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).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning and ending 12/31/2014 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the first return/report the final return/report **B** This return/report is an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension 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 THOMAS E CLAY PSC PROFIT SHARING PLAN plan number (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 (EIN) 61-0958381 Sponsor's telephone number 502-561-2005 462 SOUTH 4TH AVENUE, STE 101 LOUISVILLE, KY 40202 Business code (see instructions) 541110 **3a** Plan administrator's name and address XSame as Plan Sponsor. Administrator's EIN **3c** Administrator's telephone number 4b EIN 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. 4c PN a Sponsor's name Total number of participants at the beginning of the plan year 5a **b** Total number of participants at the end of the plan year..... 5b Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c complete this item) d(1) Total number of active participants at the beginning of the plan year..... 5d(1) d(2) Total number of active participants at the end of the plan year..... 5d(2) e Number of participants that terminated employment during the plan year with accrued benefits that were 5e less than 100% vested. 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 t	true, correct, and complete.							
SIGN	Filed with authorized/valid electronic signature.	07/10/2015	THOMAS CLAY					
HERE	Signature of plan administrator	Date	Enter name of individ	ual signing as plan administrator				
SIGN								
HERE	Signature of employer/plan sponsor	Date	Enter name of individ	ual signing as employer or plan sponsor				
Preparer's	name (including firm name, if applicable) and address (include r	oom or suite numbe	r) (optional)	Preparer's telephone number (optional)				

	Form 5500-SF 2014		Page 2								
b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a sunder 29 CFR 2520.104-46? (See instructions on waiver eligibility a lif you answered "No" to either line 6a or line 6b, the plan cannot fit the plan is a defined benefit plan, is it covered under the PBGC in	an indepe and condi ot use Fo	ndent qualified public accounta tions.) orm 5500-SF and must instead	nt (IQ	PA) Form	5500.		Пк	X Ye	es [No No
		- Surarioc p	Frogram (See Errie/ Cocalon 40	21).		100		П.,	iot dot	· · · · · · · · · · · · · · · · · · ·	···
Par					1						
	Plan Assets and Liabilities		(a) Beginning of Yea				(b) E	nd of	Year	0	
	Total plan assets	7a	926	070						0	
	Total plan liabilities	7b	000	70							
	Net plan assets (subtract line 7b from line 7a)	7c	926	070	-						
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(k) Tot	al		
	Contributions received or receivable from: (1) Employers	8a(1)									
	2) Participants	8a(2)									
	3) Others (including rollovers)	8a(3)									
	Other income (loss)	8b	42	200							
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								1200	
	Benefits paid (including direct rollovers and insurance premiums	00									
	o provide benefits)	8d	968	370							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
<u>f</u> .	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
<u>h</u>	Fotal expenses (add lines 8d, 8e, 8f, and 8g)	8h							90	6870	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							-92	2670	
j	Fransfers to (from) the plan (see instructions)	8j									
Par	IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension to 2E 2F 2G 3D	feature co	odes from the List of Plan Chara	acteris	stic Co	des in	the inst	ructio	ns:		
			les force the List of Disc Ohere						_		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	ies from the List of Plan Charac	cterist	ic Coo	ies in t	ne instr	uction	is:		
Part	V Compliance Questions										
10	During the plan year:				Yes	No		Α	mount	t	
a	Was there a failure to transmit to the plan any participant contribut	tions with	in the time period described in								
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Χ					
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 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 instructions.)	of the ber	nefits under the plan? (See	10e		X					
f	Has the plan failed to provide any benefit when due under the plan			10f		X					
	Did the plan have any participant loans? (If "Yes," enter amount as										
<u>g</u>	If this is an individual account plan, was there a blackout period? (·	10g		X					
	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 2520.101			10i							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirements 500) and line 11a below)								Ye	es	No
11a	Enter the unpaid minimum required contribution for current year fro	om Sched	dule SB (Form 5500) line 39			11a					
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	or se	ction (302 of	ERISA?	·]	Υe	es X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applic	able.)								
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	-			, and e	enter th Day			letter ear	ruling]

