For	m 5500-SF	Short Form Annual Re		of Small Employ	yee		OMB Nos. 1210-0110 1210-0089	
	tment of the Treasury nal Revenue Service	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employe				2	2012	
	epartment of Labor enefits Security Administration	Retirement Income Security Act of 1		ctions 6057(b) and 6058		This Form is Open to Pub		
Pension Be	enefit Guaranty Corporation	Complete all entries in accord	ance with the instruc	ctions to the Form 550	0-SF.	Ins	spection	
Part I		lentification Information						
For calenda	ar plan year 2012 or fisca			and ending 1	2/31/2	2012		
A This ret	urn/report is for:	X a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-partici	oant plan	
B This ret	urn/report is:	the first return/report	he final return/report					
		an amended return/report	short plan year return	n/report (less than 12 mo	onths)			
C Check b	box if filing under:	Form 5558	automatic extension			DFVC progra	ım	
		special extension (enter description)					
Part II	Basic Plan Inforr	mation—enter all requested informa	tion		I			
1a Name					1b	Three-digit		
TAYLOR EN	GINEERING, INC. RETI	REMENT PLAN				plan number (PN) ▶	001	
					1c	Effective date o		
						02/01		
	consor's name and addr IGINEERING, INC.	ess; include room or suite number (en	ployer, if for a single-	employer plan)	2b	Employer Identi (EIN) 91-13	fication Number 49940	
106 W. MISS	SION AVE., SUITE 206				2c	Sponsor's telep 509-328		
SPOKANE,	WA 99201				2d	Business code (54133	see instructions)	
3a Plan a	dministrator's name and	address Same as Plan Sponsor Na	ime Same as Plan	Sponsor Address	3b	Administrator's		
TAYLOR ENG	INEERING, INC.	106 W. MISSIO SPOKANE, WA	NAVE., SUITE 206		20		49940 telephone number	
		plan sponsor has changed since the la	st return/report filed fo	or this plan, enter the	4b	EIN		
		per from the last return/report.			4c			
a Sponse		t the beginning of the plan year			40 5a		40	
		t the end of the plan year						
		count balances as of the end of the plan			5b		38	
		count balances as of the end of the p			5c		32	
6a Were	all of the plan's assets o	during the plan year invested in eligible	assets? (See instruct	tions.)			X Yes No	
		ne annual examination and report of a					X Yes 🗌 No	
		See instructions on waiver eligibility a er line 6a or line 6b, the plan canno					X Yes No	
		incomplete filing of this return/repo						
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	oort, ir	cluding, if applic		
SIGN	Filed with authorized/va	Ilid electronic signature.	06/26/2013	MARK A. ARONSON				
HERE	HERE				idual signing as plan administrator			
SIGN	orginature of plan au		Date			ining as plan adr		
SIGN HERE								
		ature of employer/plan sponsor Date Enter name of individ including firm name, if applicable) and address; include room or suite number (optional)					r or plan sponsor number (optional)	
JODI CALH	OUN HURLEY, INC. ERSIDE			(opilonal)	TOP	509-838		
SPOKANE,								

