For	m 5500-SF	Short Form Annual Return/Report of Small Employee				<b>e</b> OMB Nos. 1210-0110 1210-0089		
	rtment of the Treasury nal Revenue Service		enefit Plan			2013		
	epartment of Labor enefits Security Administration	This form is required to be filed u Retirement Income Security Act of 19 the Internal F		tions 6057(b) and 6058				
	enefit Guaranty Corporation	<ul> <li>Complete all entries in accorda</li> </ul>			0-SF.	Ins	pection	
Part I	Annual Report Id	entification Information			0 01 .			
For calend	ar plan year 2013 or fisca			and ending 1	2/31/2	2013		
A This ref	urn/report is for:	🛛 a single-employer plan 🛛 🗌 a	multiple-employer pl	an (not multiemployer)		a one-partici	pant plan	
B This ref	urn/report is:	the first return/report	ne final return/report					
	[	an amended return/report	short plan year returr	n/report (less than 12 m	onths)	l i i i i i i i i i i i i i i i i i i i		
C Check	box if filing under:	] Form 5558	utomatic extension			DFVC progra	m	
	[	special extension (enter description)	)					
Part II	Basic Plan Inform	nation—enter all requested informati	on					
1a Name TAYLOR EN	of plan GINEERING, INC. RETI	REMENT PLAN			1b	Three-digit plan number (PN) ▶	001	
					1c	Effective date o	fplan	
2a Plan s	ponsor's name and addre	ess; include room or suite number (em	ployer, if for a single-	employer plan)	2b	Employer Identi		
400 M/ M/0					2c	Sponsor's telep 509-320	hone number	
SPOKANE,	SION AVE., SUITE 206 WA 99201				2d		see instructions)	
	dministrator's name and GINEERING, INC.		me Same as Plan	Sponsor Address	3b	Administrator's		
name	, EIN, and the plan numb	lan sponsor has changed since the las ber from the last return/report.	st return/report filed fo	r this plan, enter the	4b 4c	EIN		
<u>`</u>	or's name	the beginning of the plan year			-	PN	20	
	• •	the end of the plan year			5a		38	
		count balances as of the end of the pla			5b		38	
			•	•	5c		30	
	•	luring the plan year invested in eligible	•	,			🗙 Yes 🗌 No	
		ne annual examination and report of an See instructions on waiver eligibility an					X Yes 🗌 No	
		er line 6a or line 6b, the plan cannot						
-		plan, is it covered under the PBGC inst					Not determined	
Caution: A	popality for the late or	incomplete filing of this return/repo	rt will be assessed	inloss rossonable ca			<u>.</u>	
Under pena SB or Sche	alties of perjury and othe	r penalties set forth in the instructions, signed by an enrolled actuary, as well	I declare that I have	examined this return/rep	port, ir	cluding, if applic		
SIGN	Filed with authorized/va	lid electronic signature.	02/21/2014	MARK A. ARONSON				
HERE	Signature of plan adm	ninistrator	Date	Enter name of individ	lividual signing as plan administrator			
SIGN HERE								
	Signature of employe		Date	Enter name of individ				
JODI CALH RANDALL & 601 W. RIV SUITE 1600	OUN & HURLEY, INC. ERSIDE	ne, if applicable) and address; include	room or suite number	r (ορτιοπαι)	Prep	arer s telephone	number (optional) 3-5500	
SPOKANE,	WA 99201							

Part III Financial Information						
7 Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year
a Total plan assets	7a	295100	2			3821444
<b>b</b> Total plan liabilities	7b					57
C Net plan assets (subtract line 7b from line 7a)	7c	295100	2			3821387
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total	
a Contributions received or receivable from:		5436	2			
(1) Employers	8a(1)		-			
(2) Participants	8a(2)	14313	0			
(3) Others (including rollovers)	8a(3)	75228	7			
<b>b</b> Other income (loss)	8b	75220	/			0.40700
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					949780
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	7939	5			
e 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					79395
i Net income (loss) (subtract line 8h from line 8c)	8i					870385
j Transfers to (from) the plan (see instructions)	8j					
Part IV Plan Characteristics	•,					
b If the plan provides welfare benefits, enter the applicable welfare fe Part V Compliance Questions	eature codes	from the List of Plan Charac	cterist	ic Cod	es in tł	ne instructions:
10 During the plan year:				Yes	No	Amount
<ul> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> </ul>			10a		X	Anoun
<b>b</b> Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not incl	ude transactions reported	10b		Х	
C Was the plan covered by a fidelity bond?			10c	Х		400000
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?		-	10d		Х	
<ul> <li>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.)</li> </ul>						
			10e		x	
<ul> <li>f Has the plan failed to provide any benefit when due under the plan</li> </ul>			10e 10f		x x	
${f f}$ Has the plan failed to provide any benefit when due under the plan	n?		10f	X		4288
<b>f</b> Has the plan failed to provide any benefit when due under the plan	n? s of year end. (See instruction	) ons and 29 CFR		X		4288
<ul> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount as</li> <li>h If this is an individual account plan, was there a blackout period? (</li> </ul>	n? s of year end. (See instruction ne required no	) ) ons and 29 CFR otice or one of the	10f 10g	X	X	4288
