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

P	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance wit	h the instructions to the Form 550	0-SF.	
		dentification Information				
For	calendar plan year 2010 or fisc	cal 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	year return/report (less than 12 mor	nths)	
С	Check box if filing under:	X Form 5558	automatic	extension		DFVC program
	3 · · ·	special extension (enter description	on)			
Da	rt II Basic Plan Infor	mation—enter all requested inform				
	Name of plan	mation—enter all requested inform	lation		1h	Three-digit
	S TAYLOR PSC PROFIT SHA	ARING PLAN			10	plan number
02	o mazon oo morn on					(PN) • 001
					1c	Effective date of plan
						01/01/1990
	•	ress (employer, if for single-employer	r plan)		2b	Employer Identification Number
JEFF	S TAYLOR PSC				0 -	(EIN) 61-1118311
POF	3OX 766				2C	Plan sponsor's telephone number 270-686-8084
	NSBORO, KY 42302				2d	Business code (see instructions)
						541110
3a	Plan administrator's name and	d address (if same as Plan sponsor, e	enter "Same	e")	3b	Administrator's EIN
JEFF	S TAYLOR PSC	P O BOX 76 OWENSBOI	6 RO. KY 423	302		61-1118311
			,		3c	Administrator's telephone number 270-686-8084
4 1	f the name and/or FIN of the n	an sponsor has changed since the la	et return/re	port filed for this plan, enter the	4h	EIN
	•	er from the last return/report. Sponso		port filed for this plan, effect the	40	EIIN
	,				4c	PN
5a	Total number of participants a	at the beginning of the plan year			5a	1
b	Total number of participants a	at the end of the plan year			5b	1
С	Total number of participants v	vith account balances as of the end o	of the plan v	rear (defined benefit plans do not		
	• •			•	5c	1
6a	Were all of the plan's assets	during the plan year invested in eligib	ole assets?	(See instructions.)		Yes No
b	Are you claiming a waiver of t	the annual examination and report of	an indeper	ndent qualified public accountant (IQI	PA)	M v D v
		(See instructions on waiver eligibility				Yes No
Da	rt III Financial Inform	her 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 55	00.	
		iation				#N= + +++
7	Plan Assets and Liabilities		_	(a) Beginning of Year		(b) End of Year 275890
	Total plan assets		. 7a	27401-	_	273030
b				274514		275890
<u>C</u>		7b from line 7a)	. 7с		-	273690
8	Income, Expenses, and Trans			(a) Amount		(b) Total
а	Contributions received or received (1) Employers	eivable from:	. 8a(1)			
	, , , ,				-	
	, ,				-	
L	• • • •	s)	` '	1376		
b	` ,			1370		1376
۲ C		, 8a(2), 8a(3), and 8b)	. 8c			1370
d		rollovers and insurance premiums	. <u>8d</u>			
е		ctive distributions (see instructions)	8e			
f		ers (salaries, fees, commissions)				
g						
h	·	8e, 8f, and 8g)				
i		ne 8h from line 8c)				1376
i		see instructions)				
,	, - , , (-	,	. 01	1		

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Part IV	Plan	Charact	teristics

