## 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).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

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

		<u>t Identification Informatio</u>					
For calenda		fiscal plan year beginning 01/01/2		and ending 12	/31/20	14	
A This ret	turn/report is for:	X a single-employer plan	of participating emplo	olan (not multiemployer) oyer information in accord		_	
<b>D</b> = 1		a one-participant plan	a foreign plan				
<b>B</b> This retu	urn/report is	the first return/report	the final return/report				
		an amended return/report	a short plan year retu	rn/report (less than 12 m	ontns)		
C Check b	box if filing under:	Form 5558 special extension (enter desc	automatic extension			DFVC progra	am
David II	Desta Blandaf						_
Part II		ormation—enter all requested in	nformation		1h	Three-digit	Ī
1a Name of TAYLOR EN	of plan NGINEERING, INC. R	ETIREMENT PLAN			10	plan number (PN)	001
					1c	Effective date of 02/01	•
<b>2a</b> Plan sp TAYLOR ENG	ponsor's name and a GINEERING, INC.	ddress; include room or suite num	ber (employer, if for a single	e-employer plan)	2b	Employer Identii (EIN) 91-13	fication Number 349940
106 W. MISS	SION AVE., SUITE 20	06			2c	Sponsor's telep	
SPOKANE, V					2d	Business code (	(see instructions)
	dministrator's name a		nsor. MISSION AVE., SUITE 206		3b	Administrator's I	
		ne plan sponsor has changed since umber from the last return/report.	e the last return/report filed	for this plan, enter the	4b	EIN	
name,			e the last return/report filed	for this plan, enter the	4c	PN	
name, <b>a</b> Sponso	, EIN, and the plan nu or's name		· 	· 		PN	38
name, a Sponso 5a Total r b Total r	, EIN, and the plan nu or's name number of participant number of participant	umber from the last return/report.  s at the beginning of the plan year s at the end of the plan year			4c 5a	PN <b>a</b>	38
name, a Sponso 5a Total r b Total r c Number complete	, EIN, and the plan nu or's name number of participant number of participant er of participants with ete this item)	umber from the last return/report.  s at the beginning of the plan year s at the end of the plan year	f the plan year (defined ben	efit plans do not	4c	PN a b	
name, a Sponso 5a Total r b Total r c Number complete	, EIN, and the plan nu or's name number of participant number of participant er of participants with ete this item)	umber from the last return/report.  s at the beginning of the plan year s at the end of the plan year	f the plan year (defined ben	efit plans do not	4c 5a 5l	PN a b c	40
name, a Sponso 5a Total r b Total r c Number completed(1) Total	, EIN, and the plan nu or's name number of participant number of participant er of participants with ete this item)	umber from the last return/report.  s at the beginning of the plan year s at the end of the plan year	of the plan year (defined ben	efit plans do not	4c 55 51 56	PN a b c 1)	40 34
name, a Sponso 5a Total r b Total r c Numbe comple d(1) Tota d(2) Tota e Numbe	, EIN, and the plan nu or's name number of participant number of participants er of participants with ete this item)	s at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year articipants at the beginning of the plan year	of the plan year (defined ben blan yearearearear year with accrued ben	efit plans do not	4c 5a 5b 5d 5d 6	PN  a b c 1) (2)	40 34 30
name, a Sponso 5a Total r b Total r C Numbe comple d(1) Tota d(2) Tota e Numbe less tha Caution: A Under pena	EIN, and the plan nuor's name number of participant number of participant er of participants with ete this item)	s at the beginning of the plan year at the end of the plan year.  articipants at the beginning of the plan year articipants at the end of the plan year articipants at the end of the plan year articipants at the end of the plan year terminated employment during the error incomplete filing of this return the penalties set forth in the instruction and signed by an enrolled actuary,	of the plan year (defined ben plan yearearplan year with accrued ben prn/report will be assessed	efit plans do not  efits that were  unless reasonable cause examined this return/re	4c 56 50 50 50 50 50 50 50 50 50 50 50 50 50	PN  a b c 1) (2) e established. acluding, if applic	34 30 30 0 able, a Schedule
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name, a Sponso 5a Total r b Total r c Numbe comple d(1) Tota d(2) Tota e Numbe less tha  Caution: A Under pena SB or Sche belief, it is t SIGN HERE	, EIN, and the plan nuor's name number of participant number of participant er of participants with ete this item)	s at the beginning of the plan year is at the end of the plan year	of the plan year (defined benchmark) plan year plan year with accrued benchmark printerport will be assessed actions, I declare that I have as well as the electronic versions.    02/20/2015   Date	efit plans do not  efits that were  unless reasonable cause examined this return/report  MARK A. ARONSON  Enter name of individ	4c 55 50 50 50 50 50 50 50 50 50 50 50 50	PN  a b c 1) (2) e established. cluding, if applicate the best of my uning as plan adm	40 34 30 30 0 able, a Schedule knowledge and
name, a Sponso 5a Total r b Total r c Numbe comple d(1) Tota d(2) Tota e Numbe less tha  Caution: A Under pena SB or Sche belief, it is t SIGN HERE  Preparer's JODI CALHO	p. EIN, and the plan nuor's name number of participant number of participant er of participants with ete this item)	s at the beginning of the plan year is at the end of the plan year	of the plan year (defined benchmark) plan year plan year with accrued benchmark printerport will be assessed actions, I declare that I have as well as the electronic versions.    02/20/2015   Date	efit plans do not  efits that were  unless reasonable cause examined this return/report  MARK A. ARONSON  Enter name of individ	4c 55 50 50 50 50 50 50 50 50 50 50 50 50	PN  a b c 1) (2) e established. cluding, if applicate the best of my uning as plan adm	able, a Schedule knowledge and ministrator er or plan sponsor number (optional)