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lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Fo	orm 5500), and skip to line 13.					
b	Enter the minimum required contribution for this plan year		12	2b			
С	Enter the amount contributed by the employer to the plan for this plan year		12	2c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the resu negative amount)	`	12	2d			
е	Will the minimum funding amount reported on line 12d be met by the fundir	ng 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	res X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer	this year	13	Ba			
b	Were all the plan assets distributed to participants or beneficiaries, transfer of the PBGC?		er the cont	rol		X Yes	s No
С	If during this plan year, any assets or liabilities were transferred from this p which assets or liabilities were transferred. (See instructions.)		an(s) to				
1	3c(1) Name of plan(s):		13c(2	2) EI	IN(s)	13c(3	B) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

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Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

Pa	rt I Annual Ro	eport Identification Informati	on			
For	calendar plan year 201	4 or fiscal plan year beginning	ar	nd ending		
Α	This return/report is for	: X a single-employer plan a one-participant plan	a multiple-employer a foreign plan	plan (not multiemployer)		
В	This return/report is:	the first return/report an amended return/report	X the final return/repor	t urn/report (less than 12 months)		
		an amended return/report	a short plan year let	univiepoit (less mair 12 montis,	,	
C	Check box if filing unde	er: Form 5558 special extension (enter des	automatic extension		DFVC	program
Pa	rt II Basic Plai	n Information—enter all requeste		· -		
1a	Name of plan	ay, PSC Profit Sharing			1b	Three-digit plan number (PN) ▶ 001
					1c	Effective date of plan 12/31/1998
2a	Plan sponsor's name Thomas E. Clay	and address; include room or suite n y, PSC	umber (employer, if for a si	ingle-employer plan)	2b	Employer Identification No. (EIN) 61-0958381
	462 South 4th	Avenue, Ste 101			2c	Sponsor's telephone number 502-561-2005
	Louisville	KY 40202			2d	Business code (see instr.)
						541110
3a	Plan administrator's r	name and address $\overline{\mathbb{X}}$ Same as Plan	Sponsor.		3b	Administrator's EIN
					Зс	Administrator's telephone number
4	If the name and/or EIN of	f the plan sponsor has changed since the la	st return/report filed for this pla	n, enter the name, EIN,	4b	EIN
	and the plan number fron	n the last return/report. a Sponsor's name			4c	PN
5a	Total number of partic	cipants at the beginning of the plan ye	ear		5a	1
b	Total number of partic	cipants at the end of the plan year 🚃			5b	0
C	complete this item)	s with account balances as of the end	****			0
d(1) Total number of act	ive participants at the beginning of the	e plan year		5d(1)	1
a(lotal number of act	ive participants at the end of the plan	year	Lhanafita that wara	5d(2)	0
	less than 100% veste			·	5e	0
		late or incomplete filing of this ret				
Sch	edule SB or Schedule M	nd other penalties set forth in the inst IB completed and signed by an enroil rue, co <u>rre</u> ct, and complete.				
SIG	0000000000	9/4	06/19/2015	Thomas Clay		
HER		lan administrator	Date	Enter name of individual signi	ng as pla	n administrator
SIGN				Ziller (tellife of myalification organi	.g p	
HER	190010000001	mployer/plan sponsor	Date	Enter name of individual signi	ng as em	ployer or plan sponsor
Prep	parer's name (including	firm name, if applicable) and address	; include room or suite nun	nber (optional) Prepare	r's teleph	none number (optional)
1						

