dishonesty? Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier,	100					
е	insurance service or other organization that provides some or all of the benefits under the plan? (See		İ				
		10e		х			
z :	instructions.) Has the plan failed to provide any benefit when due under the plan?	406		x			
f ·	Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	. —		X			
g	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR						
h		10h		x			
i	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the	.					
١,	exceptions to providing the notice applied under 29 CFR 2520.101-3	10i					
Pari				_	-		
**************************************	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c	omplete :	Sched	ule SB	(Form		
11	5500))	p			` Г	Yes	☐ No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302	of ERISA)			Yes	X No
14	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)				···· <u> </u>	•	_
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst	ructions,	and e	nter the	e date of	f the lef	ter rulin
CI	granting the waiver.	Month	Ď	ay	Yea	r	_
If v	ou 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			
c	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 le						
•	negative amount)			12d	L		
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
Par							
13a	Has a resolution to terminate the plan been adopted in any plan year?	. ,	,			Yes	X N
	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 broug	ht under	the co	ntrol	_	_	_
	of the PBGC?				L	Yes	X N
C	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.)						
1	3c(1) Name of plan(s):	13	c(2)	EIN(s)		13c(3)	PN(s)
					,		
	·						
	·	<u> </u>					
Cauf	tion: A penalty for the late or incomplete filing of this return/report will be assessed unless reason	able cau	se is e	stabli	shed.		
Unde	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, inclu	ding, if app	olicable	, a Sche	edule		
SB or	Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the	ne best of	my kno	wledge	and		
	it is true/correct and complete:						<u>.</u>
SIGN	19-26-17 Thomas E						
HERE	Signature of plan administrator Date Enter name of	individua	l s <u>igni</u>	ng as	olan adn	<u>ninistra</u>	tor

Date