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).

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in ac	cordance with the instru	ctions to the Form 550	0-SF.					
Part I		Identification Information								
For calenda	ar plan year 2012 or fi	scal plan year beginning 01/01/2	2012	and ending 1	2/31/2	2012				
	turn/report is for:	a single-employer plan	H	olan (not multiemployer)	yer) a one-participant plan					
B This ret	turn/report is:	the first return/report	the final return/report							
		an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)					
C Check I	box if filing under:	Form 5558	automatic extension			DFVC program				
		special extension (enter descri	iption)							
Part II	Basic Plan Info	rmation—enter all requested info	ormation							
1a Name		·			1b	Three-digit				
THOMAS E.	CLAY, PSC PROFIT	SHARING PLAN				plan number				
			(PN) ▶ 001							
		1c	Effective date of plan							
0- 5					01	12/31/1998				
	ponsor's name and ad . CLAY, PSC	dress; include room or suite numbe	er (employer, if for a single	e-employer plan)	2b	Employer Identification Number (EIN) 61-0958381				
					2c	Sponsor's telephone number				
462 SOUTH	4TH AVENUE, STE 1	01				502-561-2005				
LOUISVILLE	E, KT 40202				2d	Business code (see instructions) 541110				
3a Plan a	dministrator's name ar	nd address XSame as Plan Spons	or Name Same as Pla	ın Sponsor Address	3b Administrator's EIN					
					3c	Administrator's telephone number				
4 If the r	name and/or EIN of the	e plan sponsor has changed since t	he last return/report filed	for this plan, enter the	4b EIN					
	·	mber from the last return/report.			_					
•	or's name				4c PN					
5a Total r	number of participants	at the beginning of the plan year			5a	2				
b Total r	number of participants	at the end of the plan year			5b	2				
		account balances as of the end of t		•	5с	2				
6a Were	all of the plan's asset	s during the plan year invested in el	ligible assets? (See instru	ctions.)		X Yes No				
_		f the annual examination and report								
		? (See instructions on waiver eligibi								
If you	answered "No" to e	ither line 6a or line 6b, the plan ca	annot use Form 5500-SF	and must instead use	Form	5500.				
Caution: A	penalty for the late	or incomplete filing of this return	/report will be assessed	unless reasonable cau	ıse is	established.				
		her penalties set forth in the instruc								
	edule MB completed a true, correct, and com	nd signed by an enrolled actuary, a	s well as the electronic ve	rsion of this return/report	, and	to the best of my knowledge and				
501101, 1010	r			T						
SIGN	Filed with authorized	valid electronic signature.	07/15/2013	THOMAS CLAY						
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual sig	gning as plan administrator				
SIGN										
HERE	Signature of emplo	ver/plan sponsor	Date	Enter name of individ	ual sic	gning as employer or plan sponsor				
Preparer's		name, if applicable) and address; inc			_	parer's telephone number (optional)				
•					·	,				

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Pa	rt III Financial Information											
7	Plan Assets and Liabilities		(a) Beginning of Yea		(b) End of Year							
а	Total plan assets	7a		393993					7			
b	Total plan liabilities	7b										
С	Net plan assets (subtract line 7b from line 7a)	7c	39399	93		444157						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(1	o) Total					
а	Contributions received or receivable from:	,										
	(1) Employers											
	(2) Participants	8a(2)										
	(3) Others (including rollovers)	Others (including rollovers)										
	Other income (loss)	8b	5016	64								
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						50164	r			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d										
е	Certain deemed and/or corrective distributions (see instructions)	8e										
f	Administrative service providers (salaries, fees, commissions)	8f										
g	Other expenses	8g										
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h										
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						5016	4			
j	Transfers to (from) the plan (see instructions)	8j										
Pai	rt IV Plan Characteristics											
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 3D	feature co	des from the List of Plan Char	acteris	tic Codes	in the ins	truction	s:				
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Chara	cteristi	c Codes i	n the insti	uctions:					
Par	t V Compliance Questions											
10	During the plan year:				Yes N	<u> </u>	Δm	ount				
а			10a	X								
b		? (Do not	include transactions reported	10b	X							
С				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 oth insurance service or other organization that provides some or all cinstructions.)	of the bene	efits under the plan? (See	10e	X							
f				10f	Х							
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of vear	end.)	10g	Х							
h		uctions and 29 CFR	10g 10h	X								
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	d notice or one of the										
Port		1-0		10i								
11												
11a	5500) and line 11a below) Enter the amount from Schedule SB line 39				11a			Yes	No			
12	Is this a defined contribution plan subject to the minimum funding						?	Yes	X No			
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			55		1	<u> </u>					
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru			the date	of the le		ing			
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					<i>1</i>		-				
	Enter the minimum required contribution for this plan year	•			128							
	· · ·	-		_								

