-	m 5500-SF	Short Form Annu	/ee	OMB Nos. 1210-011 1210-008						
	rtment of the Treasury nal Revenue Service	This form is required to be file	Benefit Plan d under sections 104 and	4065 of the Employee Retir	2015					
Employee B	epartment of Labor enefits Security Administration	Income Security Act of 1974	(ERISA), and sections 60 Revenue Code (the Cod		ternal	This Form is Open to Public Inspection				
	enefit Guaranty Corporation	Complete all entries in a	accordance with the ins	tructions to the Form 5500)-SF.		•			
For calenda		Identification Information	015	and ending 12/3	1/2015					
		X a single-employer plan		plan (not multiemployer) (Fi		cking this bo	ox must attach a			
A This ret	A This return/report is for: a one-participant plan ist of participating employer information in accordance with the form instructions) a foreign plan									
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 mont	ths)					
C Check	box if filing under:	Form 5558	automatic extension		[] I	DFVC progr	am			
		special extension (enter descr	iption)							
Part II	Basic Plan Info	prmation—enter all requested inf	ormation							
1a Name D.R. STROM		IGINEERS INC. EMPLOYEES' RE	TIREMENT PLAN	1	b Thre plan (PN)	number	001			
						tive date of				
							1/1985			
Mailing	g address (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.C ce, country, and ZIP or foreign posta			2b Emp (EIN)	ication Number 134699				
	G CONSULTING EN		ai code (il foreign, see ins	2	2c Spor	onsor's telephone number 425-827-3063				
				2	2d Busir		see instructions)			
620 7TH AVE KIRKLAND, V					541990					
,						0410				
3a Plan administrator's name and address Same as Plan Sponsor.				3	3b Administrator's EIN					
				3	3C Admi	nistrator's t	elephone number			
4 If the r	amo and/or EIN of th	e plan sponsor has changed since	the last return/report filed	for this plan optor the	b EIN					
name	, EIN, and the plan nu	mber from the last return/report.	ine last return/report lieu							
a Sponse					с PN 5а		37			
		s at the beginning of the plan year			5a 5b		41			
		at the end of the plan year					17			
					5c		37			
d(1) Tota	al number of active pa	articipants at the beginning of the pla	an year		5d(1)		23			
		articipants at the end of the plan yea			5d(2)		27			
		terminated employment during the			5e		3			
Caution: A	penalty for the late	or incomplete filing of this return	/report will be assesse	d unless reasonable cause						
SB or Sche		ther penalties set forth in the instruction nd signed by an enrolled actuary, a plete.								
SIGN		/valid electronic signature.	07/26/2016	LUAY JOUDEH						
HERE	Signature of plan a	administrator	Date	Enter name of individual	signing	as plan adm	ninistrator			
SIGN										
HERE	Signature of emplo		Date	Enter name of individual						
Preparer's	name (including firm i	name, if applicable) and address (in	clude room or suite numb	per) P	reparer's	telephone	number			
For Paperw	ork Reduction Act Noti	ce and OMB Control Numbers, see the	e instructions for Form 550	0-SF.			Form 5500-SF (2015)			

		r age z						
6a Were all of the plan's assets during the plan year invested in eligil	ole assets?	(See instructions.)					X Yes No	
b Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility							X Yes No	
If you answered "No" to either line 6a or line 6b, the plan can		,						
C If the plan is a defined benefit plan, is it covered under the PBGC i	nsurance p	rogram (see ERISA sec	ction 40	021)?		Yes	No Not determined	
Part III Financial Information								
7 Plan Assets and Liabilities		(a) Beginning	of Yea	ar			(b) End of Year	
a Total plan assets	. 7a		4292	246			4108596	
b Total plan liabilities	. 7b							
C Net plan assets (subtract line 7b from line 7a)	. 7c		4292	246			4108596	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) Total	
 a Contributions received or receivable from: (1) Employers 	. 8a(1)		75	549				
(2) Participants	. 8a(2)		102	197				
(3) Others (including rollovers)								
b Other income (loss)	. 8b		13	169				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						190915	
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		322541					
e Certain deemed and/or corrective distributions (see instructions)	. 8e		28643					
f Administrative service providers (salaries, fees, commissions)			23381					
g Other expenses	. 8g							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	-						374565	
i Net income (loss) (subtract line 8h from line 8c)							-183650	
j Transfers to (from) the plan (see instructions)								
Part IV Plan Characteristics	0)							
9a If the plan provides pension benefits, enter the applicable pension 3D 2E 2F 2G 2J 2K 2T	n feature co	odes from the List of Pla	n Chai	acteris	stic Co	des in t	the instructions:	
B If the plan provides welfare benefits, enter the applicable welfare	feature coc	les from the List of Plan	Chara	cterist	ic Coc	les in th	ne instructions:	
Part V Compliance Questions								
10 During the plan year:				Yes	No	N/A	Amount	
a Was there a failure to transmit to the plan any participant contribu	utions withi	n the time period					Anount	
described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary F	iduciary Correction	10a		х			
b Were there any nonexempt transactions with any party-in-interes			IVa					
reported on line 10a.)			10b		Х			
C Was the plan covered by a fidelity bond?			10c	Х			300000	
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		x			
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.).			10e		Х			
f Has the plan failed to provide any benefit when due under the plan?					Х			
g Did the plan have any participant loans? (If "Yes," enter amount a	as of year e	end.)	10g	Х			1391	
h If this is an individual account plan, was there a blackout period? 2520.101-3.)		uctions and 29 CFR	10h		Х			
 If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10 	the require	d notice or one of the	10ii					

		,						
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)					Yes	X No	
11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40	0			11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the	ne Code	e or se	ction 3	302 of E	RISA?	Yes	X No

10j

j Did the plan trust incur unrelated business taxable income?

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					1			
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
a	a 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							
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		.			
b	Enter	the minimum required contribution for this plan year		12b				
-		the amount contributed by the employer to the plan for this plan year		12c				
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A	
Part	Part VII Plan Terminations and Transfers of Assets							
13a Has a resolution to terminate the plan been adopted in any plan year?						es X No		
		es," enter the amount of any plan assets that reverted to the employer this year		13a				
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou						
	of th	e PBGC?	-			Yes X	No	
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi h assets or liabilities were transferred. (See instructions.)	fy the plan(s) to					
1	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)	
Part	VIII	Trust Information	-					
14a	Name	of trust		14b	Trusťs E	IN		
14c	Nam	e of trustee or custodian		14d Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions						
15a	Is th	e plan a 401(k) plan?		Ye	es	No		
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		b h	esign- ased safe arbor nethod		ADP/ACP test	
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?		Y	es	No	No	
16a	Chec	k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):	Цр	atio ercentag est		erage nefit test	
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con lan with any other plans under the permissive aggregation rules?	0	Ye	es	No		
17a	Has	he plan been timely amended for all required tax law changes?		Ye	es	No	N/A	
	for ta	the last plan amendment/restatement for the required tax law changes was adopted///x law changes and codes).	•				tructions	
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placer letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable 	IRS opinion	or	
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	in's last fa	avorable		
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		Ye	S	No		
19	Were	in-service distributions made during the plan year?		Ye	es	No		
	lf "Y€	es," enter amount		19				
20	Were	required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w d), as required under section 401(a)(9)?		Y	es	No	N/A	

For	m 5500-SF						OMB Nos. 1210-0110 1210-0089					
	tment of the Treasury nal Revenue Service	This form is required to be file	Benefit Plan d under sections 104 and 4	065 of the Employee Ret	5 of the Employee Retirement							
Employee Be	partment of Labor enefits Security Administration	Income Security Act of 1974	(ERISA), and sections 605 Revenue Code (the Code	7(b) and 6058(a) of the Ir	B(a) of the Internal This Form is Open Public Inspection							
	enefit Guaranty Corporation	Complete all entries in		uctions to the Form 550	0-SF.							
Part I For calenda		dentification Information cal plan year beginning	01/01/2015	and ending	12	/31/201	5					
-1 01 00101100		X a single-employer plan		an (not multiemployer) (F								
A This return/report is for: a one-participant plan list of participating employer information in accordance with the form instr												
${f B}$ This retu	ırn/report is	the first return/report	the final return/report									
		an amended return/report	a short plan year returr	n/report (less than 12 mor	nths)							
C Check b	box if filing under:	Form 5558	automatic extension		[] [OFVC prog	ram					
		special extension (enter desc	, ,									
Part II		mation—enter all requested in	formation									
1a Name	•				1b Thre	e-digit number						
		NG ENGINEERS INC.			(PN)		001					
EMPLOIE	ES' RETIREMENT	PLAN		-		tive date o						
						01/198						
Mailing	address (include room	er, if for a single-employer plan) , apt., suite no. and street, or P.C). Box)			oyer Identi 91-11	fication Number 34699					
-		, country, and ZIP or foreign post	al code (if foreign, see instr	uctions)			hone number					
INC.	RONG CONSULTIN	NG ENGINEERS				5) 827.						
							(see instructions)					
620 7TH	AVENUE				541990							
KIRKLAN	D		WA	98033								
3a Plan ad	dministrator's name and	address XSame as Plan Spons	sor.	:	3b Administrator's EIN							
				;	3c Administrator's telephone number							
4 If the n	ame and/or EIN of the	plan sponsor has changed since	the last return/report filed fo	or this plan, enter the	4b EIN							
	•	ber from the last return/report.			4c PN							
a Sponso		t the descion of the plan were			5a		37					
		at the beginning of the plan year			5b		41					
	a sea a sea tana tana in a sa ana ana a	at the end of the plan year ccount balances as of the end of		-			41					
					5c		37					
d(1) Tota	al number of active part	icipants at the beginning of the pl	an year		5d(1)		23					
. ,		icipants at the end of the plan year			5d(2)		27					
		erminated employment during the			5e	_	2					
than 1	100% vested		/report will be accessed			lichod	3					
Under pena	alties of periury and othe	r incomplete filing of this return er penalties set forth in the instruc	tions. I declare that I have	examined this return/repo	e is estab	ng, if applic	able, a Schedule					
SB or Sche	dule MB completed and rue, correct, and compl	signed by an enrolled actuary, a	s well as the electronic ver	sion of this return/report, a	and to the	best of my	knowledge and					
SIGN Judgeste 7/20/16 LUAY JOUDEH												
HERE	Signature of plan ad	Signature of plan administrator Date Enter name of individual signi					ninistrator					
SIGN												
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sp					r or plan sponsor							
Preparer's		me, if applicable) and address (ir				telephone						
				_								
					Philippine State							

