Form 5500-SF Short Form Annual Return/Report of Small En					OMB Nos. 1210-0 1210-0				
	rtment of the Treasury nal Revenue Service	This form is required to be filed u	Benefit Plan	065 of the Employee R	etirement	<b>2016</b>			
Employee Be	epartment of Labor enefits Security Administration	Income Security Act of 1974 (E	Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Revenue Code (the Code).						
	enefit Guaranty Corporation	Complete all entries in ac	cordance with the instru	uctions to the Form 5	500-SF.		ic Inspection		
For calenda	Annual Report Ic Ar plan year 2016 or fisc	dentification Information cal plan year beginning 01/01/201	6	and ending 12	2/31/2016				
		X a single-employer plan	a multiple-employer pla			king this bo	x must attach a		
A This ret	urn/report is for:	a one-participant plan		ployer information in ac					
R This retu	urn/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year return	n/report (less than 12 m	onths)				
C Check b	box if filing under:	Form 5558	automatic extension		DFVC r	orogram			
		special extension (enter descript	 tion)						
Part II	Basic Plan Infor	mation—enter all requested infor	mation						
<b>1a</b> Name D.R. STRON		NEERS INC. EMPLOYEES' RETIR	EMENT PLAN		1b Thre plan (PN)	number	001		
					. , ,	ctive date of	f plan //1985		
Mailing	g address (include room,	er, if for a single-employer plan) , apt., suite no. and street, or P.O. E		uctions)	2b Emp (EIN	loyer Identif	ication Number		
	town, state or province,	uctions)	2c Sponsor's telephone number 425-827-3063						
620 7TH AVE KIRKLAND, V					2d Busi	ness code (s 54199	see instructions) 90		
<b>3a</b> Plan a		l address 🛛 Same as Plan Sponso	or.		<b>3b</b> Adm	iinistrator's E	EIN		
					3c Adm	inistrator's to	elephone number		
		plan sponsor has changed since the ber from the last return/report.	e last return/report filed fc	or this plan, enter the	4b EIN				
a Sponso					<b>4c</b> PN				
5a Total r	number of participants a	t the beginning of the plan year			5a		41		
<b>b</b> Total r	number of participants a	t the end of the plan year			5b		40		
		ccount balances as of the end of the		-	5c		36		
<b>d(1)</b> Tota	al number of active parti	icipants at the beginning of the plan	year		5d(1)		27		
<b>d(2)</b> Tota	al number of active parti	icipants at the end of the plan year.			5d(2)		28		
		erminated employment during the pl			5e		3		
Caution: A	penalty for the late or	r incomplete filing of this return/r	eport will be assessed up	unless reasonable cau					
SB or Sche	alties of perjury and othe edule MB completed and true, correct, and comple	er penalties set forth in the instruction d signed by an enrolled actuary, as ete.	ons, I declare that I have well as the electronic vers	examined this return/re sion of this return/repor	port, includ t, and to the	ing, if applic e best of my	able, a Schedule knowledge and		
SIGN	Filed with authorized/va	alid electronic signature.	06/30/2017	LUAY JOUDEH					
HERE	Signature of plan ad	ministrator	Date	Enter name of individ	ual signing	as plan adm	ninistrator		
SIGN HERE									
	Signature of employed name (including firm name)	er/plan sponsor me, if applicable) and address (incli	Date ude room or suite numbe	Enter name of individ r )		as employe s telephone			

6a 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 cann	an indepei and condit	ndent qualified public accountant (IC ions.)	QPA) Yes [] No
C	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	program (see ERISA section 4021)?	Yes No Not determined
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	4108596	4578843
b	Total plan liabilities	7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	4108596	4578843
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	80152	
	(2) Participants	8a(2)	120607	
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	317544	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		518303
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	24733	

**e** Certain deemed and/or corrective distributions (see instructions) 8e 23323 f Administrative service providers (salaries, fees, commissions).... 8f g Other expenses..... 8g 48056 h Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h 470247 i i Net income (loss) (subtract line 8h from line 8c)...... 8i Transfers to (from) the plan (see instructions) ..... j 8j

