	Form 5500-SF			Report of Small Emplo	yee	OMB Nos. 1210-0110 1210-0089		
	Department of the Treasury Internal Revenue Service		Benefit	ctions 104 and 4065 of the Employe	2010			
Er	Department of Labor nployee Benefits Security Administration	Retirement Income Security A	Act of 1974	(ERISA), and section 6058(a) of the Code (the Code).		This Form is Open to Public		
Р	ension Benefit Guaranty Corporation	Complete all entries in accord	dance witl	n the instructions to the Form 550	0-SF.	Inspection		
		entification Information	0		0/04/	2010		
	calendar plan year 2010 or fisca	7 0 0		g	2/31/2			
	This return/report is for:	single-employer plan		mployer plan (not multiemployer)		one-participant plan		
B	This return/report is for:	first return/report	final retur	•				
-		an amended return/report		year return/report (less than 12 mo	nths)	—		
C	Check box if filing under:	Form 5558		extension		DFVC program		
D	nt II Desis Dien Inform	special extension (enter description						
	Int II Basic Plan Inform	nation—enter all requested inform	ation		1h	Three-digit		
	A PHOTONIC SYSTEMS, INC.	401(K) PLAN				plan number 001		
						(PN) ►		
					1c	Effective date of plan 01/01/2001		
	Plan sponsor's name and addre A PHOTONIC SYSTEMS, INC.	ess (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 91-1587604		
	7 N.E. 95TH ST.				2c	Plan sponsor's telephone number 425-702-8706		
REDI	MOND, WA 98052				2d	Business code (see instructions) 334500		
3a ORC	Plan administrator's name and A PHOTONIC SYSTEMS, INC.	address (if same as Plan sponsor, e 14797 N.E. 9	5TH ST.		3b	Administrator's EIN 91-1587604		
		REDMOND,	WA 98052		3c	Administrator's telephone number 425-702-8706		
		n sponsor has changed since the las		port filed for this plan, enter the	4b	EIN		
I	name, EIN, and the plan numbe	r from the last return/report. Sponso	r's name		4c	PN		
5a	Total number of participants at	the beginning of the plan year			5a	6		
b	Total number of participants at	the end of the plan year			5b	6		
С	· · ·	th account balances as of the end of		· ·	5c	6		
6a		uring the plan year invested in eligib				Yes No		
	Are you claiming a waiver of th	e annual examination and report of	an indeper	ident qualified public accountant (IQ				
	,	See instructions on waiver eligibility a er 6a or 6b, the plan cannot use Fo		,		Yes No		
Pa	rt III Financial Informa		5111 5500-					
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year		
а	Total plan assets		. 7a	52229	3	457173		
b	Total plan liabilities		7b					
C	Net plan assets (subtract line 7	b from line 7a)	7c	52229	3	457173		
8	Income, Expenses, and Transf			(a) Amount		(b) Total		
а	Contributions received or recei (1) Employers	vable from:	8a(1)	295	1			
			8a(2)	12402	2			
	(3) Others (including rollovers)							
b	Other income (loss)		8b	10041	0			
С	Total income (add lines 8a(1),	3a(2), 8a(3), and 8b)	8c			115763		
d		ollovers and insurance premiums	8d	18088	3			
е	, ,	ve distributions (see instructions)	8e					
f		s (salaries, fees, commissions)						
g	•	- (
h	•	Be, 8f, and 8g)	8h			180888		
i		8h from line 8c)	. 8i			-65125		
j	Transfers to (from) the plan (se	e instructions)	8j					

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

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: 2E 2G 2J 2K 2T 3D
- **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	D	uring the plan year:	_	Yes	No		Am	ount	
а		as there a failure to transmit to the plan any participant contributions within the time period described in 9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х				
b		Vere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported in line 10a.)	10b		Х				
С	V	Vas the plan covered by a fidelity bond?	10c	Х					195000
d		id the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud · dishonesty?	10d		Х				
е	in	lere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, surance service or other organization that provides some or all of the benefits under the plan? (See structions.)	10e		x				
f	Н	as the plan failed to provide any benefit when due under the plan?	10f		Х				
g	D	id the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х				
h		this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 520.101-3.)	10h		Х				
i		10h was answered "Yes," check the box if you either provided the required notice or one of the cceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
Part	VI	Pension Funding Compliance							
11		this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 500))					[Yes	No
lf y b c d	(If If gr you Er Er Su	this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru- anting the waiver	ctions, th of a	and e	nter th Day 12b 12c 12d	ne date c	of the le		ling
Part									
		as a resolution to terminate the plan been adopted during the plan year or any prior year?						Yes	X No
		"Yes," enter the amount of any plan assets that reverted to the employer this year			13a				
b	of	ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC?						Yes	X No
C		during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th hich assets or liabilities were transferred. (See instructions.)	ne plai	n(s) to			i		
1	3c	(1) Name of plan(s):		130	:(2) E	IN(s)		<u>13c(3)</u>) PN(s)
Cout		A popular for the late or incomplete filing of this return/report will be appeared uplace reasonab			aatab	lichod			

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	06/22/2011	LISA D. HAYNER
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Page **2-**1

