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).

2042

OMB Nos. 1210-0110

1210-0089

2012

This Form is Open to Public Inspection

Pensio	n Benefit Guaranty Corporation	▶ Complete all entries in ac	cordance with the instruc	tions to the Form 5500	0-SF.	
Part	I Annual Report	Identification Information				
For cale	endar plan year 2012 or f	iscal plan year beginning 01/01/	2012	and ending 1:	2/31/2012	
	return/report is for:	a single-employer plan	H	an (not multiemployer)	a one-partic	cipant plan
B This	return/report is:	the first return/report	the final return/report			
		an amended return/report	a short plan year return	n/report (less than 12 mo	onths)	
C Che	ck box if filing under:	X Form 5558	automatic extension		DFVC prog	ram
		special extension (enter descr	iption)			
Part	I Basic Plan Info	ormation—enter all requested info	ormation			
	me of plan	ontor an requested him	omaton		1b Three-digit	
	AYLOR PSC PROFIT SI	HARING PLAN			plan number	
					(PN) ▶	001
					1c Effective date	•
					01/0	1/1990
	n sponsor's name and ac TAYLOR PSC	ddress; include room or suite numbe	er (employer, if for a single-	employer plan)	2b Employer Iden (EIN) 61-1	tification Number 118311
Р О ВОХ	766				2c Sponsor's tele	phone number 86-8084
	BORO, KY 42302				2d Business code	
3a Pla	n administrator's name a	and address XSame as Plan Spons	or Name Same as Plan	Sponsor Address	3b Administrator's	
					3c Administrator's	s telephone number
					, tarrimion ator c	, tolophono nambol
4 If the	ne name and/or EIN of th	ne plan sponsor has changed since t	the last return/report filed fo	or this plan, enter the	4b EIN	
	•	umber from the last return/report.			4	
	onsor's name				4c PN	
5a To	tal number of participants	s at the beginning of the plan year			5a	1
b To	tal number of participants	s at the end of the plan year			5b	1
		account balances as of the end of t		•	5c	1
6a w	ere all of the plan's asset	ts during the plan year invested in e	ligible assets? (See instruc	tions.)		X Yes No
	,	of the annual examination and repor			,	
		6? (See instructions on waiver eligibi				X Yes No
lt y	ou answered "No" to e	either line 6a or line 6b, the plan c	annot use Form 5500-SF	and must instead use	Form 5500.	
		or incomplete filing of this return	•			
SB or S	. , ,	ther penalties set forth in the instruction and signed by an enrolled actuary, a aplete.	•	•	, 0, 11	,
SIGN	Filed with authorized	I/valid electronic signature.	08/01/2013	JEFF S TAYLOR		
HERE	Signature of plan a	administrator	Date	Enter name of individu	ual signing as plan ac	lministrator
SIGN	HERE Signature of employer/plan sponsor Date Enter name of individu					
					idual signing as employer or plan sponsor	
Prepare	r's name (including firm	name, if applicable) and address; in	clude room or suite number	r (optional)	Preparer's telephon	e number (optional)

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Pai	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	(a) Beginning of Year (b) End of Year					r		
<u>.</u>	Total plan assets	7a	28884		+		(b) Liid 0		6399		
	Total plan liabilities	7b	2000-10					02	0000		
	Net plan assets (subtract line 7b from line 7a)	7c	288849			326399					
	Income, Expenses, and Transfers for this Plan Year	,,,					(b) To		0000		
	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	3762	25							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						37	7625		
	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	7	' 5							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							75		
	Net income (loss) (subtract line 8h from line 8c)	8i						3	7550		
	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics	_ <u> </u>									
9a	If the plan provides pension benefits, enter the applicable pension 2E	feature co	des from the List of Plan Char	acteris	stic Co	odes 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 Cod	des in t	he instructio	ns:			
Dan	V Compliance Questions										
Par	•			1	V	NI-					
10	During the plan year:	tiono withi	a the time period described in		Yes	No	P	mou	nt		
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corr	ection Program)	10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
C	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 of	ner person of the bene	s by an insurance carrier, efits under the plan? (See	100		X					
	instructions.) Has the plan failed to provide any benefit when due under the plan			10e		X					
	has the plan falled to provide any benefit when due under the plan	n?		10f							
g		•	<u> </u>	10g		X					
h	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	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							П	Yes	П	No
11a	Enter the amount from Schedule SB line 39										
12							No				
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	•		. 5. 50	5511	JUL 01				ائت	
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		and	enter th		e lette /ear	er ruli	ng	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					<u> </u>					
	Enter the minimum required contribution for this plan year	•				12b					

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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?			
	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

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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

2012

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

This Form is Open to Public Inspection

OMB Nos. 1210-0110

Part I Annual Report Identification Info									
For calendar plan year 2012 or fiscal plan year beginning	01/01/20)12 an	d ending	12/31/20	12				
A This return/report is for: X a single-employe	' -	iple-employer plan (not n	nultiemploy	/er) 📙 a one-particip	ant plan				
B This return/report is: the first return/re	•	al return/report							
an amended retu	·	t plan year return/report	(less than		_				
C Check box if filing under:	tuna.d	atic extension		☐ DFVC progran	n				
Part II Basic Plan Information - enter all red	(enter description)								
1a Name of plan	quodica imormation		1b Three	-diait	· · · · · · · · · · · · · · · · · · ·				
JEFF S TAYLOR PSC PROFIT SHA	RING PLAN			number (PN)	001				
				ive date of plan 01/01/1990					
2a Plan sponsor's name and address; include room or suite no JEFF S TAYLOR PSC	umber (employer, if for si	ingle-employer plan)	,						
OEFF 5 TATLOR FSC		-							
P O BOX 766		2	70 68	6 8084					
OWENSBORO KY 42				digit umber (PN) 001 Ive date of plan 01/01/1990 Iver Identification Number (EIN) 61-1118311 Iver's telephone number 6 8084 Iver ses code (see instructions) 541110 Instrator's EIN Instrator's telephone number Instrator's telephone number					
3a Plan administrator's name and address 🗵 Same as	Plan Sponsor Name X Sam	ne as Plan Sponsor Address	3b Admin	nistrator's EIN					
		3	3c Admin	istrator's telephone nur	mber				
4 If the name and/or EIN of the plan sponsor has change		n/report filed for this	tb EIN						
plan, enter the name, EIN, and the plan number from a Sponsor's name	tne last return/report.		IC PN						
a Sponsor's name			+C PN						
5a Total number of participants at the beginning of the	plan vear		ia l	1					
b Total number of participants at the end of the plan			5b	1					
C Number of participants with account balances as of	the end of the plan ye	ear (defined							
			ic						
6a Were all of the plan's assets during the plan year inv					s UNo				
b Are you claiming a waiver of the annual examination					П.,				
(IQPA) under 29 CFR 2520.104-46? (See instruction If you answered "No" to either line 6a or line 6b, t		•			s				
Caution: A penalty for the late or incomplete filing of									
Under penalties of perjury and other penalties set forth in					oplicable, a				
Schedule SB or Schedule MB completed and signed by a my knowledge and belief, it is true, correct, and complete	an enrolled actuary, as	well as the electronic ve	ersion of th	is return/report, and to	the best of				
SIGN	17/4/2013	JEFF S TAYLO	OR						
Signature of plan administrator	Date /	Enter name of individua		as plan administrator					
SIGN	, ,								
HERE Signature of employer/plan sponsor	Date	Enter name of individua	al signing a	s employer or plan spo	nsor				
Preparer's name (including firm name, if applicable) and	address; include room	or suite number (option	al) Prepai	rer's telephone number	(optional)				
				·					
			=						
12									

Page	2.
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P	art III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Year				(b) End of	Year		
_a	Total plan assets	. 7a	288849			32639				
<u>b</u>					346 0	1000				
<u></u> C	Net plan assets (subtract line 7b from line 7a)	. 7c	288849			32639				
8	Income, Expenses, and Transfers for this Plan Year		(6	a) Amo	unt		(b) Total			
а	Contributions received or receivable from:									
	(1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)]			
	Other income (loss) SEE STATEMENT 1	8b			376	25				
_ <u>c</u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							37625	
d	Benefits paid (including direct rollovers and insurance premiums to provide									
	benefits)	8d								
_0	Certain deemed and/or corrective distributions (see instructions)	8e					1			
_ <u>f</u>	Administrative service providers (salaries, fees, commissions)	8f				75	STA	TEMEN	T 2	
9		8g		************						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)								75	
j	Net income (loss) (subtract line 8h from line 8c)	8i							37550	
Ţ	Transfers to (from) the plan (see instructions)	8j								
-	art IV Plan Characteristics									
98	If the plan provides pension benefits, enter the applicable pension feature of 2E	odes fron	n the List	of Plan	Charac	cteris	itic Code	s in the in	structions:	
ŀ	If the plan provides welfare benefits, enter the applicable welfare feature coo	des from t	the List of	Plan (Charact	eristi	c Codes	in the inst	ructions:	
D:	rt V Compliance Questions			•						
10	During the plan year:				Yes	No		Amoun		
	Was there a failure to transmit to the plan any participant contributions within the time p	period desc	rihad	T	163	140		Amoun		
	in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correct			10a		Х	l			
t	Were there any nonexempt transactions with any party-in-interest? (Do not inc		Q(111)	100						
_	transactions reported on line 10a.)			10Ь		Х	İ			
	Was the plan covered by a fidelity bond?			10c		Х			· · · · · ·	
	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond			1						
	was caused by fraud or dishonesty?			10d		Х	ĺ	- ·		
е	Were any fees or commissions paid to any brokers, agents, or other persons			1						
	carrier, insurance service or other organization that provides some or all of the	-								
	the plan? (See instructions.)			10e		X				
f	Has the plan failed to provide any benefit when due under the plan?			10f		Х				
	Did the plan have any participant loans? (If "Yes," enter amount as of year en			10g		Х				
h	If this is an individual account plan, was there a blackout period? (See instruc	tions								
	and 29 CFR 2520.101·3.)			10h		X				
i	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		X				
Pa	rt VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Ye	es," see ir	nstruction	s and	comple	te				
	Schedule SB (Form 5500) and line 11a below)							Yes	No	
<u>11a</u>	Enter the amount from Schedule SB line 39				1	11a				
12	Is this a defined contribution plan subject to the minimum funding requirements of section	on 412 of t	he Code or	section	302 of	ERIS/	4?	Yes	X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicab	le.)								
а	If a waiver of the minimum funding standard for a prior year is being amortized	in this pl	an year, s	ee inst	ruction	s, and	d enter t	he date of	the letter	
	ruling granting the waiver.		nth		Day			Year		
<u> </u>	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form	5500), an	d skip to	line 13	3.					
<u>b</u>	Enter the minimum required contribution for this plan year				1	2b				

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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 signature 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			Yes_	No	N/A
13a Has a resolution to terminate the plan been adopted in any plan year?			/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 control of the PBGC?				Yes	X No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s liabilities were transferred. (See instructions.)), identify the p	olan(s) to wh	ich assets or	
13c(1) Name of plan(s):	13c(2)	EIN(s)	13c(3)	PN(s)
Part VIII Trust Information (optional)					
14a Name of trust			EIN		