Form 5500-SF		Short Form Annu	•	oyee	OMB Nos. 1210-0110 1210-0089					
Department of the Treasury Internal Revenue Service		<b>Benefit Plan</b> This form is required to be filed under sections 104 and 4065 of the Employee F								
Employee B	epartment of Labor enefits Security Administration	Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Revenue Code (the Code).				This Form is Open to Public Inspection				
	enefit Guaranty Corporation	structions to the Form 550	00-SF.							
For calenda	Annual Report Ic Ar plan year 2016 or fisc	dentification Information al plan year beginning 02/01/2	016	and ending 12/	/31/2016					
		a single-employer plan		plan (not multiemployer) (F		king this box mu	ist attach a			
A This ret	A This return/report is for: a one-participant plan list of participating employer information in acc a foreign plan									
<b>B</b> This retu	urn/report is	the first return/report an amended return/report	the final return/repo	rt turn/report (less than 12 mo	onths)					
C Check	box if filing under:	 ] Form 5558	automatic extension		DFVC p	rogram				
		special extension (enter descr	iption)							
Part II		mation—enter all requested inf	ormation	T						
<b>1a</b> Name ORION ENG	of plan INEERS RETIREMENT	PLAN			1b Three plan (PN)	number	001			
					1c Effect	tive date of plant 02/01/201				
Mailing	address (include room,	er, if for a single-employer plan) , apt., suite no. and street, or P.C country, and ZIP or foreign poot			2b Empl (EIN)	oyer Identificati 81-12385				
	TNERS, PLLC	country, and ZIP or foreign post	ai code (il foreign, see ir	istructions)	2c Sponsor's telephone number 808-282-7986					
3416 - 241ST ISSAQUAH,				-	2d Business code (see instructions) 237990					
<b>3a</b> Plan a	dministrator's name and	address X Same as Plan Spor	nsor.		<b>3b</b> Admi	nistrator's EIN				
					3C Admi	nistrator's telep	hone number			
4 If the r	name and/or EIN of the p	blan sponsor has changed since	the last return/report file	d for this plan, enter the	4b EIN					
	, EIN, and the plan num or's name	ber from the last return/report.		-	<b>4c</b> PN					
5a Totalı	number of participants a	t the beginning of the plan year			5a		0			
_		t the end of the plan year		F	5b		8			
C Numb	er of participants with ac	ccount balances as of the end of	the plan year (only defin	ed contribution plans	5c		4			
<b>d(1)</b> Tota	al number of active parti	cipants at the beginning of the pl	an year		5d(1)		0			
<b>d(2)</b> Tot	al number of active parti	cipants at the end of the plan yea	ar		5d(2)		8			
		rminated employment during the			5e		C			
		incomplete filing of this return								
SB or Sche		er penalties set forth in the instruct I signed by an enrolled actuary, a ete.								
SIGN	Filed with authorized/va	with authorized/valid electronic signature. 03/06/2017 SHANNON HOLMAN		SHANNON HOLMAN	IAN					
HERE	Signature of plan ad	ignature of plan administrator Date Enter name of individu				as plan adminis	strator			
SIGN HERE										
	Signature of employer/plan sponsor         Date         Enter name of individu           name (including firm name, if applicable) and address (include room or suite number )         Image: Comparison of the second secon					as employer or s telephone nun				
		,		····· /						
		see the Instructions for Form 5500				_	5500-SE (2016)			

6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)									
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									
С	If the plan is a defined benefit plan, is it covered under the PBGC ir							No Not de	termined	
Pa	rt III Financial Information						-			
7	Plan Assets and Liabilities		(a) Beginning	of Year			(	b) End of Year		
а	Total plan assets	7a		0				38949	95	
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c		0				38949	95	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t				(b) Total		
а	Contributions received or receivable from:									
	(1) Employers	8a(1)			_					
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)		414591						
b	Other income (loss)	8b		12904						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)						42749	95		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		38000						
е	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						380	00	
i	Net income (loss) (subtract line 8h from line 8c)	8i					38949	95		
j	Transfers to (from) the plan (see instructions)	8j								
Pa	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension $2E$ $2G$ $2J$ $2K$ $2T$ $3D$	feature co	odes from the List of Pl	an Chai	acteris	stic Co	odes in	the instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	les from the List of Pla	n Chara	cterist	ic Coo	les in t	ne instructions:		
Pa	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A	Amoun	t	
e	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Drogram)	/oluntary F	Fiduciary Correction	10-		х				
k	<ul> <li>Program)</li> <li>Were there any nonexempt transactions with any party-in-interest reported on line 10a.)</li> </ul>	t? (Do not	include transactions	10a 10b		Х				
c	Was the plan covered by a fidelity bond?			10c		Х				

Х by fraud or dishonesty? ..... 10d е 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 Х the plan? (See instructions.)..... 10e Х 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-end.) ..... g 10g h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR Х 2520.101-3.) ..... 10h 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