Signature of plan administrator

Signature of employer/plan sponsor

SIGN HERE

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

D .	11 (11)	s plant provides wellare benefits, enter the applicable wellare heat	ure codes from the f	_ist of Flatt Chara	Clens	110 000	163 III I	ine monuc	Juoris.		
Part	٧	Compliance Questions									
10	Dui	ing the plan year:				Yes	No		Amoui	nt	
а		s there a failure to transmit to the plan any participant contribution CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia			10a		X				
b		re there any nonexempt transactions with any party-in-interest? (Iine 10a.)		•	10b		X				
С	Wa	s the plan covered by a fidelity bond?			10c		X				
d		the plan have a loss, whether or not reimbursed by the plan's fide ishonesty?	•	10d		Χ					
	insı	re any fees or commissions paid to any brokers, agents, or other parance service or other organization that provides some or all of thructions.)	ne benefits under the	e plan? (See	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? (Se 0.101-3.)			10h		X				
i		Oh was answered "Yes," check the box if you either provided the reptions to providing the notice applied under 29 CFR 2520.101-3.			10i		X				
Part '	VI	Pension Funding Compliance									
11	ls th 550	is a defined benefit plan subject to minimum funding requirement	s? (If "Yes," see ins	tructions and com	plete	Sched	ule SB	(Form	Y	'es	No
12	ls t	nis a defined contribution plan subject to the minimum funding rec	quirements of section	n 412 of the Code	or se	ction 3	302 of	ERISA?	Y	'es X	No
	•	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicabl	,								
		waiver of the minimum funding standard for a prior year is being a									J
	-	nting the waiverompleted lines 3, 9, and 10 of Schedule M			uı		Day		Teal_		
		er the minimum required contribution for this plan year		-		Г	12b				
		er the amount contributed by the employer to the plan for this plan				1	12c				
d	Sub	tract the amount in line 12c from the amount in line 12b. Enter the ative amount)	e result (enter a mini	us sign to the left	of a		12d				
е	Will	the minimum funding amount reported on line 12d be met by the	funding deadline?			<u> </u>		Yes	No		N/A
Part \	VII	Plan Terminations and Transfers of Assets									
13a	Has	a resolution to terminate the plan been adopted during the plan y	ear or any prior yea	r?					Y	′es X	No
	If "Y	es," enter the amount of any plan assets that reverted to the emp	loyer this year				13a				
	We	e all the plan assets distributed to participants or beneficiaries, transper PBGC?					ntrol		Y	′es X	No
		uring this plan year, any assets or liabilities were transferred from ch assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify th	ne pla	n(s) to					
13	3c(1	Name of plan(s):			13c(c(2) EIN(s)		c(3) Pi	V(s)
Cauti	on:	A penalty for the late or incomplete filing of this return/report	will be assessed u	ınless reasonab	le cau	se is	establ	ished.	1		
Under SB or	per Sch	nalties of perjury and other penalties set forth in the instructions, I edule MB completed and signed by an enrolled actuary, as well a true, correct, and complete.	declare that I have	examined this retu	ırn/rep	ort, in	cludin	g, if applic			
SIGN		iled with authorized/valid electronic signature.	10/14/2011	JEFF S TAYLOR							
HERE	_	Signature of plan administrator	Date	Enter name of in	ndividi	ıal sin	ning as	s plan adn	ninistrato	or	

Date

Date

Enter name of individual signing as plan administrator

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

Pe	ension Benefit Guaranty Corporation Complete all entiries in accordance with the	matru	otions to t	110 1 0	0000 0	to rabile in	spection
P	art I Annual Report Identification Information						
For	calendar plan year 2010 or fiscal plan year beginning 01/01/2010		а	nd en	ding _	12/31/2010)
Α	This return/report is for: X single-employer plan multiple-em	ployer p	olan (not m	ultien	ployer)	one-participant	plan
В	This return/report is for: first return/report final return/	report					
_	an amended return/report short plan	ear retu	ırn/report ((less t	han 12 month	<u>ns</u>)	
С	Check box if filing under: X Form 5558 automatic e	extensio	n		L	DFVC program	
g277277	special extension (enter description)						
-	Basic Plan Information - enter all requested information						
	Name of plan				Three-digit plan number	(PNI)	001
JE	FF S TAYLOR PSC PROFIT SHARING PLAN					`	001
				10	Effective date	e of plan 01/1990	
_				ΛL			. /ETAD
	Plan sponsor's name and address (employer, if for single-employer plan) CFF S TAYLOR PSC			20		ntification Number L118311	r (EIIN)
UE	of a lailor fac			20		's telephone numb	
P	O BOX 766			20		686 8084	901
F	O DOX 700			24		de (see instructions	a)
$\cap v$	ENSBORO KY 42302			<u>zu</u>	5411		>)
	Plan administrator's name and address (If same as Plan sponsor, enter "Same			3h	Administrator		
	ME	, ,		~~	, tarriin ilotrator	- Lat. 1	
			Ì	3c	Administrator	's telephone numb	per
						•	
4	f the name and/or EIN of the plan sponsor has changed since the last return/re	ort file	d for this	4b	EIN		
F	plan, enter the name, EIN, and the plan number from the last return/report. S	ponsor'	s name	····			
				4c	PN		
	Total number of participants at the beginning of the plan year			5a		<u>1</u>	
	Total number of participants at the end of the plan year		***********	5b		<u> </u>	
С	Total number of participants with account balances as of the end of the plan y					1	
<u></u>	benefit plans do not complete this item)			<u>5c</u>			No
	Were all of the plan's assets during the plan year invested in eligible assets? (S					24 Tes	□ 140
	Are you claiming a waiver of the annual examination and report of an independ (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and of					X Yes	По
	If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-Si						
p.	irt III Financial Information	unu m	idot illotoc				
7	Plan Assets and Liabilities		(a) Beg	jinnin	g of Year	(b) End of	Year
-	Total plan assets	7a			274514		275890
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c			274514		275890
8	Income, Expenses, and Transfers for this Plan Year		(a) Amo	ount	(b) Tota	al
а	Contributions received or receivable from:						
	(1) Employers	8a(1)					
	(2) Participants	8a(2)					
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss) SEE STATEMENT 1	8b			1376		1076
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					1376
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits) \dots	8d					
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	8g					<u> </u>
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					1376
I :	Net income (loss) (subtract line 8h from line 8c)	8i					1370
1	Transfers to (from) the plan (see instructions)	8j				0.000	