Part IV Plan Characteristics

**9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 3D 2E 2F 2G 2J 2K 2T

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

## Part V Compliance Questions

10	During the plan year:		Yes	No	N/A	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions 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 fidelity bond, that was caused by fraud or dishonesty?	10d		Х		
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 the plan? (See instructions.).	10e		Х		
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	Х			1487
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х		
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				

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	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			
12		his a defined contribution plan subject to the minimum funding requirements of section 412 of the Co						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	d enter t	he date	of the lett	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 1	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		tract 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
Part	VII	Plan Terminations and Transfers of Assets						
13a	Has	a resolution to terminate the plan been adopted in any plan year?				Yes	s XI	No
		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	X No
c	lf, d	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)			to			
1		Name of plan(s):		13c(2)	EIN(s)		13c(	<b>3)</b> PN(s)
Part	VIII	Trust Information						
14a	Name	e of trust			14b ⊺	Frust's E	IN	
14c	Name	e of trustee or custodian					s or custo ne number	
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-basec arbor	ł	"Prior y test	ear" ADP
				"Curre ADP t	ent year est	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	N/A	
16a		t 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		-			-		
	letter		ter the	e date	of the m	nost 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 separce?		from	Ye	s	No	
19	Was	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Ye	s	No	

For	m 5500-SF	Short Form Annu	al Return/Report	of Small Emple	oyee	OMB Nos. 1210-0110 1210-0089			
	iment of the Treasury al Revenue Service	This form is required to be file				2016			
Employee Be	partment of Labor nefits Security Administration	<ul> <li>Income Security Act of 1974</li> <li>Income Security Act of 1974</li> </ul>	(ERISA), and sections 6057 Revenue Code (the Code)		Internal	This Form is Open to Public Inspection			
Pension Be	nefit Guaranty Corporation		accordance with the instru	uctions to the Form 5	500-SF.				
Part I		Identification Information							
For calenda	ar plan year 2016 or fis	cal plan year beginning	01/01/2016	and ending		/31/2016			
A This retu	urn/report is for:	x a single-employer plan				king this box must attach a ith the form instructions.)			
		a one-participant plan	a foreign plan						
<b>B</b> This retu	rn/report is	the first return/report	the final return/report		<i>a</i> , ,				
		an amended return/report	a short plan year return	/report (less than 12 m	onths)				
C Check b	oox if filing under:	Form 5558	automatic extension		DFVC p	rogram			
		special extension (enter desc	ription)		_				
Part II	Basic Plan Info	rmation—enter all requested ir	formation						
1a Name					1b Three	e-digit			
D.R. STH	RONG CONSULTI	NG ENGINEERS INC.				number			
EMPLOYER	ES' RETIREMEN	Γ PLAN			(PN)				
						tive date of plan (01/1985			
		yer, if for a single-employer plan)	`		-	oyer Identification Number			
	Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)				· · ·	91-1134699			
	RONG CONSULTI				<b>2c</b> Sponsor's telephone number				
INC.	INC.					25) 827-3063 ness code (see instructions)			
620 7TH	AVENUE				6	.990			
KIRKLANI			WA	98033					
		nd address 🛛 Same as Plan Spo			3b Admi	inistrator's EIN			
					3c Admi	inistrator's telephone number			
		e plan sponsor has changed since nber from the last return/report.	the last return/report filed for	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	41			
<b>b</b> Total r	number of participants	at the end of the plan year			<b>5</b> b	40			
c Numb	er of participants with	account balances as of the end o	f the plan year (only defined	contribution plans	5c	36			
	,	rticipants at the beginning of the p			5d(1)	27			
		rticipants at the end of the plan ye			5d(2)	28			
e Numb	per of participants that	terminated employment during th	e plan year with accrued ber	nefits that were less	5e	3			
Caution: A	penalty for the late	or incomplete filing of this retu	rn/report will be assessed	unless reasonable ca	use is esta	blished.			
SB or Sche	alties of perjury and ot edule MB completed a true, correct, and com	her penalties set forth in the instru- nd signed by an enrolled actuary,	uctions, I declare that I have as well as the electronic ver	examined this return/re sion of this return/report	eport, includ rt, and to the	ing, if applicable, a Schedule e best of my knowledge and			
Accession and a second second	ade, concet, and com		6/30	LUAY JOUDEH					
SIGN   HERE		Junip		1	·····				
	Signature of plan a	oministrator	Date	Enter name of individ	iuai signing	as plan administrator			
HERE									
	Signature of emplo		Date			as employer or plan sponsor			
Preparet s	name (including inn i	name, if applicable) and address (		n )		s telephone number			
						·····			