133614

d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused

Part	VI	Pension Funding Compliance							
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co m 5500) and line 11a below)						Yes	No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Con						Yes 🗙	No
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				•••••			
а		valver of the minimum funding standard for a prior year is being amortized in this plan year, see instr	uctior	ns, and	l enter t	he date	of the lette	er ruling	
	gran	ting the waiver	onth _	-	_ Day		Year_		
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	3.						
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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le ative amount)			12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A	۱
Part	VII	Plan Terminations and Transfers of Assets							
13a	Has	a resolution to terminate the plan been adopted in any plan year?				Yes	5 X N	lo	
		es," enter the amount of any plan assets that reverted to the employer this year			13a				
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough rol of the PBGC?	nt und	er the			Yes	< No	
C	lf, du	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th assets or liabilities were transferred. (See instructions.)			to				
		Name of plan(s):		13c(2)	EIN(s) <b>13c(3)</b> PN(s)				)
	. ,			. ,	. /			, ()	
Part	VIII	Trust Information							
14a	Name	of trust			14b ⊺	Frust's E	EIN		
14c	Name	e of trustee or custodian					s or custoc ne number	lian's	
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes		[	No		
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section )(3) for the plan year? Check all that apply:		Desig safe h	n-based "Prior year" ADP test				Ρ
				"Curre ADP t	ent year est		N/A		
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	entage		verage enefit test		N/A
16b		he plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No		
	the le		-			-			of
	letter		ter the	e date	of the m	ost rece	ent determ	ination	
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not separ ce?		from	Ye	s [	No		

	orm 5500-SF	Short Form Annu	ployee	OMB Nos. 1210-0110 1210-0089				
	Department of the Treasury Internal Revenue Service	This form is required to be file	Retirement	2016				
Employ	Department of Labor ree Benefits Security Administration	Income Security Act of 1974	057(b) and 6058(a) of t	he internal	This Form is Open to			
	on Benefit Guaranty Corporation	Complete all entries in	Revenue Code (the Code).  Complete all entries in accordance with the instructions to the Form					
Part For cale	Annual Report I	dentification Information						
		cal plan year beginning 02/01/20 X a single-employer plan		and ending 12				
A This	return/report is for:	X a single-employer plan	a multiple-employer list of participating e a foreign plan	plan (not multiemployer employer information in	) (Filers check accordance w	ing this box must attach a ith the form instructions.)		
<b>B</b> This i	return/report is	X the first return/report	the final return/report	ł				
	ĺ	an amended return/report		urn/report (less than 12)	months)			
C Chee	ck box if filing under:	Form 5558	automatic extension			ooram		
		special extension (enter descr				-g.u		
Part I	Basic Plan Infor	mation-enter all requested inf	ormation					
2a Plan	NGINEERS RETIREMENT	r, if for a single-employer plan)			(PN) 1c Effecti 02/01/	ve date of plan		
City	or town, state or province, RTNERS, PLLC	apt., suite no. and street, or P.O. country, and ZIP or foreign posta	. Box) Il code (if foreign, see insi	tructions)	(EIN) 8 2c Spons	31-1238525 or's telephone number (808) 282-7986		
	ST AVE. S.E. I, WA 98029				20 Busine 237990	ss code (see instructions)		
		address K Same as Plan Spons			3b Adminis			
4 If the	name and/or EIN of the pla	an sponsor has changed since th	e last return/report filed f	or this plan, and a the		strator's telephone number		
name	e, EIN, and the plan numbe sor's name	r from the last return/report.	e last returninepoit med it	or this plan, enter the	4b EIN			
5a Total	number of participants at t	he beginning of the plan year			4c PN			
b Total	number of participants at t	he end of the plan year		•••••••••••••••••••••••••••••••••••••••	5a 5b	0		
	per of participants with acco	ount balances as of the end of the	e plan year (only defined	contribution plans	5c	84		
<b>d(1)</b> Tot	al number of active particip	pants at the beginning of the plan	year		5d(1)	0		
d(2) Tot	al number of active particip	ants at the end of the plan year.			5d(2)	8		
e Numi than	ter of participants that term 100% vested	ninated employment during the pl	an year with accrued ben	efits that were less	5e	0		
Under pena SB or Sche	alties of periury and other n	penalties set forth in the instruction	eport will be assessed u	inless reasonable cau				
SIGN	× WAAAA LOMAN		101 MARCH 207	× SMANNON	HOLM	14.4		
HERE	Signature of plan admin	histrator	Date	Enter name of individua				
BIGN HERE	Olanation of an in							
Preparer's	Signature of employer/p name (including firm name,	plan sponsor if applicable) and address (inclu	Date	Enter name of individua	al signing as e	mployer or plan sponsor		
				,	rieparer's tele	ephone number		
or Paperwo	rk Reduction Act Notice, see	the Instructions for Form 5500-SF						