<ul> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount at</li> <li>h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided th</li> </ul>	n? s of year end. (See instruction ne required no	) ) ons and 29 CFR otice or one of the	10f 10g 10h	X	X	4288
<ul> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount as</li> <li>h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>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</li> </ul>	n? s of year end (See instruction ne required no 1-3 ents? (If "Yes	) )ns and 29 CFR otice or one of the ," see instructions and com	10f 10g 10h 10i	Scheo	X X	
<ul> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount at</li> <li>h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.107</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirem</li> </ul>	n? s of year end. (See instruction ne required no 1-3 ents? (If "Yes	) ons and 29 CFR otice or one of the ," see instructions and com	10f 10g 10h 10i	Scheo	X X	(Form
<ul> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount as</li> <li>h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.107</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li> </ul>	n? s of year end. (See instruction ne required no 1-3 ents? (If "Yes com Schedule	) ons and 29 CFR otice or one of the ," see instructions and com SB (Form 5500) line 39	10f 10g 10h 10i plete	Scheo	X X lule SB	· (Form
<ul> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount as</li> <li>h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>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</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li> <li>11a Enter the unpaid minimum required contribution for current year from the second sec</li></ul>	n? s of year end. (See instruction ne required no 1-3 ents? (If "Yes rom Schedule requirements	) ) ons and 29 CFR otice or one of the ," see instructions and com SB (Form 5500) line 39 of section 412 of the Code	10f 10g 10h 10i plete	Scheo	X X lule SB	(Form
<ul> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount as</li> <li>h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>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</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li> <li>11a Enter the unpaid minimum required contribution for current year fr</li> <li>12 Is this a defined contribution plan subject to the minimum funding</li> </ul>	n? s of year end. (See instruction ne required no 1-3 ents? (If "Yes om Schedule requirements as applicable ng amortized	) ) ons and 29 CFR otice or one of the ," see instructions and com SB (Form 5500) line 39 of section 412 of the Code e.) n this plan year, see instruction	10f 10g 10h 10i plete or se	Schec	X X lule SB 11a 302 of	ERISA? Yes No
<ul> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount as</li> <li>h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.107</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li> <li>11a Enter the unpaid minimum required contribution for current year fr</li> <li>12 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,</li> <li>a If a waiver of the minimum funding standard for a prior year is beir</li> </ul>	n? s of year end. (See instruction ne required no 1-3 ents? (If "Yes om Schedule requirements as applicable ng amortized i	) ) ons and 29 CFR otice or one of the ," see instructions and com SB (Form 5500) line 39 s of section 412 of the Code e.) n this plan year, see instruction Mon	10f 10g 10h 10i plete or se	Schec	X Lule SB 11a 302 of	ERISA? Yes No

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		
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?	Ye	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 c of 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) t which assets or liabilities were transferred. (See instructions.)	0		
1	<b>3c(1)</b> Name of plan(s): 13	8 <b>c(2)</b> EIN	l(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)		1	
14a	lame of trust	<b>14b</b> Tru	ust's EIN	

Fo	rm 5500-SF	Short Form Annual R		of Small Emplo	yee	OMB Nos. 1210-0110 1210-0089	
	artment of the Treasury arnal Revenue Service	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employ			00	2013	
	Department of Labor Benefits Security Administration	Retirement Income Security Act of		ections 6057(b) and 6058		This Form is Open to Public	
Pension E	Benefit Guaranty Corporation	Complete all entries in accor	dance with the instru	ctions to the Form 550	0-SF.	Inspection	
Part I		entification Information	10010000				
For calend	dar plan year 2013 or fisca		1/01/2013	and ending		12/31/2013	
A This re	eturn/report is for:		a multiple-employer p	olan (not multiemployer)		a one-participant plan	
B This re	eturn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year retur	rn/report (less than 12 m	onths	)	
C Check	box if filing under:	Form 5558	automatic extension			DFVC program	
F		special extension (enter description					
Part II		nation—enter all requested inform	ation				
<b>1a</b> Name Taylor		nc. Retirement Plan			1b	Three-digit plan number (PN) ► 001	
						Effective date of plan 02/01/1990	