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Form	5500-SF	(2010)
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Part IV	Dian Char	acteristics

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:

10		Camplianas Quartians								
Was there a failure to transmit to the plan any participant contributions within the time period described in 28 CFR 2510.3-1027 (See instructions and DOL's Voluntary Flauciary Correction Program). b Were there any nonewering transactions with any party-in-interest? (10 not include transactions reported on line 10a). C Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was accused by frout or dishortest? e 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's (See instructions). If that the plan failed to provide any benefit when due under the plan? If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520-101-3). If I have an 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). Part VI Pension Funding Compiliance 1 as this a defined benefit plan subject to minimum funding requirements of section 412 of the Code or section 302 CFR 1807 of (Yes," complete 12 or 13b, 12c, 12d, and 12e below, as applicable.) 2 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 CFR 1807 of (Yes," complete 12 or 13b, 12c, 12d, and 12e below, as applicable.) 1 Is the adefined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 CFR 1807 of (Yes," complete 12 or 13b, 12c, 12d, and 12e below, as applicable.) 2 Is the adefined contribution for this plan year of the plan year, see instructions, and enter the date of the letter value of the minimum funding sequence of the plan year, as applicable.) 2 Is the minimum funding amount reported on line 12d be met by the funding deadline? Year No INVA Part VII Plan Terminations and Transferred of h									A	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on ine 10a). 10b Ware there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on ine 10a). 10c Was the plan covered by a fidelity bond? 10c Did the plan have a lose, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10c 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). 11 Have the plan falled to provide any benefit when due under the plan? 12 Did the plan have any participant loans? (If Yes," enter anount as of year end.) 13 If 10 have an anxieved 'Yes,' check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.1013. 13 If 10h was anxieved 'Yes,' check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.1013. 13 If the was anxieved 'Yes,' check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.1013. 13 If a was or the maintain funding completes checkedus 85 (From 5500). 14 If the size a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If Yes,' complete 12c or 12b, 12c, 12d, and 12b below, as applicables). 15 If the minimum required contribution for this plan year. 16 If you completed fine 12a, complete lines 3, 9, and 10 of Schedule MB (From 5500), and skip to line 13. 17 If you completed fine 12a, complete lines 3, 9, and 10 of Schedule MB (From 5500), and skip to line 13. 18 If you completed fine 12a complete lines 3, 9, and 10 of Schedule MB (From 5500), and skip to line 13. 19 If you completed line 12a, complete lines 3, 9, and 10 of Schedule M						Yes	NO		Amoun	[
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 6 Was the plan covered by a fidelity bond? 7 Did by the plan have a lose, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dichlorosety? 8 Were any feee or commissions paid to any brokers, agents, or other persons by an insurance carter, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions) and portion of the plan's fidelity bond, that was caused by fraud or dichlorosety? 9 Were any feee or commissions paid to any brokers, agents, or other persons by an insurance carter, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions) and possible or other organization that provides some or all of the benefits under the plan? (Person final by the provided by the plan's fidelity bond, that the plan's fidelity bond, that the plan's fidelity bond, that was caused by fraud or the plan's fidelity bond, that fi	а						v			
transactions reported on line 10a) C Was the plan covered by a fidelity bond? d Oct the plan have a lose, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 9 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) f Has the plan falled to provide any benefit when due under the plan? 9 Did the plan have any participant loans? (if "Yes," enter amount as of year and.) 10c		·			10a					
C Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e 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) f Has the plan fields to provide any benefit when due under the plan? g Did the plan have any participant loans? (if 'Yes,' enter amount as of year end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520-101-3). if 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 if 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 if In this a defined benefit plan subject to minimum funding requirements? (if 'Yes,' ee instructions and complete Schedule SB (Form 5500)) If it is this a defined benefit plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERIBA? (if 'Yes,' complete 12 or 12b, 12c, 12d, and 12e below, as applicable). If you completed fine 12e, complete lies 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. b Enter the amount contributed by the employer to the plan for this plan year If you completed fine 12e, complete lies 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. b Enter the amount contributed by the employer to the plan for this plan year C Enter the amount contributed by the employer to the plan for this plan year G Uniform the plan was any speaks or liabilities were transferred from this plan to another plan(s), identify the plan (s) to which assets or liabilities were transferred. (See instructions.) D Were all the plan assets distributed to participants or benefici	þ	,					v			