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<ul> <li>6a Were all of the plan's assets during the plan year invester</li> <li>b Are you claiming a waiver of the annual examination and</li> </ul>	report of an independ	tent qualified publi	0.0000	Intent		<b>`</b>		
under 29 CFR 2520.104-46? (See instructions on waiver (	eligibility and condition	ons.)					🗙 Yes 🗌 N	
If you answered "No" to either line 6a or line 6b, the p C If the plan is a defined benefit plan, is it covered under the	PRCC incursoon ar	m 5500-SF and m	ust insi	tead u	se Fo	rm 5500.	·	
Part III Financial Information			section	4021)	·····	Yes [	No Not determined	
7 Plan Assets and Liabilities	State and				T			
a Total plan assets		(a) Beginning	g of Ye		-	(b	) End of Year	
b Total plan liabilities			_	0	-		389495	
C Net plan assets (subtract line 7b from line 7a)								
8 Income, Expenses, and Transfers for this Plan Year				0			389495	
a Contributions received or receivable from:		(a) Amou	Int				(b) Total	
(1) Employers								
(2) Participants					N a			
(3) Others (including rollovers)			414	591				
b Other income (loss)			129	904				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					<u> </u>	427495	
d Benefits paid (including direct rollovers and insurance prem	iums				22			
to provide benefits)			380	000				
Certain deemed and/or corrective distributions (see instruct					s(_n=			
f Administrative service providers (salaries, fees, commission								
g Other expenses h Total expenses (add lines 8d 8e 8f and 8g)								
						38000		
Net income (loss) (subtract line 8h from line 8c)						389495		
j Transfers to (from) the plan (see instructions)	····· 8j							
Part IV Plan Characteristics								
9a If the plan provides pension benefits, enter the applicable p 2E 2G 2J 2K 2T 3D	ension feature codes	from the List of P	lan Cha	racteri	stic C	odes in the	instructions:	
<b>b</b> If the plan provides welfare benefits, enter the applicable w	elfare feature codes i	from the List of Pla	D Char					
				acteris		aes in the i	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 c	ontributions within the	e time period	<u> </u>					
described in 29 CFR 2510.3-102? (See instructions and D Program)	OL's Voluntary Fiduc	ciary Correction			х			
b Were there any nonexempt transactions with any party-in-in-	nterest? (Do not inclu	ide transactions	10a					
reported on line 10a.)		de transactions	10b		х			
C Was the plan covered by a fidelity bond?			10c		х			
d Did the plan have a loss, whether or not reimbursed by the by fraud or dishonesty?	plan's fidelity bond, t	hat was caused	10d		x			
e Were any fees or commissions paid to any brokers, agents, carrier, insurance service, or other organization that provide	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.)							
f Has the plan failed to provide any benefit when due under the	ne plan?		10e 10f		x			
g Did the plan have any participant loans? (If "Yes," enter amo			10g	x			133614	
h If this is an individual account plan, was there a blackout pe 2520.101-3.)	riod? (See instruction	and 29 CER			х		13014	
If 10h was answered "Yes," check the box if you either proviet exceptions to providing the notice applied under 29 CFR 25.	ded the required noti	ice or one of the	10h	-+				

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Par	t VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Vee " and instructions and	d complete	Schedule	SB		<u> </u>		
11						Yes	NO	
12	a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the EPISA2		11a	Ļ				
		Code or se	ction 302	Df		Yes 🛛	No	
	<ul> <li>(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)</li> <li>If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver</li> </ul>							
	greating the future.	Month	and enter Da		e of the let Year			
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	e 13.						
	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)		12d					
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A		
	VII Plan Terminations and Transfers of Assets							
138	Has a resolution to terminate the plan been adopted in any plan year?			Ye	s XI	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a					
d	control of the PBGC?				Yes [	X No		
с 	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden which assets or liabilities were transferred. (See instructions.)	tify the plar	i(s) to					
	3c(1) Name of plan(s):	13c	(2) EIN(s)		13c(3	B) PN(s)		
Part	VIII. Trust Information							
14a	Name of trust		14b T	rust's E	IN			
14c	Name of trustee or custodian							
			140 1 t	rustee's elephon	or custodi e number	ian's		
<b>.</b>				•				
Part	IRS Compliance Questions							
	s the plan a 401(k) plan? If "No," skip b	Yes		Ľ	] No			
15b	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section .01(k)(3) for the plan year? Check all that apply:	Des safe	ign-based harbor	n-based "Prior year" ADP test				
		Cur	rent year" ' test		N/A			
16a y	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan	Rat	io	)				
	rear? Check all that apply:	perc	entage		erage nefit test	□ N/A		
	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) or the plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes			No		_	
1/a	i the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS of the letter and the serial number			ory lette	r, enter the		-	
17b i	the plan is an individually-designed plan that received a favorable determination letter from the IRS, en	ter the date	of the mo	st recer	t determin	ation	_	
V	efined Benefit Plan or Money Purchase Pension Plan Only: /ere any distributions made during the plan year to an employee who attained age 62 and had not sepai ervice?	rated from	Yes		No			
	as any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		Yes		No		-	
			·					