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

Part III Financial Information						
7 Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year
a Total plan assets	7a	251472				2951002
b Total plan liabilities	7b					
C Net plan assets (subtract line 7b from line 7a)	7c	251472	7			2951002
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a Contributions received or receivable from:						
(1) Employers	8a(1)	5642		_		
(2) Participants	8a(2)	14813	51			
(3) Others (including rollovers)	8a(3)					
b Other income (loss)	8b	39453	0	_		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					599082
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	16280	7			
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					162807
i Net income (loss) (subtract line 8h from line 8c)	8i					436275
j Transfers to (from) the plan (see instructions)	8j					100210
Part IV Plan Characteristics	0]					
 9a If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3D 2F b If the plan provides welfare benefits, enter the applicable welfare ferror for the applicable welfare for the applicable						
Part V Compliance Questions				Yes	Na	· · · · ·
10 During the plan year:a Was there a failure to transmit to the plan any participant contributions within the time period described in				162	No	Amount
 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest on line 10a.) 	? (Do not inc	lude transactions reported	10a 10b		х	
C Was the plan covered by a fidelity bond?				Х		
-			10c			400000
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d		X	
e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.)	of the benefits	s under the plan? (See	10e		X	
f Has the plan failed to provide any benefit when due under the pla	n?		10f		Х	
g Did the plan have any participant loans? (If "Yes," enter amount a	s of vear end	.)	10g		Х	
 h If this is an individual account plan, was there a blackout period? 2520.101-3.) 	(See instructi	ons and 29 CFR	10g		x	
 If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 	ne required n	otice or one of the	10i			
Part VI Pension Funding Compliance			-			
 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below). 						
11a Enter the amount from Schedule SB line 39					11a	
12 Is this a defined contribution plan subject to the minimum funding						ERISA? Ves 🗙 No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			2.00			
 a If a waiver of the minimum funding standard for a prior year is beir granting the waiver. 	ng amortized	in this plan year, see instrue		, and e	enter th Day	e date of the letter ruling Year
If you completed line 12a, complete lines 3, 9, and 10 of Schedule						
		<i>r</i> 1				

С	Enter	the amount contributed by the employer to the plan for this plan year	12c						
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d						
е		he minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A				
Part	rt VII Plan Terminations and Transfers of Assets								
13a	Has a	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X No					
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a						
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the pBGC?	control		Yes X No				
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) n 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)							