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	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?		Yes X No	
	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 of the PBGC?	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.)	to		
1	3c(1) Name of plan(s):	1 3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

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).

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

		Complete all entries in accor	dance with the instr	uctions to the Form 5500-	SF.	
Pa	t I Annual Report lo	dentification Information				
For	calendar plan year 2012 or fisca	al plan year beginning	an	d ending		
Α	This return/report is for:	a single-employer plan	a multiple-employer p	olan (not multiemployer)	a one-	oarticipant plan
В	This return/report is:	the first return/report	the final return/report			
		an amended return/report	a short plan year retu	ırn/report (less than 12 mon	ths)	
С	Check box if filing under:	Form 5558	automatic extension		DFVC	program
		special extension (enter description				
Pa		rmation—enter all requested infor	rmation			
1a	Name of plan				1b	Three-digit plan
	Thomas E. Clay, P					number (PN) ▶ 001
	Profit Sharing Pl	lan			1c	Effective date of plan 12/31/1998
2a	Plan sponsor's name and add	dress; include room or suite number	(employer, if for a si	ngle-employer pian)	2b	Employer Identification No.
	Thomas E. Clay, PS	SC .				(EIN) 61-0958381
					2c	Sponsor's telephone number
	462 South 4th Aven	ue, Ste 101				502-561-2005
		S	See Stateme	nt	2d	Business code (see instr.)
	Louisville	KY 40202				
						541110
3a	Plan administrator's name an	nd address $[\![\mathrm{X}\!]\!]$ Same as Plan Spon	sor Name 🔃 Sam	e as Plan Sponsor Address	3b	Administrator's EIN
					<u>-</u>	
					3c	Administrator's
						telephone number
				·	4b	EIN
4		sponsor has changed since the last return	n/report filed for this plar	n, enter the name, ⊏iiv,	4c	PN
	and the plan number from the last		<u> </u>			2
5a		at the beginning of the plan year			5b	2
b	Total number of participants a			la not complete this item)		2
C		unt balances as of the end of the plan year			30	X Yes No
6a	vvere all of the plan's assets	during the plan year invested in elig the annual examination and report of	ible assets? (See ins	diffied public accountant (IO	 PA\	22 100 110
b				amieu public accountant (192	179	X Yes No
	under 29 CFR 2520, 104-46?	(See instructions on waiver eligibilit ther line 6a or line 6b, the plan car	y and conditions./	SF and must instead use	Form 5500.	21 100 110
	if you answered "No" to eit	incomplete filing of this return/re	nort will be assess	ed unless reasonable caus	se is establi:	shed.
Line	er penalties of perium and othe	er penalties set forth in the instruction	ns. I declare that I ha	ve examined this return/rep	ort. including	if applicable, a
Sch	edule SB or Schedule MB com	pleted and signed by an enrolled ac	tuary as well as the	electronic version of this ret	urn/report, ar	d to the best of my
	wledge and belief its true_corr					•
SIG	7000000000	C1	72-11-13	Thomas Clay		
HEF		nipistrator	Date	Enter name of individual s	igning as pla	n administrator
SIG						
HER		r/plan sponsor	Date	Enter name of individual s	igning as em	ployer or plan sponsor
and the second	······································	me, if applicable) and address; inclu	ide room or suite num	nber (optional) Pre	parer's telepi	none number (optional)
' ' '	The state of the s				-	
1						