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? • 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) • If it has the plan falled to provide any benefit when due under the plan? • Did the plan have any participant loans? (If "Yes," enter amount as of year end.) • If it has the plan falled to provide any benefit when due under the plan? • Did the plan have any participant loans? (If "Yes," enter amount as of year end.) • If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2500.013.3) • If 10h was answered "Yes," check the box if you either provided the required notice or one and a providing the notice applied under 29 CFR 2520.1013 • 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 2520.1013 • If the exceptions to providing the notice applied under 29 CFR 2520.1013 • If the exceptions to providing the notice applied under 29 CFR 2520.1013 • If the exceptions to providing the notice applied under 29 CFR 2520.1013 • It is this a defined benefit plan subject to the minimum funding requirements? (If "Yes," see instructions and complete schools 98 (Form 5500)) • Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete 18a or 12b, 12c, 12d, and 12b below, as applicable.) • Yes No • If you completed line 12a, complete tiles 3, 9, and 10 or Schedule MB (Form 5500), and skip to line 13. • Enter the aminimum required contribution for this plan year • Enter the amount of the minimum funding standard for a prior year is being amount in the 12b. Enter the result (fine the amount of line 12b for from the amount in line 12b. Enter the										
was caused by fraud or dishonesty? • 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) • By the plan? (See instructions) • Did the plan Rave any participant loans? (if "Yes," enter amount as of year end.) • If 10 h 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 • If 10 h 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 • If 10 h 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 • If 10 h 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 • If 10 h 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 • If 10 h was answered "Yes," the children was applied under 29 CFR 2520.101.3 • If 10 h was answered "Yes," the children was applied under 20 CFR 2520.101.3 • If 10 h was answered "Yes," complete 12 ard 120, 122, 124, and 120 below, as applicable. • Yes No • If 10 h was an applied was applied under 20 CFR 2520.101.3 • Will the minimum required contribution for this plan year • Were all the plan was an applied was applied under 20 CFR 2520.101.3 • Were all the plan assets distributed to participants or beneficiares, transferred to another plan, or brought under the control of the PBGC? • If during this plan year, any assets or liabilities were transferred from this plan to another plan, or brought under the control of the PBGC? • If during this plan year, any assets or liabilities were transferred from th					10c					
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). The state plan failed to provide any benefit when due under the plan? 10f X	d						v			
the plan? (See instructions.) 1					10d					
the plan? (See instructions). 1 has the plan failed to provide any benefit when due under the plan? 2 Did the plan have any participant loans? (if "Yes," enter amount as of year end.). 1 if 10h was answered "Yes," check the box if you either provided the required notice or one and 29 CFR 2520.101-3.) 1 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 1 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 1 is this a defined benefit plan subject to the minimum funding requirements? (if "Yes," see instructions and complete Schedule SB (Form 5500) 2 is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (if "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable). 3 if a waiver of the minimum funding standard for a prior year is believe, as applicable.) 4 if you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 5 be first the amount contributed by the employer to the plan for this plan year C Enter the amount contributed by the employer to the plan for this plan year 2 d Subtract the amount in line 12c from the amount in line 12d be met by the funding deadline? 4 yes No NAP Part VII Plan Terminations and Transfers of Assets 3a Has a resolution to terminate the plan been adopted during the plan year or any prior year? 1 yes, "enter the amount of any plan assets that reverted to the employer this year. 1 yes No IN/A 1 yes	е									
f Has the plan failed to provide any benefit when due under the plan? g) Did the plan have any participant loans? (if "Yes," enter amount as of year end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 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. 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. 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. 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. If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the plan subject to the minimum funding requirements? (If "Yes," ese instructions and complete Schedule SB (Form 5500)] Is this a defined benefit plan subject to the minimum funding requirements of section 412 of the Code or section 412 of the Code or section 412 of the Code or section 300 of ERISA? (If "Yes," complete 122 or 125, 125, and 125 below, as applicable.) Yes No 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 granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Define the minimum required contribution for this plan year Enter the amount in line 12b form the amount in line 12b form the splan year Enter the amount in line 12b form the amount in line 12b. Enter the result (inter a minus sign to the left of a negative amount provided amount to the plan bean adopti							v			
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