-	m 5500-SF	Short Form Annu		OMB Nos. 1210 1210				
	tment of the Treasury nal Revenue Service	This form is required to be file		d 4065 of the Employee Re		2016		
Employee B	epartment of Labor enefits Security Administration	Income Security Act of 1974	(ERISA), and sections 6 Revenue Code (the Co		Internal	This Form is Open to Public Inspection		
	enefit Guaranty Corporation	Complete all entries in a	accordance with the ins	structions to the Form 55	500-SF.	· ·····		
For calenda	ar plan year 2016 or fisc	dentification Information	016	and ending 12	2/31/2016			
		a single-employer plan	a multiple-employer	6	Filers checl	king this box must attach a		
A This ret	urn/report is for:	a one-participant plan		employer information in ac		-		
<b>B</b> This retu	ırn/report is	the first return/report an amended return/report	X the final return/repor ☐ a short plan year ret	t urn/report (less than 12 mo	onths)			
C Check	box if filing under:	Form 5558	automatic extension	1	DFVC p	rogram		
		special extension (enter descr						
Part II		mation—enter all requested inf	ormation		4h ==	19-14		
1a Name OPTIC FUSI	of plan ON INC 401(K) PLAN				<b>1b</b> Thre plan (PN)	number		
					1c Effect	tive date of plan 02/07/2005		
Mailing	address (include room,	er, if for a single-employer plan) apt., suite no. and street, or P.C		otructions)	2b Empl (EIN)	oyer Identification Number 91-2079532		
OPTIC FUSI		country, and ZIP or foreign posta	al code (il loreign, see in	structions)	2c Spor	nsor's telephone number 206-905-8000		
1101 A ST, S TACOMA, W				ľ	2d Busir	ness code (see instructions) 111100		
3a Plan a	dministrator's name and	address X Same as Plan Spor	isor.		<b>3b</b> Admi	inistrator's EIN		
					3c Admi	nistrator's telephone number		
4								
name	, EIN, and the plan numb	blan sponsor has changed since per from the last return/report.	the last return/report file	d for this plan, enter the	4b EIN			
a Spons					4c PN	-		
		t the beginning of the plan year			5a	5		
C Numb	er of participants with ac	t the end of the plan year	the plan year (only define	ed contribution plans	5b 5c	0		
	,					4		
• •		cipants at the beginning of the pl	-		5d(1) 5d(2)			
e Numb	per of participants that te	cipants at the end of the plan yea rminated employment during the	plan year with accrued	benefits that were less	50(2) 5e	C		
		incomplete filing of this return			use is esta	blished.		
Under pena SB or Sche	alties of perjury and othe	r penalties set forth in the instruct signed by an enrolled actuary, a	ctions, I declare that I have	ve examined this return/rep	port, includi	ng, if applicable, a Schedule		
SIGN	Filed with authorized/va		08/08/2017	RICK SHANAMAN				
HERE	Signature of plan adr	ninistrator	Date	Enter name of individu	ual signing	as plan administrator		
SIGN					<i>.</i>			
HERE	Signature of employe		Date			as employer or plan sponsor		
Preparer's	name (including firm nar	ne, if applicable) and address (in	clude room or suite num	iber )	Preparer's	s telephone number		
		see the Instructions for Form 5500				Form 5500-SF (2016)		

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)	
b	Are you claiming a waiver of the annual examination and report of	an indeper	ndent qualified public accountant (	
	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	ot use Fo	rm 5500-SF and must instead u	se Form 5500.
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (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	393776	0
b	Total plan liabilities	7b	0	0
C	Net plan assets (subtract line 7b from line 7a)	7c	393776	0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from:		0	
	(1) Employers	8a(1)	0	
	(2) Participants	8a(2)	2581	
	(3) Others (including rollovers)	8a(3)	0	
b	Other income (loss)	8b	-26140	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		-23559
d	Benefits paid (including direct rollovers and insurance premiums			
	to provide benefits)	8d	0	-
е	Certain deemed and/or corrective distributions (see instructions).	8e	0	
f	Administrative service providers (salaries, fees, commissions)	8f	75	
g	Other expenses	8g	0	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		75
i	Net income (loss) (subtract line 8h from line 8c)	8i		-23634
j	Transfers to (from) the plan (see instructions)	8i	-370142	

Part IV Plan Characteristics

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 3D9a

8j

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

## 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		
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		
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	X			

Part	VI	Pension Funding Compliance									
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and o m 5500) and line 11a below)						Yes 🗌 N			
11a	Ente	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a						
12		nis a defined contribution plan subject to the minimum funding requirements of section 412 of the C						Yes 🗙 N			
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					🗆				
а	lfa	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ting the waiver.		is, and	d enter t Day		of the lett	er ruling			
lf	you c	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.								
b	Ente	the minimum required contribution for this plan year			12b						
с	<b>C</b> Enter the amount contributed by the employer to the plan for this plan year										
-	Sub	tract 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	VII	Plan Terminations and Transfers of Assets									
13a	Has	a resolution to terminate the plan been adopted in any plan year?				X Ye	s I	10			
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a						
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug trol of the PBGC?					X Yes	No			
С	lf, d	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.)				•					
1	3c(1)	Name of plan(s):		13c(2)	EIN(s)		13c(	13c(3) PN(s)			
ISOFU	SION	, INC. EMPLOYEE 401(K) PLAN	47-12	52216			001				
Part	VIII	Trust Information									
14a	Name	e of trust			14b <sup>-</sup>	Trust's I	EIN				
14c	Nam	e of trustee or custodian	<b>14d</b> Trustee's or custodi telephone number								
Par	t IX	IRS Compliance Questions									
15a	Is the	e plan a 401(k) plan? If "No," skip b		Yes			No				
	<b>15D</b> How did the plan satisfy the nondiscrimination requirements for employee deterrals under section 401(k)(3) for the plan year? Check all that apply:						sign-based "Prior year" ADP test				
				ADP 1	ent year test		N/A				
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:					o entage Average N/A benefit test N/A						
<b>16b</b> 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				
17a		plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS		letter	r or advi	sory let	ter, enter tl	ne date of			
	lette		nter the	date	of the m	nost rec	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 sep ce?		rom	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				

Form 5500-SF Short Form Annual Return/Report of Small Employee						OMB Nos, 1210-0110 1210-0089			
	nt of the Treasury Revenue Service	This form is required to be file	Benefit Plan	065 of the Employee R	etirement	A	2016		
Employee Benefi	ment of Labor ts Security Administration	Income Security Act of 1974	4 (ERISA), and sections 605 Revenue Code (the Code	7(b) and 6058(a) of the ).	This Form is Open to Public Inspection				
	t Guaranty Corporation		accordance with the instr	uctions to the Form 5	500-SF.				
		Identification Information scal plan year beginning	01/01/2016	and ending	12/	31/2016			
- or calcridary	Juli jeu zere er m	X a single-employer plan	a multiple-employer pla	an (not multiemployer)	(Filers cheo	king this bo	x must attach a		
A This return	/report is for:	a one-participant plan	list of participating em	ployer information in a	ccordance	with the forr	n instructions.)		
<b>B</b> This return/	report is	the first return/report	X the final return/report						
		an amended return/report	a short plan year retur	n/report (less than 12 m	ionths)				
C Check box	if filing under:	X Form 5558	automatic extension		DFVC	program			
		special extension (enter desc	cription)						
Part II E	Basic Plan Info	rmation—enter all requested in	nformation		41		·		
1a Name of					1b Thr plai	ee-digit 1 number	001		
OPTIC FUS	ION INC 401	(K) PLAN				I) 🕨			
						ective date of			
2a Plan spor	isor's name (emplo	yer, if for a single-employer plan)				07/2005 ployer Ident	ification Number		
Mailing ag	dress (include root	n. apt., suite no, and street, or P.	O. Box)	auctions)		91-207			
	wn, state or provinc sion, Inc	e, country, and ZIP or foreign pos	stal code (il toreign, see inst				phone number		
opone na						- 905 - 80	(see instructions)		
1101 A St	c, Ste 400				111		(000 monuoliono)		
Tacoma		WA 98402							
3a Plan adm	inistrator's name ar	nd address 🛛 Same as Plan Spo	onsor.		<b>3b</b> Adr	ninistrator's	EIN		
					3C Adr	ninistrators	telephone number		
4 If the nan name, El	ne and/or EIN of the N, and the plan nu	e plan sponsor has changed since nber from the last return/report.	e the last return/report filed f	or this plan, enter the	4b EIN				
a Sponsor's					4C PN	1			
		at the beginning of the plan year				5			
<b>b</b> Total num	nber of participants	at the end of the plan year			5b	-	C		
C Number ( complete	of participants with this item)	account balances as of the end o	of the plan year (only defined	contribution plans	5c				
		rticipants at the beginning of the			5d(1)		4		
d(2) Total r	number of active pa	rticipants at the end of the plan y	ear		5d(2)		C		
e Number	of participants that	terminated employment during the	ne plan year with accrued be	nefits that were less	5e		C		
Caution: A pe	enalty for the late	or incomplete filing of this retu her penalties set forth in the instru	rn/report will be assessed	unless reasonable ca	enort inclu	ablished. ding, if appl	icable, a Schedule		
SB or Schedu	es of perjury and of le MB completed a e, correct, and com	nd signed by an enrolled actuary,	as well as the electronic ve	rsion of this return/repo	rt, and to t	he best of m	y knowledge and		
SIGN	NV-	$\overline{}$		RICK SHANAMAN	1				
HERE S	signature of plan a	definistrator	Date 8-8-17	Enter name of indivi	ndividual signing as plan administrato				
SIGN		$\smile$							
HERE	ignature of emplo	yer/plan sponsor	Date	Enter name of indivi		g as employ r's telephon			
Preparer's na	me (including firm r	ame, if applicable) and address	include room of suite numb	сı /		, o cooprior			
(							Form 5500-SE (2016)		

6a b c	Were all of the plan's assets during the plan year invested in eligibl Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a <b>If you answered "No" to either line 6a or line 6b, the plan canne</b> If the plan is a defined benefit plan, is it covered under the PBGC in	an independ and conditio ot use Form	dent qualified public accountant (IQPA) ons.)	X Yes No
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a	Total plan assets	7a	393,776	0
b	Total plan liabilities	7b	0	0
С	Net plan assets (subtract line 7b from line 7a)	7c	393,776	0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	0	
		0-(2)	2.581	

	(2) Participants	8a(2)	2,581	
	(3) Others (including rollovers)	8a(3)	0	
b	Other income (loss)	8b	-26,140	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		-23,559
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	0	
e	Certain deemed and/or corrective distributions (see instructions)	8e	0	
f	Administrative service providers (salaries, fees, commissions)	8f	75	
q	Other expenses	8g	0	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		75
i	Net income (loss) (subtract line 8h from line 8c)	8i		-23,634
Ť	Transfers to (from) the plan (see instructions)	8i	-370,142	

## Part IV Plan Characteristics

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

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

## 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		
С	Was the plan covered by a fidelity bond?	10c		Х		
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		
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?	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.)	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	х			

Provide Freditor Compliance						
Part VI         Pension Funding Compliance           11         Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and compliance	complete	Schedu	ule SB			
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c (Form 5500) and line 11a below).						′es 📙 No
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 C	ode or se	ection 3	02 of			′es 🛛 No
ERISA?	•••••		********			
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) <b>a</b> If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins	tructions	, and e	nter th	e date d	of the lette	r ruling
granting the waiverN	Aonth		Day		Year	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.					
<b>b</b> Enter the minimum required contribution for this plan year		1	2b			
C Enter the amount contributed by the employer to the plan for this plan year		1	12c			
d 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	1	I2d			
e 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	[] N	0
If "Yes," enter the amount of any plan assets that reverted to the employer this year			3a			
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug control of the PBGC?	ght unde	r the		Į	X Yes	] No
<ul> <li>C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident</li> </ul>						
which assets or liabilities were transferred. (See instructions.)						
13c(1) Name of plan(s):	1;	3c(2) E	IN(s)		13c(3	) PN(s)
IsoFusion, Inc. Employee 401(k) Plan	47	-125	2216		001	-
Part VIII Trust Information						
14a Name of trust		1	1 <b>4b</b> T	rust's E	IN	
		_	4.1			
<b>14c</b> Name of trustee or custodian		11			or custod	ian's
Part IX IRS Compliance Questions	_					
Part IX IRS compliance questions		Voc		Г	No	
15a Is the plan a 401(k) plan? If "No," skip b		100		L		
<b>15b</b> How did the plan satisfy the nondiscrimination requirements for employee deferrals under section		Design- safe har			] <sup>"Prior y</sup>	ear" ADP
401(k)(3) for the plan year? Check all that apply:	222.5	Curren		' Ur		
		ADP tes			N/A	
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan		Ratio		- 41	verage	
year? Check all that apply:		percent	tage		nefit test	□ N/A
	_	test	_		_	
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?		Yes			No	
17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS the letter and the serial number	6 opinion	letter o	r advis	sory lett	er, enter th	ne date of
<ul> <li>17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, e letter</li> </ul>	enter the	date of	the m	ost rece	ent determi	ination
<ul> <li>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 sep service?</li> </ul>	parated fr	rom [	Yes	3	] No	
<ul><li>19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?</li></ul>		[	Yes	; [	] No	