Thomas E. Clay, PSC Form 5500-SF 2012

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Par	III Financial Information					
7	Plan Assets and Liabilities	ing of	Year	(b) End of Year		
а	Total plan assets	393	993	444157		
b	Total plan liabilities	7b				
C	Net plan assets (subtract line 7b from line 7a)	393	993	444157		
8	Income, Expenses, and Transfers for this Plan Year	nount		(b) Total		
а	Contributions received or receivable from:					
() Employers					
(2	2) Participants					
(3) Others (including rollovers)					
<u>b</u>	Other income (loss)	50,	164			
<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				50,164
d	Benefits paid (including direct rollovers and insurance premiums					
	to provide benefits)	8d				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e				
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f				
<u>g</u>	Other expenses	8g		***********		
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h 8i				50,164
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8j				30,164
	Transfers to (from) the plan (see instructions)	OJ				
Par		4 Dian	Ob ava ata sia	lin Cor	doe in	the instructions:
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of	ıı Pıan	Characteris	iic Coc	162 111	tile ilistractions.
ь	2E 2F 2G 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of	Dlan C	`haractaristi	c Code	e in ti	ne instructions:
P	If the plan provides wehate benefits, enter the applicable wehate leading codes from the cist of	rigii C	maracteristi	o Oout	,	io mondonono.
Par	V Compliance Questions					
10	During the plan year:			Yes	No	Amount
<u></u> а	Was there a failure to transmit to the plan any participant contributions within the time period de	scribe	d in			
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		10a		Х	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions	repor	ted			
	on line 10a.)		10b		Х	
C	Was the plan covered by a fidelity bond?		10c		Х	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused	l by fra	ıud			
	or dishonesty?		10d		X	
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance of	arrier,				
	insurance service or other organization that provides some or all of the benefits under the plan?	(See				
	instructions.)		10e		Х	
f_	Has the plan failed to provide any benefit when due under the plan?		10f		Х	
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		10g		_X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR				٠,	
	2520.101-3.)		10h		Х	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the		1.00			
888 3 8888	exceptions to providing the notice applied under 29 CFR 2520.101-3		10i			
Par	Pension Funding Compliance		t complete (Sobodi	ıla SB	
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instruction			ocneut	IIG OL	Yes No
410	Form 5500) and line 11a below)		· · · · · · · · · · · · · · · · · · ·		11a	T 1,00 1,100
11a	Enter the amount from Schedule SB line 39 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or s	ection ?	02 of FRISA?			Yes X No
<u>12</u>	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	oud/H c	VE VI LINON		<u></u>	
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year	see ii	estructions	and er	iter th	e date of the letter ruling
а	granting the waiver.	, 555 11	Month		ay	Year
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip t	o line				
b	Enter the minimum required contribution for this plan year				12b	
						

TOMCLAY	5500 07/09/2013 2:	2 PM															
Tho	mas E. C	аy,	PSC			(61-095	8381		_	•						
	Form	5500-	SF 2012							P	age 3 -	<u>'</u>					
										_							
С	Enter the amo												120	1_	_		
d	Subtract the a	noun	t in line 12	c from the an	nount in I	ine 12b. l	Enter the re	esult (enter	a minus sign	to the	e left of	a					
	negative amo												12c	<u> </u>			
е	Will the minim													Yes	3	No	N/A
Part	************			s and Tra													
13a	Has a resoluti							· · · · · · · · · · · · · · · · · · ·						Ye	3 2	No.	
	If "Yes," enter												13a	Π_			
b	Were all the p													Г			
-	of the PBGC?	2.1. 0.0	Joseph Grand	rate a te parti			,				•				L	Yes	X No
c	If during this p	an v	ar anv as	sets or liabilit	ies were	transferre	ed from thi	s plan to an	other plan(s)	, ideni	tify the	plan(s) t	0				
•	which assets							_ ,				, , , ,					
	3c(1) Name o			tionorou.	1000 11101							13c(2)	EIN(s)		13c(3)	PN(s)
<u> </u>	OC(1) IVAINE O	Pian	(3).												П		
Part	Will Trus	Inf	ormatio	n (optiona	n												
	lame of trust		O I I I I I I I I	Coptiona								14b T	rust's E	IN			
144 N	ianie ortrust											1					