	ponsor's name and addre Engineering, I	ess; include room or suite number (enc.	mployer, if for a single	-employer plan)	2b	Employer Identification Number (EIN) 91-1349940	
106 W.	Mission Ave.,	Suite 206			2c	Sponsor's telephone number 509-328-3371	
Spokan	e	WA 99201			2d	Business code (see instructions) 541330	
		address Same as Plan Sponsor N	Jame Same as Plan	n Sponsor Address	3b	Administrator's EIN	
Taylor	Engineering, I	nc.				91-1349940	
106 W. Spokan	Mission Ave.,	Suite 206 WA 99201				Administrator's telephone number 509-328-3371	
		an sponsor has changed since the la er from the last return/report.	ast return/report filed for	or this plan, enter the	4b	EIN	
	or's name				4c	PN	
	1 100 0 10 10 10 10 10 10 10 10 10 10 10	the beginning of the plan year			5a	38	
		the end of the plan year		100000 - 1000 - 100	5b	38	
comp	lete this item)	count balances as of the end of the p			5c	30	
		uring the plan year invested in eligibl	Proceedings of a second s			X Yes No	
		e annual examination and report of a See instructions on waiver eligibility a				X Yes No	
If you	answered "No" to eithe	er line 6a or line 6b, the plan cann	ot use Form 5500-SF	and must instead use	Form	5500.	
c If the p	plan is a defined benefit pl	lan, is it covered under the PBGC in	surance program (see	ERISA section 4021)?		Yes No Not determined	
Caution: A	penalty for the late or i	ncomplete filing of this return/rep	ort will be assessed	unless reasonable cau	se is	established.	
Under pena SB or Sche	alties of perjury and other	penalties set forth in the instructions signed by an enrolled actuary, as we	s, I declare that I have	examined this return/rep	ort, in	cluding, if applicable, a Schedule	
SIGN	Mark 14	Arinan	2/20/14	Mark A. Aronso	n		
HERE	Signature of plan adm	inistrator	Date	Enter name of individu	al sig	ning as plan administrator	
SIGN	mark A.	Arimm	2/20/14	Mark A. Aronso	n		
HERE	Signature of employer	/plan sponsor	Date	Enter name of individu	ial sig	ning as employer or plan sponsor	
most Second and the	Contraction of the contract of	e, if applicable) and address; include	e room or suite numbe	r (optional)	Prep	arer's telephone number (optional)	
Jodi Ca Randali	alhoun l & Hurley, Inc.					509-838-5500	
	Riverside	1					
Suite 1				ľ	10	and a second	
Spokane		WA 99201					

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

7 Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year
a Total plan assets	7a	29	5100	)2		3821444
b Total plan liabilities	7b					57
C Net plan assets (subtract line 7b from line 7a)	7c	29.	5100	)2		3821387
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a Contributions received or receivable from:		and a second	5436	3		
(1) Employers	8a(1)		4313			
(2) Participants	8a(2)	1.	4313			
(3) Others (including rollovers)	8a(3)	7	5228	7		
<b>b</b> Other income (loss)	8b	1.	2220			949780
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			+-		545780
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		7939	95		
e 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		-			79395
Net income (loss) (subtract line 8h from line 8c)	8i		10			870385
J Transfers to (from) the plan (see instructions)	8j			-	-	
Part IV         Plan Characteristics           9a         If the plan provides pension benefits, enter the applicable pension for the applicabl						
2E       2G       2J       2K       3D       2F <b>b</b> If the plan provides welfare benefits, enter the applicable welfare fermion	ature codes	from the List of Plan Charac	cterist	ic Coc	les in tl	ne instructions:
Part V Compliance Questions						
10 During the plan year:				Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	ciary Correct	ion Program)	10a		Х	· · · · · · · · · · · · · · · · · · ·
b Were there any nonexempt transactions with any party-in-interest? on line 10a.)			10b		Х	
C Was the plan covered by a fidelity bond?			10c	Х		400000
d Did the plan have a loss, whether or not reimbursed by the plan's f or dishonesty?			10d		х	
e Were any fees or commissions paid to any brokers, agents, or othe insurance service, or other organization that provides some or all of	<ul> <li>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.)</li> </ul>					
			10e		Х	
f Has the plan failed to provide any benefit when due under the plan	ı?		10e 10f		X X	
			10f	X		4288
<ul> <li>g Did the plan have any participant loans? (If "Yes," enter amount as</li> <li>h If this is an individual account plan, was there a blackout period? (\$</li> </ul>	of year end. See instruction	) ons and 29 CFR		X		4288
<ul> <li>g Did the plan have any participant loans? (If "Yes," enter amount as</li> <li>h If this is an individual account plan, was there a blackout period? (\$2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided the</li> </ul>	of year end. See instruction	) ons and 29 CFR otice or one of the	10f 10g	X	Х	4288
<ul> <li>g Did the plan have any participant loans? (If "Yes," enter amount as</li> <li>h If this is an individual account plan, was there a blackout period? (\$2520.101-3.)</li> <li>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</li> </ul>	of year end. See instruction	) ons and 29 CFR otice or one of the	10f 10g 10h	X	Х	4288
<ul> <li>g Did the plan have any participant loans? (If "Yes," enter amount as</li> <li>h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>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</li> </ul>	e required no -3	) ons and 29 CFR ptice or one of the ," see instructions and com	10f 10g 10h 10i	Schec	X X	
<ul> <li>g Did the plan have any participant loans? (If "Yes," enter amount as</li> <li>h If this is an individual account plan, was there a blackout period? (\$2520.101-3.)</li> <li>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</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)</li> </ul>	of year end See instruction e required no -3 	) ons and 29 CFR otice or one of the ," see instructions and com	10f 10g 10h 10i	Schec	X X	
<ul> <li>g Did the plan have any participant loans? (If "Yes," enter amount as</li> <li>h If this is an individual account plan, was there a blackout period? (\$2520.101-3.)</li> <li>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</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below)</li> <li>11a Enter the unpaid minimum required contribution for current year from the subject to minimum function for current year from the subject to minimum function for current year from the subject to minimum function for current year from the subject to minimum function for current year from the subject to minimum function for current year from the subject to minimum function for current year from the subject to minimum function for current year from the subject to minimum function for current year from the subject to minimum function for current year from the subject to minimum function for current year from the subject to minimum function for current year from the subject to minimum function for current year from the subject to minimum function for current year from the subject to minimum function for current year from the subject to minimum function for current year from the subject to minimum function for current year from the subject to minimum function for current year from the subject to minimum function for current year from the subject to minimum function for current year from the subject to minimum function for current year from the subject to minimum function for current year from the subject to minimum function for current year from the subject to minimum function for current year from the subject to minimum function for current year from the subject to minimum function for current year from the subject to minimum function for current year from the subject to minimum function for current year from the subject to minimum function for c</li></ul>	e required no -3 -2 -3 -3 -3 -3 -3 -3 -3 -3 -3 -3 -3 -3 -3	) ons and 29 CFR otice or one of the ," see instructions and com SB (Form 5500) line 39	10f 10g 10h 10i	Schec	X X lule SE	(Form
<ul> <li>g Did the plan have any participant loans? (If "Yes," enter amount as</li> <li>h If this is an individual account plan, was there a blackout period? (\$2520.101-3.)</li> <li>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</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below)</li> <li>11a Enter the unpaid minimum required contribution for current year from 12 Is this a defined contribution plan subject to the minimum funding in the subject to the subject to the minimum funding in the subject to the</li></ul>	e required no -3 	) ons and 29 CFR otice or one of the ," see instructions and com SB (Form 5500) line 39 o of section 412 of the Code	10f 10g 10h 10i	Schec	X X lule SE	(Form
<ul> <li>g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (\$2520.101-3.)</li> <li>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</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below)</li> <li>11a Enter the unpaid minimum required contribution for current year from 12 Is this a defined contribution plan subject to the minimum funding in (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a If a waiver of the minimum funding standard for a prior year is being</li> </ul>	e required no -3 	) ons and 29 CFR otice or one of the ," see instructions and com SB (Form 5500) line 39 of section 412 of the Code e.) n this plan year, see instruct	10f 10g 10h 10i plete e or se	Schec	X X lule SE 11a 302 of	ERISA?
<ul> <li>g Did the plan have any participant loans? (If "Yes," enter amount as</li> <li>h If this is an individual account plan, was there a blackout period? (\$2520.101-3.)</li> <li>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</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below)</li> <li>11a Enter the unpaid minimum required contribution for current year from 12 Is this a defined contribution plan subject to the minimum funding in (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,</li> </ul>	of year end See instruction e required no -3 -3 -3 	) ons and 29 CFR otice or one of the ," see instructions and com SB (Form 5500) line 39 of section 412 of the Code e.) n this plan year, see instruc	10f 10g 10h 10i plete e or se	Schec	X X lule SE 11a 302 of	e date of the letter ruling