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).

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

2016

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Annual Report Identification Information For calendar plan year 2016 or fiscal plan year beginning and ending X 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** This return/report is for: a one-participant plan a foreign plan the final return/report B This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: DFVC program Form 5558 automatic extension special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit ISOMEDIA, INC EMPLOYEE 401(K) PLAN plan number 001 (PN) • 1c Effective date of plan 04/01/1998 2a Plan sponsor's name (employer, if for a single-employer plan) **2b** Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) 91-1526190 (EIN) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Sponsor's telephone number ISOMEDIA, INC 425-605-5700 2d Business code (see instructions) PO BOX 58288 541519 SEATTLE, WA 98138-1288 **3a** Plan administrator's name and address X Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 5a 8 5a Total number of participants at the beginning of the plan year 5b 0 **b** Total number of participants at the end of the plan year..... Number of participants with account balances as of the end of the plan year (only defined contribution plans 0 5c complete this item)..... 5d(1) d(1) Total number of active participants at the beginning of the plan year..... 5d(2) 0 d(2) Total number of active participants at the end of the plan year Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested

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.

belief, it is t	rue, correct, and complete.							
SIGN HERE	Filed with authorized/valid electronic signature.	08/07/2017	BRUCE STRAUGHAN					
	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					
Preparer's i	name (including firm name, if applicable) and address (include i	r)	Preparer's telephone number					

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	Were all of the plan's assets during the plan year invested in eligib		•						X	Yes No	
	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.)								X	Yes 🗌 No	
	If the plan is a defined benefit plan, is it covered under the PBGC ir						-		Not	determined	
Par	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	d of Year		
а	Total plan assets	7a		803490			0				
b	Total plan liabilities	7b		0)	0					
С	Net plan assets (subtract line 7b from line 7a)	7c		803490)	0				0	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt				(b)	Total		
	Contributions received or receivable from:			362							
	(1) Employers	8a(1)		3912							
	(2) Participants	8a(2)		3912	_						
	(3) Others (including rollovers)	8a(3)		-49831							
	Other income (loss)	8b		10001					-15	5557	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							-40	1001	
	to provide benefits)	8d		41306	;						
е	Certain deemed and/or corrective distributions (see instructions).	· · · · · · · · · · · · · · · · · · ·									
f	Administrative service providers (salaries, fees, commissions)	8f		70)						
g	Other expenses	8g		0							
h	h Total expenses (add lines 8d, 8e, 8f, and 8g)						41376				
i	Net income (loss) (subtract line 8h from line 8c)	8i				-86933					
j	Transfers to (from) the plan (see instructions)										
Par	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2G 2J 2K	feature co	des from the List of PI	an Cha	racteri	stic Co	odes in	the ins	structions	:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	acterist	tic Cod	des in t	he inst	ructions:		
Par	t V Compliance Questions										
10	During the plan year:				Yes	No	N/A		Amou	unt	
а	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	iduciary Correction	10a		X					
b	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	X					9000	
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					X					
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.)					X					
f	Has the plan failed to provide any benefit when due under the plan?					X					
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)					X					
h	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	X						

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Part	VI	Pension Funding Compliance							
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and m 5500) and line 11a below)					\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	es No	
11a	Ente	er 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 or section							ΠY	es X No	
		SA?Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				'			
а	If a v	vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see in ting the waiver.		ns, and	d enter t Day		of the lette Year_	r ruling	
lf y	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				
С	Enter	the amount contributed by the employer to the plan for this plan year			12c				
d	Subt	rract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)	left of a	ì	12d				
<u>e</u>	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?				X Yes	s N)	
	If "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a			0	
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brourol of the PBGC?					X Yes	No	
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden the assets or liabilities were transferred. (See instructions.)	tify the	plan(s)) to				
13c(1) Name of plan(s):					EIN(s)		13c(3) PN(s)		
ISOFU:	SION	INC. EMPLOYEE 401(K) PLAN	47-12	52216	i		001		
Part	VIII	Trust Information							
14a Name of trust					14b Trust's EIN				
14c	Name	e of trustee or custodian			14d Trustee's or custodian's telephone number				
Part	: 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:		safe h	sign-based "Prior year" ADP e harbor test				
	`			"Curre	rrent year" N/A P test				
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:					entage Average N/A benefit test N/A			□ N/A	
16b 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?							No		
	the le								
	letter		enter the	e date	of the m	nost rec	ent determi	nation	
	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 sep ce?		from	Ye	s [No		
19	Was	any plan participant a 5% owner who had attained at least age 70 $^{1}\!\!/_{2}$ during the prior plan year?	·····	····	Ye	s	No		

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).