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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 cann	an independ and condition	fent qualified public a	ccounta	ant (IQ	PA)			X Ye	
c	If the plan is a defined benefit plan, is it covered under the PBGC in					·		No [	] Not de	etermined
Par		1	· ····		· · · · · ·					
7	Plan Assets and Liabilities		(a) Beginning o				(	b) End o		
	Total plan assets	7a	4,	108,5	596				4,	578,843
	Total plan liabilities	7b								
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	4,	108,5	596				4,	578,843
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	<u>t</u>				(b) To	tal	
a 	Contributions received or receivable from: (1) Employers	8a(1)		80,1			· ·		1999 (J. 1997 - 1997 - 1997 - 1997 (J. 1997 - 1997	
	(2) Participants	_8a(2)		120,6	507	-				
	(3) Others (including rollovers)	8a(3)				· .				
b	Other income (loss)	d8		317,5	544					<u> </u>
<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								518,303
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		24,	733	:				
e	Certain deemed and/or corrective distributions (see instructions)	8e				÷	<u></u>		e di si	
f	Administrative service providers (salaries, fees, commissions)	8f		23,3	323					
g	Other expenses	8g							•	
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	· · · · · · · · · · · · · · · · · · ·	· .						48,056
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. <b>8</b> i				470				
j	Transfers to (from) the plan (see instructions)	8j								
Pa	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 3D 2E 2F 2G 2J 2K 2T	n feature coo	des from the List of Pl	an Cha	racteri	stic Co	odes in	the instr	uctions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	feature code	es from the List of Pla	n Chara	acterist	lic Coo	ies in t	he instru	ctions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amou	nt
a		Voluntary Fi	duciary Correction	10a		х				
b	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	t? (Do not i	nclude transactions	10b		X				
c	Was the plan covered by a fidelity bond?			10c	x					300,000
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 ot carrier, insurance service, or other organization that provides sor the plan? (See instructions.).	ther persons	s by an insurance the benefits under	10e		x				
f	Has the plan failed to provide any benefit when due under the pla	ал?		10f		х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-e	nd.)	10g	x					1,487
	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ctions and 29 CFR	10g	~*	x				_,
i	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10	the required		10i						· · · · · · · · · · · · · · · · · · ·

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Part						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con (Form 5500) and line 11a below)	nplete	Schedule Sl	3	Ye	s 🛛 No
<u>11a</u>	Enter the unpaid minimum required contributions 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 ERISA?				Ye	s 🛛 No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru granting the waiver	nth	and enter t Day		f the letter Year	ruling
lf	you completed 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			
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 (enter a minus sign to the left negative amount)		12d			
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?	·····	L	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	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 control of the PBGC?				] Yes 🛛	No
C	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	the pla	n(s) to			
	13c(1) Name of plan(s):	13	c(2) EIN(s)		13c(3)	PN(s)
	VIII Trust Information					
			14h	Trust's El	N	
14a	Name of trust					
14c	Name of trustee or custodian			Frustee's telephone	or custodia e number	ın's
Par	t IX IRS Compliance Questions					
L			'es	Γ	No	
15a	a is the plan a 401(k) plan? If "No," skip b					
15b	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section	L s	esign-base afe harbor	"	"Prior yea test	II ADP
	401(k)(3) for the plan year? Check all that apply:		Current year DP test		N/A	
16a	a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	· 🔲 🕯	Ratio percentage est		erage nefit test	□ N/A
	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?		′es	<u> </u>	] No	
	a If 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					
	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, entre letter	er the o	late of the n	nost recei	nt determin	ation
18	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separa service?		om 🗌 Ye	s	No	
19	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		🗌 Ye	s	No	