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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 under 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 be a continuous control of the plan cannot be a control of the control of th	an indeper and condit ot use Fo	ndent qualified public accounta ions.)rm 5500-SF and must instead	int (IQ d <b>d use</b>	PA) Form	5500.		X	Yes Yes	No
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40	)21)?		Yes	No	Not	deterr	nined
Par	t III   Financial Information	1	Г		-					
	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End			
	Total plan assets	7a	38214	57	-			4	139760	)2 57
	Total plan liabilities	7b	38213						;  3975	
	Net plan assets (subtract line 7b from line 7a)	7c		)O1	+		4.5		10010	+0
	Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amount				(b) 1	otai		
	(1) Employers	8a(1)	558	350						
	(2) Participants	8a(2)	1451	188						
	(3) Others (including rollovers)	8a(3)	1350							
b	Other income (loss)	8b	2423	360						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							57846	50
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	22	202						
	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	1	100						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							230	)2
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							5761	58
j_	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
b		eature cod	les from the List of Plan Charac	cterist	1		he instruct			
10	During the plan year:  Was there a failure to transmit to the plan any participant contribution.	tiono withi	n the time natical described in		Yes	No		Amo	unt	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	iciary Cor	rection Program)	10a		X				
	on line 10a.)	·····		10b		X				
C	Was the plan covered by a fidelity bond?			10c	Χ					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 instructions.)	of the ben	efits under the plan? (See	10e		X				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g	X					5321
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 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						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	No
11a	Enter the unpaid minimum required contribution for current year fr					11a				
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection	302 of	ERISA?		Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,		·							
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter th Day		he let Yea		ing 

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lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to lin	e 13.				
b	Enter the minimum required contribution for this plan year			12b			
С	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 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?			Y	es X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer the	nis year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		•	ontrol		Yes	( No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	in to another plan(s), ide	ntify the plan(s) to	)			
1	3c(1) Name of plan(s):		130	c(2) EI	N(s)	<b>13c(3)</b> P	N(s)
			1			l	