14a Name of trust	14b Trust's EIN

Bandball Bandbill Second and a second second and and a second and a second and and a second and and and and and and and and and a	Form 5500-SF	Short Form Annual R		of Small Employ	yee	OMB Nos. 1210-0110 1210-0089		
Desement return Referement hoome Security Aud of 1974 (ERISA), and sections 605(10) and 605(a) of the formal Security Aud of 1974 (ERISA), and sections 605(10) and 605(a) of the form 5000-SF. This Form is Open to Public (approximation of the form 5000-SF. Part II Annual Report Identification Information a single-employer plan (and and approximation of the form 5000-SF. a one-participant plan (approximation of the form 5000-SF. A This return/report is for: a single-employer plan (and and approximation of the form 5000-SF. a one-participant plan (approximation of the form 5000-SF. C Check box if filing under: from 5558 a anomatic extension DFVC program generating approximation generating approximation of the form 5000-SF. a one-participant plan (approximation of the form 5000-SF. Part II Basic Plan Informationenter al requested information a number of pain (approximation of the form 5000-SF. DFVC program Ta Name of plan This return/report generating approximation of the form 5000-SF. DFVC program 106 W. Mission Ave., Suite 206 Speckane Name of plan (approximation show the form 5000-SF. DFVC program 106 W. Mission Ave., Suite 206 Speckane Name of pain approximation show the form form of suite number (employer, if for a single-employer plan) 20 Employeredentification Number (EM) 91-1349940 2				nd 4065 of the Employe	<u>م</u>	2012		
Present Park Gaseriq (consult) > Complete all entries in accordance with the instructions to the Form 3500-SF. Inspection Part I Annual Report Identification Information 01/03/2012 and ending 12/33/2012 Foreixing any pays 2012 on 556 approach segming on 10/03/2012 and ending 12/33/2012 a one-participant plan B This return/report is: If the fart eturn/report is the fart eturn/report is the fart eturn/report B This return/report is: If the fart eturn/report is thot plan year return/report (less than 12 months) DFVC program C Check box if fling under: Form 5568 automatic advention DFVC program Taylor Engineering, Inc. Retirement Plan 10 Three-digit plan number (EN) 105 W. Mission Ave., Suite 206 20 Spokane 20 Spokane Spokane NA 99201 32 Plan administrator Stelephone number (EN) 541330 106 W. Mission Ave., Suite 206 Spokane NA 99201 32 Administrator Stelephone number (EN) - 320 × 328 - 3371 206 administrator Stelephone number from the last return/report field for this plan. enter the name. EN, and the plan number from the last return/report. <		Relirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058				This Form is Open to Public		
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For caleviar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012 A This return/report is for: Is single-employer plan in utilize-employer plan (not multiemployer) Is a one-participant plan B This return/report is In a manedad return/report is a bind plan year 701/01/2012 a one-participant plan C Check box if filing under: Form 5558 automatic extension DFVC program Special extension (enter description) Special extension DFVC program Part II Basic Plan Information—enter all requested information 10 14 Name of plan They class plan number (motion) 22a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 21 Employer Meridication Number 106 W. Mission Ave., Suite 206 22 Sponsor's telephone number 23 31.33.0 Spokane WA 99201 34 Address 35 36 Administrator's Eln 106 W. Mission Ave., Suite 206 Spokane WA 99201 36 Administrator's Eln 36 Administrator's Eln 250/kane WA 99201 36 Administrator's Eln 36 A	Part I Annual Report Id		ance with the moti du		0-01.			
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B This return/report In the first return/report In a mended return/report C Check box if filing under: Image: Stand St	A This return/report is for:	x a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-participant plan		
C Check box if filing under: ☐ prom 5558 ☐ automatic extension ☐ DFVC program Part II. Basic Plan Information—enter all requested information 1b Trave-digit plan Taylor Engineering, Inc. Retirement Plan 1b Trave-digit plan Taylor Engineering, Inc. 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Engineering, 1nc. 106 W. Mission Ave., Suite 206 2c Spokane WA 99201 3d Plan administrator's name and address Barne as Plan Sponsor Address 3b Administrator's EN 3d Plan administrator's name and address Barne as Plan Sponsor Address 3b Administrator's EN 106 W. Mission Ave., Suite 206 3c Administrator's EN 3c Administrator's EN 3d Plan administrator's name and address Barne as Plan Sponsor Address 3b Administrator's EN 106 W. Mission Ave., Suite 206 3c Administrator's EN 3c Administrator's EN 3pokane NA 99201 9c 3c Administrator's EN 4 If the name andro EN of Iho plan sponsor has charged since the last return/report filed for this plan, enter the namee file, and the plan number form the last return/report.	r	the first return/report	the final return/report					
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icplace anglemeter or grant and address; include room or suite number (employer, if for a single-employer plan) ic Effective date of plan 22 a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) ice N grant address; include room or suite number (employer, if for a single-employer plan) 106 W. Mission Ave., Suite 206 20 Employer identification Number (EIN 91-134 9940 Spokane WA 99201 3a Plan administrator's rame and address [Same as Plan Sponsor Name [Same as Plan Sponsor Address 3b Administrator's rations (Same as Plan Sponsor Address) 106 W. Mission Ave., Suite 206 3c Administrator's rate plan on number form the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 3c Administrator's rate plan on the start step in the plan year 5a Total number of participants at the beginning of the plan year 5a 40 4c PN 5a Total number of participants at the end of the plan year invested in eligible assets? (See instructions.) M Yes [No 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) M Yes [No 6a Administrator of the manue startow on wise eligibility and conditions.) M Yes [No 6a Administrator of the manue startow on wise eligibility and conditions.) M Yes [No 5a Total number of participants with an end of the plan year invested in eligible assets? (See instructi	1a Name of plan				1b	Three-digit		
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106 W. Mission Ave., Suite 206 2c Sponsor's telephone number 509-328-3371 Spokane WA 99201 3a Plan administrator's name and address []same as Plan Sponsor Name []same as Plan Sponsor Address 3b Administrator's EIN 91-134.994.0 Taylor Engineering, Inc. 3c Administrator's telephone number 509-328-3371 3c Administrator's telephone number 509-328-3371 3c Administrator's telephone number 509-328-3371 3c Administrator's telephone number 509-328-3371 3c Administrator's telephone number 509-328-3371 3c Administrator's telephone number from the last return/report. 3c Administrator's telephone number 509-328-3371 3c Administrator's telephone number from the last return/report. 4c PN 3c Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year 5a 4.00 c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 5c 3.2 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions) Xes [] Yes [] No b Are you chiming a wainer of the annual examination an dependent qualified public accountant ((QPA) under 20 CFR 2520.104-46? (See instructions on waiver eligible and engendent qualified public accountant (QPA) Yes [] No b Are you chiming awaire of the nane set the plan cannot use Form 5500-S and must instead use Form 5500. f			mployer, if for a single-	employer plan)	2b			
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Spokane WA 99201 541330 3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address 3b Administrator's EIN Taylor Engineering, Inc. 3b Administrator's EIN 3c Administrator's EIN 106 W. Mission Ave., Suite 206 3c Administrator's telephone number Spokane WA 99201 4 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. 4b EIN a Sponsor's name 5a 40 5a Total number of participants at the beginning of the plan year 5a 4c PN 5a 5c 32c 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Xere I Xere I b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (ICPA) Xere I No if you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalies of perjury and other penalies as of line address; include actuor, as well as the electronic version of this return/report, and to the best of my knowledge and belef	106 W. Mission Ave.,	Suite 206				Andreas and an and a second second		
Taylor Engineering, Inc. 91-1349940 3C Administrator's telephone number 106 W. Mission Ave., Suite 206 Spokane WA 99201 4 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. 4b EIN 3 Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year 5a 4 40 5b 386 38 c Number of participants at the end of the plan year 5a 4 40 score complete this item) 5c 326 a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Xers 0 b Are you claiming a valver of the annual examination and report of an independent qualified public accountant (IQPA) Xers 0 under 29 CFR 252:0.104467 (See instructions on waiver eligibile assets? (See instructions.) Xers 0 I Hyou answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Xers 0 Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Xers 0 Under penalties of perity and other penalties set forth in the instructions. Incelland the plan sponsor Signature of plan administrator Date	Spokane	WA 99201			2d			
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Spokane WA 99201		WA 99201						

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

7 Plan Assets and Liabilities	1				_			
		(a) Beginning of Yea	ır			(b) End	of Year	
a Total plan assets	7a	25	1472	27				295100
b Total plan liabilities	7b							
C Net plan assets (subtract line 7b from line 7a)	7c	25	1472	27				295100
8 Income, Expenses, and Transfers for this Plan Year	and the second	(a) Amount				(b) ⁻	Fotal	
a Contributions received or receivable from: (1) Employers	8a(1)		5642	1				
(2) Participants		14	4813	1				
(3) Others (including rollovers)	and the second second second	14			the state			
b Other income (loss)		3	9453	0	2012			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)								59908
d Benefits paid (including direct rollovers and insurance premiums				164				25.00
to provide benefits)	8d	10	6280)7				
e Certain deemed and/or corrective distributions (see instructions)	8e							
f Administrative service providers (salaries, fees, commissions)	8f							
g Other expenses	8g			0.1				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	1 1							16280
i Net income (loss) (subtract line 8h from line 8c)								43627
j Transfers to (from) the plan (see instructions)	··· 8j							
b If the plan provides welfare benefits, enter the applicable welfare Part V Compliance Questions	feature codes	from the List of Plan Charac	cterist	ic Cod	es in t	he instruct	ions:	
10 During the plan year:				Yes	No	l	Amoun	
 a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fic 			10a		x		Amoun	
b Were there any nonexempt transactions with any party-in-interes on line 10a.).	st? (Do not incl	ude transactions reported	10b		Х			
c Was the plan covered by a fidelity bond?			10c	Х				40000
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d				112100	
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.)					Х			
insurance service or other organization that provides some or all	of the benefits	under the plan? (See	10e		x x			
insurance service or other organization that provides some or all	of the benefits	under the plan? (See						
insurance service or other organization that provides some or all instructions.)f Has the plan failed to provide any benefit when due under the plan	of the benefits	under the plan? (See	10e 10f		x			
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