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

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

		t identification information		total automora	40/04/	0015				
For calend	ar plan year 2016 or	fiscal plan year beginning X a single-employer plan	01/01/2016	and ending	12/31/					
A This	t	an (not multiemployer)								
A This return/report is for:		a one-participant plan	a foreign plan	ipioyer iniormation in a	accordance with the form instructions.)					
			a loreign plan							
R This ret	urn/report is	the first return/report	X the final return/report							
- 11110100	arriviopore lo	n/report (less than 12 n	12 months)							
_		an amended return/report	_ a chort plant your rotal	_						
C Check	box if filing under:	X Form 5558	automatic extension		DFVC progr	am				
Part II	Basic Plan Info	ormation—enter all requested in	formation							
1a Name	of plan				1b Three-dig					
ISOMEDIA	A, INC EMPLOY	EE 401(K) PLAN			plan num	ber 001				
					(PN)	data of alon				
					1c Effective 04/01/					
2a Plan s	ponsor's name (empl	oyer, if for a single-employer plan)				Identification Number				
Mailing	g address (include roo	om, apt., suite no. and street, or P.C	CE.		12/20/2002	-1526190				
•		ce, country, and ZIP or foreign post	al code (if foreign, see inst	ructions)		s telephone number				
Isomea	ia, Inc				425-60	•				
DO D	E0000				2d Business	code (see instructions)				
PO Box	58288				541519					
Seattle	2	WA 98138-128	Ω							
		nd address X Same as Plan Spor			3b Administr	ator's FIN				
ou manu		nd dddiood Marie do'r iair opol	10011		0.00					
					3c Administr	ator's telephone number				
4 If the r	name and/or EIN of th	e plan sponsor has changed since	the last return/report filed for	or this plan, enter the	4b EIN					
	•	mber from the last return/report.								
a Spons	or's name				4c PN					
5a Total	number of participants	s at the beginning of the plan year								
b Total i	number of participants	at the end of the plan year			5b	0				
		account balances as of the end of		•	5c					
	· ·				Ed(4)	0				
	•	articipants at the beginning of the pl			5d(1)					
` '	·	articipants at the end of the plan yea			5d(2)	0				
		terminated employment during the			5e	0				
Caution: A	penalty for the late	or incomplete filing of this return	n/report will be assessed	unless reasonable ca	use is establish					
		ther penalties set forth in the instruc								
SB or Sche	dule MB completed a ruecorrect. and com	nd signed by an enrolled actuary, a	is well as the electronic ver	sion of this return/repor	rt, and to the bes	t of my knowledge and				
SIGN	KRCZ	B. Second	195 Joy (17	BRUCE STRAUGH	AN					
HERE	143//									
Signature of plan administrator Date Enter name of individual signing as plan administrator										
SIGN HERE										
	Signature of emplo		Date			nployer or plan sponsor				
Preparer's	name (including firm i	name, if applicable) and address (ir	iciuae room or suite numbe	er)	Preparer's tele	pnone number				
1										

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	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)								⊠ Yes ∐ 1
D	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condi	tions.)		·				🛚 Yes 🗌 1
	If you answered "No" to either line 6a or line 6b, the plan cann					_	_	_	_
С	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA s	ection 4	021)?		Yes	No	Not determine
Pa	rt III Financial Information		•						
7	Plan Assets and Liabilities		(a) Beginning	of Yea				(b) End	of Year
a	Total plan assets	7a		803,	490				
b	Total plan liabilities	7b			0				
C	Net plan assets (subtract line 7b from line 7a)	7c		803,	490				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) To	otal
a	Contributions received or receivable from: (1) Employers	8a(1)			362				
	(2) Participants	8a(2)		3,	912				
	(3) Others (including rollovers)	8a(3)			0				
b	Other income (loss)	8b	72	-49,	831				
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							-45,5
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		41,	306				
_ е	Certain deemed and/or corrective distributions (see instructions)	8e			0				
f_	Administrative service providers (salaries, fees, commissions)	8f			70				
g	Other expenses	8g		0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	otal expenses (add lines 8d, 8e, 8f, and 8g)							41,3
i_	Net income (loss) (subtract line 8h from line 8c)	8i	8i			-86,933			
j	Transfers to (from) the plan (see instructions)	8j	-716,557						
Pai	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension $2\mbox{G}2\mbox{J}2\mbox{K}$	feature co	des from the List of Pl	an Cha	racteris	stic Co	des in	the instr	uctions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Pla	n Chara	acterist	ic Cod	les in t	he instru	ctions:
Par	t V Compliance Questions								
10	During the plan year:				Yes	No	N/A		Amount
а	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction			Х			
	Program)			10a			_		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х			
С	Was the plan covered by a fidelity bond?			10c	Х				90,0
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.)	e or all of	the benefits under	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	s of year-e	end.)	10g		Х			
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 the exceptions to providing the notice applied under 29 CFR 2520.10	ne required	notice or one of the	10ii	х				
	The second secon	- 20011011							

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Part \	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co (Form 5500) and line 11a below)	•		Yes	☐ No					
11a	11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40									
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc ERISA?				Yes	X No				
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.		d enter t		of the letter ruli Year	ng				
If y	ou 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							
C E	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 left negative amount)	ft of a	12d							
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No No	I/A				
Part \	/II Plan Terminations and Transfers of Assets									
$\overline{}$	Has a resolution to terminate the plan been adopted in any plan year?			X Yes	s No					
-	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			0				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough control of the PBGC?				X Yes No)				
С	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.)									
1:	3c(1) Name of plan(s):	13c(2) EIN(s)			13c(3) PN	(s)				
Isofi	usion, Inc. Employee 401(k) Plan	47-12	52216)	001					
Part '	VIII Trust Information									
14a N	lame of trust		14b 1	rust's E	EIN					
14c N	Name of trustee or custodian		14d Trustee's or custodian's telephone number							
Part	IX IRS Compliance Questions									
15a i	s the plan a 401(k) plan? If "No," skip b	Yes No								
	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section	Design-based Prior year" / safe harbor test				NDP				
4	l01(k)(3) for the plan year? Check all that apply:	"Current year" N/A								
	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:		u i penetilitest i i			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?	Yes			No					
17a I	17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter and the serial number									
17b	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, ente letter	er the date of	of the m	ost rece	ent determination	n				

☐ No

☐ No

Yes

Yes

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 separated from service?

19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?.....