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

## 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).

2014

1210-0089

OMB Nos. 1210-0110

This Form is Open to

**Public Inspection** 

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

Part I	Annual Report	Identification Information	1			***************************************			
For calend	ar plan year 2014 or fi	scal plan year beginning	01/01/2014	and ending	12/31/	2014			
A This re	a single-employer plan  a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions)								
		a one-participant plan	a foreign plan						
B This reti	urn/report is	the first return/report	the final return/report						
an amended return/report a short plan year return/report (less than 12 m									
C Check	box if filing under:	Form 5558	automatic extension		DFVC p	orogram			
		special extension (enter desc	cription)						
Part II	Basic Plan Info	ormation—enter all requested in	formation						
1a Name of plan Taylor Engineering, Inc. Retirement Plan					1b Three-digi				
					1c Effective d				
<b>2a</b> Plans Taylor	ponsor's name and ad Engineering,	ldress; include room or suite numb Inc.	er (employer, if for a single	-employer plan)		dentification Number			
106 W.	Mission Ave.	, Suite 206			2c Sponsor's 509-328	telephone number			
Spokane	e	WA 99201				ode (see instructions)			
3a Plan a	dministrator's name a	nd address Same as Plan Spon	sor.		3b Administra	tor's EIN			
	Engineering,				91-1349940 <b>3c</b> Administrator's telephone number				
106 W.	Mission Ave.	, Suite 206			200 200 200 200 200 200 200 200 200 200	509-328-3371			
Spokane		WA 99201							
4 If the r	name and/or EIN of the , EIN, and the plan nu	e plan sponsor has changed since mber from the last return/report.	the last return/report filed f	or this plan, enter the	4b EIN				
	or's name				4c PN				
5a Total r	number of participants	at the beginning of the plan year.			5a	38			
<b>b</b> Total r	number of participants	at the end of the plan year			5b	40			
		account balances as of the end of			5c	34			
<b>d(1)</b> Tota	al number of active pa	rticipants at the beginning of the p	lan year		5d(1)	30			
<b>d(2)</b> Tota	al number of active pa	rticipants at the end of the plan ye	ar		5d(2)	30			
	er of participants that to an 100% vested	erminated employment during the		efits that were	5e	0			
Caution: A	penalty for the late	or incomplete filing of this retur	n/report will be assessed	unless reasonable cau	ise is establishe	d.			
Under pena SB or Sche	alties of perjury and ot	her penalties set forth in the instrund signed by an enrolled actuary.	ctions, I declare that I have	examined this return/rep	port, including, if a	pplicable, a Schedule			
SIGN	-11	wyspen	2/12/15	Mark A. Aronso	on				
HERE	Signature of plan a	dministrator	r Date Enter name of indi		ual signing as pla	n administrator			
SIGN	Mark H	ninin	2/12/15 Mark A. Arons		on				
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individ	ual signing as em	ployer or plan sponsor			
		ame, if applicable) and address (in	nclude room or suite numbe	er ) (optional)	Preparer's telep	hone number (optional)			
Jodi Ca		20			509-	838-5500			
	l & Hurley, In Riverside	IC.							
Suite 1	20000000								
Spokane	9	WA 99201			CONTRACTOR OF THE PARTY OF THE				

	Form 5500-SF 2014		Page <b>2</b>							
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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either line 6a or line 6b, the plan cannot be the plan cannot be the plan in the second	an independe and condition not use Form	ent qualified public accountans.) n 5500-SF and must instea	ant (IC	PA) Form	5500.		X   X	Yes	No No
	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance prog	gram (see ERISA section 40	)21)?		Yes	∐No ∐	Not	deter	mined
	t III Financial Information	ALIE TO SHARE								
-	Plan Assets and Liabilities	ESTREPHS.	(a) Beginning of Yea		+		(b) End	of Ye	700000	07600
	Total plan assets	7a	38	2144	57				43	97602
	Total plan liabilities  Net plan assets (subtract line 7b from line 7a)		3.0	2138	_				12	57 97545
_	Income, Expenses, and Transfers for this Plan Year	7c	A CALL CONTROL OF THE CALL	2130	+		/b) 7	otal	- 13	77343
-	Contributions received or receivable from:		(a) Amount		953		(b) T	otai		19000
	(1) Employers	. 8a(1)		5585	0					
	(2) Participants	. 8a(2)	1.	4518	88					
	(3) Others (including rollovers)	. 8a(3)		3506						
	Other income (loss)	8b	2.	4236	50					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						001-6	5	78460
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		220	2					
	Certain deemed and/or corrective distributions (see instructions)	8e	1 (a)		150					
	Administrative service providers (salaries, fees, commissions)	. 8f		10	00					
was a	Other expenses	8g			100				e Year	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)									2302
i	Net income (loss) (subtract line 8h from line 8c)	. 8i							5	76158
j	Transfers to (from) the plan (see instructions)	8i	3. V-2.00V 3.41 1		243					
Part	If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides wel	eature codes	from the List of Plan Charac	cterist	ic Cod	es in th	e instructi	ons:		
10	During the plan year:				Yes	No		Amo	unt	
	Was there a failure to transmit to the plan any participant contribu	tions within the	he time period described in		100			AIIIO	unt	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide			10a		Х				
	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				4	00000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х				
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 benefit	ts under the plan? (See	10e		Х				
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 year end	l.)	10g	Х					5321
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		х				
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	he required n	otice or one of the	10i						
Part	VI Pension Funding Compliance					ber er er er be				
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							П	Yes	No
11a	Enter the unpaid minimum required contribution for current year for					11a				
12	Is this a defined contribution plan subject to the minimum funding	requirement	s of section 412 of the Code	orse	ection :	302 of E	ERISA?		Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below								1111111	
а	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.				, and e	enter the Day		he lett Year		ing