b

Part III

b

C 8

b

C d

f

g

h

9a

b

b

d

Part V

Part IV

omas E. Clay, PSC	61-0958381	=		-				
Form 5500-SF 2014			age 2-					
Were all of the plan's assets during the plan ye	ear invested in eligible assets? (See instruction	ons.)				X	Yes	No
Are you claiming a waiver of the annual examir								
under 29 CFR 2520.104-46? (See instructions	on worker alimibility and acaditions)		•	•		X	Yes 🗍	Vο
If you answered "No" to either line 6a or lin	= : :							-
f the plan is a defined benefit plan, is it covered under	the PBGC insurance program (see ERISA section	4021)?	Γ	Yes		No [Not determin	ned
t III Financial Information							J	
Plan Assets and Liabilities			(a) Beginn	nina o	f Year	(h) End of Yea	
Tatalalas		7a	(u) Dogim		2670		TENG OF 166	
Total plan liabilities		7b						
Net plan assets (subtract line 7b from line 7a)	7c		9:	2670			
Income, Expenses, and Transfers for this Pla		70	(a) A	moun			(b) Total	
Contributions received or receivable from:		***************************************	(u) / \	ouii			(b) Total	***
(1) Employers		8a(1)						
(2) Participants	****							
(3) Others (including rollovers)								
OU : (1)		8b		4	,200			****
Total income (add lines 8a(1), 8a(2), 8a(3), a		8c			, 200		4 .	200
Benefits paid (including direct rollovers and in			*****************		0000000000		- 1	<u> </u>
		8d		96	,870			
Certain deemed and/or corrective distribution	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	8e			,			****
Administrative service providers (salaries, fee		8f						
Other success	<u> </u>	8g						
		····	100000000000000000000000000000000000000		***********		٥٤	20000000
Total expenses (add lines 8d, 8e, 8f, and 8g)		8h				1		970
Total expenses (add lines 8d, 8e, 8f, and 8g) Net income (loss) (subtract line 8h from line 8		8h 8i				 		
Net income (loss) (subtract line 8h from line 8	3c)						-92,	870 670
Net income (loss) (subtract line 8h from line 8 Transfers to (from) the plan (see instructions)	3c)	8i						
Net income (loss) (subtract line 8h from line 8 Transfers to (from) the plan (see instructions) Plan Characteristics	3c)	8i 8j	Characteris	stic Co	des in	the ins	-92,	
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		10i				
Par	tVI Pension Funding Compliance	Ī				-
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comple	ete Schedu	ıle SB			
	Form 5500) and line 11a below)	.,		[Yes	No
11a	Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39		11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ER	ISA?			Yes	X No
	(If "Yes," complete line 12a or lines 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 plan year, see in	nstructions, a	nd enter the	date of the lett	er ruling
	granting the waiver.	Month	Day	Year	

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Thomas E. Clay, PSC 61-0958381					
<u>Form 5500-</u> SF 2014	age 3-				
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500) and chick line	40				
b Enter the minimum required contribution for this plan year	13				
	<u> </u>	_12b	Ĺ		
c Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12c fro		12c	_		
and an earlier the result (enter a minus sign to the	1-51 -5 -	126			
negative amount)	TICH OF A	40.1			
	· · · <u>· · · · · · · · · · · · · · · · </u>	12d	V [-	
Fian Terminations and Transfers of Assets			Yes	No	N/A
13a Has a resolution to terminate the plan been adopted in any plan year?		17.7	<u>.</u> г	- 	
If "Yes," enter the amount of any plan assets that reverted to the employer this year b Were all the plan assets distributed to neatish the plan assets that reverted to the employer this year.			Yes	No	
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC2		13a			0
of the PBGC?	ght under the con	trol	F	<i>2</i> √	┌┐,,
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred from this plan to another plan(s), identifying the second result (s).				Yes	∐ No
which assets or liabilities were transferred. (See instructions.)	ty the plan(s) to				
13c(1) Name of plan(s):	-				
	13c(2) E	N(s)		13c(3)	PN(s)
	1		Ī		
Part VIII Trust Information (optional)			_ [
14a Name of trust					
	14b Trust	s EIN			