Benefit Plan Benefit Plan Desting of the Taxing Desting of the Taxing of ta	S. e	Form 5500-SF			Report of Small Employ	/ee	0	0MB Nos. 1210-0110 1210-0089		
Department factor Refirmment factors Security Act of 1574 (ER153), and socialer 605(8) of the Internal Revenue Code (the Code). This Form is Open to Public Inspection Pearl I Annual Report Learning Control Complete all entries in accordance with the instructions to the Form 5500-SF. This featurity open to Public Inspection A This return/report is for: Gingle-orndoyer plan frait neturn/report is for: Gingle-orndoyer plan frait neturn/report is for: Instructions to the Security of the Public frait neturn/report is for: Div/CV program Part II Annual Report Learning (the security of the Public Public Frait neturn/report is for: Instructions to the Public Public frait neturn/report is for: Instructions (the Public Public frait neturn/report is for: Instructions (the Public P	Internet Destance (Courter					n /	2010			
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A Trib arclanitry point is for: Interturnitry point is for: Interturnitry point (is for:	For c				and ending					
C Check box if filling under: Port 5556 under de extension Port 5556 under de extension Port 5556 under de extension Port 5556 Port 555 Port 55 Port 55 Port 55 Port 555 Port 555 Port 55 Port 55 Port 55 Port 55 Port 55 Port 55	Ат	his return/report is for:	single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participa	nt plan		
C Check box if filing under: Grow 5958 gebalal extension (enter desciption) Part II Basic Plan Information—enter all requested information Ib Three-digit plan number (NN N 401(K) PLAN Ta Name of plan Ib Three-digit plan number (NN N 401(K) PLAN Ib Three-digit plan number (NN N 401(K) PLAN) 2a Plan sponsor's name and address (employer, if for single-employer plan) Cb Employer (Herrification Number (CBN N 401(K) PLAN) 2b Employer (Herrification Number (CBN N 401(K) PLAN) Zb Employer (Herrification Number (CBN 401(K) PLAN) 24 Plan agonsor's name and address (if same as Plan sponsor, enter "Same") Zb Administrator's like/house number (25, 702, 9706 33a Plan administrator's name and address (if same as Plan sponsor, enter "Same") Zb Administrator's like/house number (25, 702, 9706 34 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 filed for this plan, enter the name, EIN, and the plan number (from the last return/report filed for this plan, enter the name, EIN, and the plan number of participants at the edgl(the plan year) Sa 6a Were all of the plan sasets during the plan year Sa Sa 6 6a Were all of the plan sasets during the plan year Sa Sa Sa 8 7a Total number of participants at the edgining of the end of the plan year (felfined benefit plans d o	Вт	his return/report is for:	first return/report] final retur	n/report					
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b Total number of participants at the end of the plan year	5a	Total number of participants at	the beginning of the plan year							
c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)										
complete this item)						ac		0		
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Image: Control of the second continues and conditions.)		complete this item)				_				
under 29 CFR 2520.104-467 (See instructions on waiver eligibility and conditions.)	6a	Were all of the plan's assets of	luring the plan year invested in elig	ible assets?	(See instructions.)	••••••		🛛 Yes 🗌 No		
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets 7a 522298 457173 b Total plan liabilities. 7b	D	under 29 CFR 2520.104-46? (he annual examination and report o See instructions on waiver eligibility	t an indeper	ident qualified public accountant (IQ	PA)		X Yes I No		
Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets 7a 522298 457173 b Total plan liabilities 7b		If you answered "No" to eith	er 6a or 6b, the plan cannot use	Form 5500-	SF and must instead use Form 55	00.	********			
a Total plan assets 7a 522298 457173 b Total plan liabilities 7b - - c Net plan assets (subtract line 7b from line 7a) 7c 522298 457173 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) 2951 (2) Participants 8a(2) 12402 (3) Others (including rollovers) 8a(3) - b Other income (loss) 8b 100410 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 115763 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 180888 e 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 - - total other income (loss) (subtract line 8h from line 8c) 8h - -	Pa	rt III Financial Inform	ation							
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For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

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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: 2E 2G 2J 2K 2T 3D
- **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		Amount	
	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		x			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x			
C	Was the plan covered by a fidelity bond?	10c	х	6			195000
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		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		x	-		
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			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10g		x			
1	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	101					
Part						and a second second	
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and corr 5500))	plete	Sched	ule SB	(Form	∏ Yes	; ∏ No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of	ERISA?	Yes	
	(If "Yes," complete 12a or 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 instru-	ctions,	and e	enter th	e date of th	ne letter ru	uling
lfv	granting the waiver	th		Day		Year	
	Enter the minimum required contribution for this plan year		Г	12b			
	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	ofa				1	
	negative amount)			12d			
	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 during the plan year or any prior year?					☐ Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year.		Г	13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	under	the co			T Yes	
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	ne plai	n(s) to			L.	L)
1	3c(1) Name of plan(s):		130	c(2) El	N(s)	13c/3) PN(s)
			tanoni da				/
Caut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	se is	establ	ished.		
Unde	r penalties of periury and other penalties set forth in the instructions. I declare that I have examined this set			1. 1		ble, a Sch	nedule
30 00	Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/	report	, and t	o the b	est of my l	nowledge	and

belief, it is true, correct, and complete.

SIGN	x Lesa Hayner	16-21-2011	LISA D. HAYNER				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN							
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor				