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).

2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pens	on Benefit Guaranty Corporation	▶ Complete all entries in acco	rdance with the instruc	tions to the Form 550	0-SF.		spection
Part	I Annual Report	Identification Information					
For cal	endar plan year 2013 or fis	scal plan year beginning 01/01/20	13	and ending 1	2/31/2	2013	
	s return/report is for:	a single-employer plan		an (not multiemployer)		a one-partici	pant plan
B In	s return/report is:	the first return/report	the final return/report				
		an amended return/report		n/report (less than 12 mo	onths)	_	
C Ch	eck box if filing under:	Form 5558 special extension (enter descript	automatic extension			DFVC progra	am
Dort	II Basis Blan Info	<u> </u>					
Part		rmation—enter all requested inform	nation		16	There are all all	
	ame of plan M. WELCH ARCHITECT	DROEIT SHABING DI ANI			ID	Three-digit plan number	
VVILLIAN	IIII. WELCH ARCHITECT	PROFIT SHARING PLAN				(PN) ▶	001
					1c	Effective date o	f plan
							/1979
	an sponsor's name and add M. WELCH, PSC	dress; include room or suite number (employer, if for a single-	employer plan)	2b	Employer Identi (EIN) 61-09	fication Number 140861
961 BA)	(TER AVENUE				2c	Sponsor's telep	
	ILLE, KY 40204				2d	Business code 6	(see instructions)
3a Pla	an administrator's name an	d address Same as Plan Sponsor	Name Same as Plan	Sponsor Address	3b	Administrator's	EIN
					3с	Administrator's	telephone number
4 If	the name and/or FIN of the	valen energes has changed since the	last raturn/rapart filed for	ur this plan spater the	415	- FIN	
na		e plan sponsor has changed since the nber from the last return/report.	iast return/report filed it	ir triis plan, enter trie	4b 4c	EIN	
		at the beginning of the plan year			5a		3
_		at the end of the plan year				_	
		, ,			5b		3
		account balances as of the end of the	. , ,	•	5с		3
	•	during the plan year invested in eligi	•	•			X Yes No
		the annual examination and report of (See instructions on waiver eligibility					X Yes No
		ther line 6a or line 6b, the plan can					M
	•	it plan, is it covered under the PBGC			_		Not determined
	•	•		<u> </u>			
		or incomplete filing of this return/re					
SB or S		ner penalties set forth in the instruction d signed by an enrolled actuary, as volete.					
SIGN	Filed with authorized/v	valid electronic signature.					
HERE	Signature of plan ac	dministrator	Date	Enter name of individu	ual sig	ning as plan adr	ministrator
SIGN							
HERE Signature of employer/plan sponsor Date Enter name of indivi			Enter name of individu	ual sig	ງning as employເ	er or plan sponsor	
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)				r (optional)	Prep	arer's telephone	number (optional)
				Į			

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Pa	rt III Financial Information											
7	Plan Assets and Liabilities						(b) End of Year					
	Total plan assets	7a	(a) Beginning of Yea				(b) End 0	1156				
	Total plan liabilities	7a 7b		•				1100	011			
	Net plan assets (subtract line 7b from line 7a)	76 7c	117016	4				1156	017			
	To the state of th						(b) To		• • •			
	Contributions received or receivable from:		(a) Amount				(b) To	lai				
	(1) Employers	8a(1)										
	(2) Participants	8a(2)										
	(3) Others (including rollovers)	8a(3)										
b	Other income (loss)	8b	2685	5								
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						268	355			
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	4100	2								
е	Certain deemed and/or corrective distributions (see instructions)	8e										
f	Administrative service providers (salaries, fees, commissions)	. 8f										
g	Other expenses	8g										
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						41	002			
i	Net income (loss) (subtract line 8h from line 8c)	8i						-14	147			
j	Transfers to (from) the plan (see instructions)	8j										
Pai	t IV Plan Characteristics	-,										
9a	If the plan provides pension benefits, enter the applicable pension 2E 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructi	ons:				
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteristi	ic Coc	les in t	he instructio	ns:				
Par	V Compliance Questions											
10	During the plan year:				Yes	No	Ι ,	moun				
a		tions within	n the time period described in	1	103	140	,	inoun	ıı.			
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	ıciary Corr	ection Program)	10a		X						
	on line 10a.)			10b		X						
	Was the plan covered by a fidelity bond?			10c		X						
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud	10d		X						
	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth			100								
C	insurance service, or other organization that provides some or all					X						
	instructions.)			10e								
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X						
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X						
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		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			10i		X						
Part												
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							П ү	es	X	No	
112	Enter the unpaid minimum required contribution for current year fr					11a		<u> </u>				
	· · · · · · · · · · · · · · · · · · ·		,				EDICAG	\Box	es	Y	No	
12	Is this a defined contribution plan subject to the minimum funding			or se	ction	ou∠ of	EKISA!		c o	^	INU	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is beir			ctions	and 4	enter th	ne date of the	e letter	rulir	<u></u>		
	granting the waiver.	-			and t	Day		e letter ear _	·uiii	·9		
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.				1					
b	Enter the minimum required contribution for this plan year					12b						

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С	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?	Y	es 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 coof the PBGC?	ontrol		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) to which assets or liabilities were transferred. (See instructions.))				
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)		
Part	VIII Trust Information (optional)					
14a	Name of trust	14b Trust's EIN				

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).

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

2013

This Form is Open to Public Inspection

	on Benefit Guaranty Corporation Complete all entrie		the instructions to the	he Fo	rm 5500-SF.	to Public I	nspection
Parl			1.2			. /24 /004	
· value	lendar plan year 2013 or fiscal plan year beginning	01/01/20		nd en		2/31/201	
1	is return/report is for: X a single-employer		ole-employer plan (not	multie	employer) [a one-participa	ant plan
BI	is return/report is: the first return/rep		I return/report			,	
C -	an amended retur		plan year return/repor	t (less			
C C	neck box if filing under: Form 5558		tic extension			DFVC program	1
Parl		(enter description)		-			
	ame of plan	dested information		1h	Three-digit		
	LIAM M. WELCH ARCHITECT P	ROFTT SHART	NG PLAN		plan number (P	(N)	001
,,,,,,	dim n. wildi intentiller i.	COLLI DIMICE		1c	Effective date of		001
						1/1979	-
	an sponsor's name and address; include room or suite nu LIAM M. WELCH, PSC	mber (employer, if for sir	ngle-employer plan)	2b	Employer Ident 61-09	ification Numb	er (EIN)
				2c	Sponsor's telep		
961	BAXTER AVENUE				2) 451-6		
				2d	Business code	(see instruction	ons)
LOU	ISVILLE KY 40:				54131		
3a Pla	an administrator's name and address 🗵 same as F	Plan Sponsor Name X Same	e as Plan Sponsor Address	3b	Administrator's	EIN	
				3с	Administrator's	telephone nu	mber
4 If th	e name and/or EIN of the plan sponsor has chang	ed since the last return	n/report filed for this	4b	EIN		
pla	n, enter the name, EIN, and the plan number from t	he last return/report.					
a s	ponsor's name			4c	PN		
5а т	otal number of participants at the beginning of the	plan year		5a		3	
	otal number of participants at the end of the plan y			5b		3	
CN	umber of participants with account balances as of	the end of the plan ye	ear (defined				
				5с		3	
6a v	ere all of the plan's assets during the plan year inv	ested in eligible assets	s? (See instructions.)			X Ye	es No
	re you claiming a waiver of the annual examination						
	QPA) under 29 CFR 2520.104-46? (See instruction						es No
	you answered "No" to either line 6a or line 6b, t						
	the plan is a defined benefit plan, is it covered under the f				Yes		ot determined
	on: A penalty for the late or incomplete filing of						
Sched	penalties of perjury and other penalties set forth in ule SB or Schedule MB completed and signed by a pwledge and belief, it is true, correct, and complete	an enrolled actuary, as	well as the electronic	version	on of this return	. including, if a /report, and to	pplicable. a the best of
SIGN	D. B. L. 2'	2.25.14	Man Pau	1-0	- Ou	0000	
HERE	Vary Bruash XI		Mary Bar			(3.1%) (2.1%)	
	Signature of plan administrator	Date	Enter name of individ	dual si	igning as plan a	dministrator	
SIGN							
HERE	Signature of employer/plan sponsor	Date	Enter name of individ	dual si	igning as emplo	ver or plan sp	onsor
Prepa	rer's name (including firm name, if applicable) and				Preparer's tele		4/20/20/20/20
	and the financial services of the services of	address, include room	for saite number (opti-	Oriali	r reparer s tele	priorie riuribe	(optional)
				- 1			

Pa	rt III Financial Information	1000							
7	Plan Assets and Liabilities		(a) Beg	inning	of Yea	ar	(b) I	End of Ye	ear
а	Total plan assets	7a		11	701	64		11	56017
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c		11	701	64		11	56017
8	Income, Expenses, and Transfers for this Plan Year		(a) Amo	unt			(b) Total	
а	Contributions received or receivable from:								With the
	(1) Employers	8a(1)					190-110-128		
	(2) Participants	8a(2)						ire il talia	
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss) SEE STATEMENT 1	8b			268	55	MARKE STATE	DISTRIBUTION OF THE PARTY OF TH	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	Ballette			194			26855
d	Benefits paid (including direct rollovers and insurance premiums to provide							a see a	
	benefits)	8d			410	02	STATI	MENT	2
е	Certain deemed and/or corrective distributions (see instructions)	8e					127-146-15		
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	San Jan Jan Ja	ile a					41002
i	Net income (loss) (subtract line 8h from line 8c)	8i			14 . T			_	14147
j	Transfers to (from) the plan (see instructions)	8j					FERRINA		
Pa	rt IV Plan Characteristics								
9a	2E 3D				100000000000000000000000000000000000000				
b	If the plan provides welfare benefits, enter the applicable welfare feature coo	ies irom	the List of	Plan C	naraci	teristic	c Codes in	ine instru	ctions:
Pa	rt V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
a	Was there a failure to transmit to the plan any participant contributions within the time p	eriod de	scribed	T					
	in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correct			10a		Х			
b	Were there any nonexempt transactions with any party-in-interest? (Do not in								
200000000000000000000000000000000000000	transactions reported on line 10a.)			10b		X			
С	Was the plan covered by a fidelity bond?			10c		X			
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond	d, that							
	was caused by fraud or dishonesty?			10d		X			
е	Were any fees or commissions paid to any brokers, agents, or other persons								
	carrier, insurance service, or other organization that provides some or all of the	7.							
	the plan? (See instructions.)			10e		Х			
f	Has the plan failed to provide any benefit when due under the plan?			10f		X	1		
-	Did the plan have any participant loans? (If "Yes," enter amount as of year en			10g		X		_67296B	
	If this is an individual account plan, was there a blackout period? (See instruc	COUNTY TO THE PARTY OF THE PART		1			XXXXXXX	PERSONAL PROPERTY	GSPC-13-11/1
	and 29 CFR 2520.101·3.)			10h		x			
i			or one					SPORTER	
	of the exceptions to providing the notice applied under 29 CFR 2520.101-3			10i		Х			
Pa	rt VI Pension Funding Compliance			1					•
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Y	es " see	e instruction	ns and	compl	ete		-	
	Schedule SB (Form 5500) and line 11a below)				оотр.	010	١r	Yes	X No
11a	Enter the unpaid minimum required contribution for current year from Schedu		orm 5500)	line 39		11a	<u> </u>	1103	μ <u>μ</u> 140
12	Is this a defined contribution plan subject to the minimum funding requirements of sect				_		A?	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applical		5000	230110				1 100	MA 110
a	If a waiver of the minimum funding standard for a prior year is being amortized	The Control	plan vear	see ins	tructio	ns ar	nd enter the	date of	the letter
_	ruling granting the waiver.		Month	200 1110	Day			ear	o lotter
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form			line 1					
	Enter the minimum required contribution for this plan year	2000),	and only to		J.	12b			

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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 left of a negative amount)		12d				
e Will the minimum funding amount reported on line 12d be met by the funding deadline? Part VII Plan Terminations and Transfers of Assets		Ш	Yes_		No	N/A
13a Has a resolution to terminate the plan been adopted in any plan year?			Yes	Χı	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 brunder the control of the PBGC?	ought				Yes	X No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), idealiabilities were transferred. (See instructions.)	ntify the	plan(:	s) to w	hich as	ssets or	
13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)
Part VIII Trust Information (optional)						<u>-</u>
14a Name of trust	14b T	rust's	s EIN			