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5500) and line 11a below).

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b	Were all of the plan's assets during the plan year invested in eligib 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 can	an indepe and condi not use Fo	ndent qualified public a tions.) orm 5500-SF and mus	account t instea	tant (IC ad use	PA) Form	n 5500.	X Yes 🗌 No			
	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance	brogram (see ERISA se	ection 4	1021)?		res				
	rt III Financial Information					-		(h) Find of Voor			
	Plan Assets and Liabilities		(a) Beginning	g of Ye 4,29	ar 2,24	6		(b) End of Year 4,108,596			
<u> </u>	Total plan assets	. 7a 7b				-		· · · ·			
<u>b</u>		. 7b		4,29	2 24	6		4,108,596			
	Net plan assets (subtract line 7b from line 7a)	. 7c			2/21	<u> </u>		(b) Total			
<u>8</u> a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amoເ								
a	(1) Employers	. 8a(1)		7	5 , 54	9					
	(2) Participants	. 8a(2)		10	2,19	7					
	(3) Others (including rollovers)	. 8a(3)									
b	Other income (loss)	. 8b		1	3,16	9					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						190,915			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		32	2,54	1					
e	Certain deemed and/or corrective distributions (see instructions)	. 8e			8,64						
	Administrative service providers (salaries, fees, commissions)	. 8f		2	3,38	1					
q	Other expenses	. 8g									
	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						374,565			
_	Net income (loss) (subtract line 8h from line 8c)							-183,650			
i	Transfers to (from) the plan (see instructions)	. 8j									
Dai	t IV Plan Characteristics					1997, 1999					
9a B	If the plan provides pension benefits, enter the applicable pension 3D 2E 2F 2G 2J 2K 2T If the plan provides welfare benefits, enter the applicable welfare f										
Par											
10	During the plan year:				Yes	No	N/A	Amount			
	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	/oluntary I	iduciary Correction	10a		x					
d	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	•		10b		x					
С	Was the plan covered by a fidelity bond?			10c	Х			300,000			
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х					
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		x					
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			Х			1,391			
h	If this is an individual account plan, was there a blackout period? 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	he require	d notice or one of the	10i							
j	Did the plan trust incur unrelated business taxable income?			10j							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							(Form			

11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40	11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 3	302 of E	RISA?	ΙΓ	Yes

X No

	Form 5500-SF 2015 Page 3 -						
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver.	structions, and e	enter th Day	e date of t	he letter ru Year	ling	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line				1001		
	Enter the minimum required contribution for this plan year		12b				
	Enter the amount contributed by the employer to the plan for this plan year		12c				
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)	left of a	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?			Yes	K 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 brou of the PBGC?				Yes 🛛	No	
с	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi which assets or liabilities were transferred. (See instructions.)	fy the plan(s) to					
	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)	
Part	VIII Trust Information						
Southernery.	Name of trust		14b Trust's EIN				
ι τ α							
14c	Name of trustee or custodian		14d Trustee's or custodian's telephone number				
Par	IX IRS Compliance Questions			5 - 1			
15a	Is the plan a 401(k) plan?		🗌 Ye	s	No		
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	esign- ised safe irbor ethod	ADP/ACP test		
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.42(a)(2)(ii))?	urrent year l01(m)-	🗌 Ye	s	No		
16a	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section	on 410(b):		atio ercentage st	Average benefit test		
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by com this plan with any other plans under the permissive aggregation rules?		C Ye	s	No		
17a	Has the plan been timely amended for all required tax law changes?	••••••	[] Ye	S	🗌 No	🗌 N/A	
	Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).	Enter the ap	-		_ (See inst		
17c	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pla advisory letter, enter the date of that favorable letter and the letter's serial nu		t to a fa	vorable IF	RS opinion	or	
17d	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, e determination letter	and the second sec	the plai	n's last fav	vorable		
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?			3	No No		
19	Were in-service distributions made during the plan year?] Ye	s	No		
	If "Yes," enter amount		19				
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w retired), as required under section 401(a)(9)?] Ye	s	No	N/A	