-	m 5500-SF	Short Form Annual Return/Report of Small Emplo Benefit Plan				OMB Nos. 1210-0110 1210-0089				
	nal Revenue Service	This form is required to be filed under sections 104 and 4065 of the Employee Re				2017				
	epartment of Labor enefits Security Administration	057(b) and 6058(a) of the de).	This Form is Ope							
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF. Public Inspection										
Part I		dentification Information								
For calenda	For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017									
A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attact list of participating employer information in accordance with the form instructions a one-participant plan										
B This retu	un /report in	a one-participant plan								
	in/report is	X the first return/report	X the final return/repor	t						
		an amended return/report	a short plan year ret	urn/report (less than 12 m	onths)					
C Check b	box if filing under:	Form 5558	automatic extension	1	DFVC p	rogram				
		special extension (enter descr	iption)							
Part II	Basic Plan Infor	mation—enter all requested inf	ormation							
1a Name	•				1b Thre					
SPACE GOA	AT PRODUCTIONS, LL	C 401(K) PLAN			plan (PN)	number 001				
					, ,	ctive date of plan				
						12/09/2016				
		er, if for a single-employer plan) n, apt., suite no. and street, or P.C	Box)		-	Employer Identification Number				
City or	town, state or province	, country, and ZIP or foreign post		structions)	. ,	(EIN) 27-0919809 2c Sponsor's telephone number				
SPACE GOAT PRODUCTIONS, LLC						253-232-5494				
					2d Busir	2d Business code (see instructions)				
	EST ST STE A M, WA 98225-5509		DREST ST STE A HAM, WA 98225-5509		339900					
	,		,							
3a Plan ad	dministrator's name and	d address X Same as Plan Spor	nsor.		3b Admi	inistrator's EIN				
					3c Admi	inistrator's telephone number				
A 16.0					46					
		plan sponsor or the plan name ha sor's name, EIN, the plan name a			4b EIN					
•	or's name				4d PN					
C Plan N	ame									
5a Total r	number of participants a	at the beginning of the plan year			5a	2				
		at the end of the plan year			5b	0				
C Numbe	er of participants with a	ccount balances as of the end of	the plan year (only define	ed contribution plans	5c	0				
•	,	icipants at the beginning of the pla			5d(1)	2				
			-		5d(2)	0				
 d(2) Total number of active participants at the end of the plan year e Number of participants who terminated employment during the plan year with accrued benefits that were less 						0				
than '	100% vested	r incomplete filing of this return	/report will be assesse	d unless reasonable car	5e ise is esta	hlished				
Under pena	alties of perjury and oth	er penalties set forth in the instruc	ctions, I declare that I hav	ve examined this return/re	port, includi	ing, if applicable, a Schedule				
	edule MB completed and true, correct, and completed	d signed by an enrolled actuary, a lete.	as well as the electronic v	version of this return/repor	t, and to the	e best of my knowledge and				
SIGN		valid electronic signature.	01/31/2018	SHON BURY						
HERE	Signature of plan ad	Iministrator	Date	Enter name of individ	ual signing	as plan administrator				
SIGN		valid electronic signature.	01/31/2018	SHON BURY						
HERE	Signature of employ	ver/plan sponsor	Date	Enter name of individ	lual signing as employer or plan sponsor					
For Daporw	anle Dashuatian Ast Matias	soo the Instructions for Form 5500				Form 5500-SE (2017)				

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

Form 5500-SF (2017) v.170203

									_	
-	 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.) 								No No	
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.									
С	c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?								nined	
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year							(See instructions.)		
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning o	of Year			of Year			
а	Total plan assets	7a		0		0				
b	Total plan liabilities	7b		0			0			
С	Net plan assets (subtract line 7b from line 7a)	7c		0				0		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) 1	「otal		
а	Contributions received or receivable from:	0-(4)		4507						
	(1) Employers	8a(1)		1537						
	(2) Participants	8a(2)		1537						
<u> </u>	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		216						
<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						3290		
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)										
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	f Administrative service providers (salaries, fees, commissions)			23						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						23		
i	Net income (loss) (subtract line 8h from line 8c)	8i						3267		
j	Transfers to (from) the plan (see instructions)	8i		-3267						
Pa	rt IV Plan Characteristics		1							
9a	If the plan provides pension benefits, enter the applicable pension $2E$ 2G 2J 2R	feature co	odes from the List of Pla	an Chai	racteris	stic Co	des in the ins	tructions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature coo	les from the List of Pla	n Chara	cterist	ic Cod	es in the instr	uctions:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Amount		
a	Was there a failure to transmit to the plan any participant contribu									
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)			10a		х				
h	Were there any nonexempt transactions with any party-in-interest			IVa		~				
	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 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.)	ne or all of	the benefits under	10e		X				
f				10f		Х				

Х

Х

Х

10g

10h

10i

g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)

 ${f h}$ If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

i,

2520.101-3.)

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.....

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Page **3-** 1

Part	VI	Pension Funding Compliance				
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch m 5500) and line 11a below)	edule	SB		Yes X No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a			
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sectio SA? 'Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	n 302 (of		Yes X No
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an nting the waiver			of the lette	
lf y	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	-	-		
b	Ente	r the minimum required contribution for this plan year	12b			
С	Ente	r 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 left of a 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	1	No
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year	13a			
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the trol of the PBGC?			X Yes	No
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s ch assets or liabilities were transferred. (See instructions.)) to			
1	3c(1) Name of plan(s): 13c(2) EIN(s)	13c(3) PN(s)

					OMB Nos. 1210-0110				
Form 5500-SF	of Small Emplo	1210-0							
Department of the Treasury Internal Revenue Service	Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee								
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974 (EI		This Form is Open to						
Pension Benefit Guaranty Corporation	► Complete all entries in accordance with the instructions to the Form 5500-SF.								
	Identification Information								
For calendar plan year 2017 or fis	scal plan year beginning 01/01/201	_		/31/2017					
A This return/report is for:		ing this box must attach a ith the form instructions.)							
B This return/report is	a one-participant plan	a foreign plan							
D This return/report is	the first return/report I the final return/report								
	an amended return/report	an amended return/report a short plan year return/report (less than 12 months)							
C Check box if filing under:	[DFVC pr	ogram						
	special extension (enter descripti	ion)							
Part II Basic Plan Info	rmation—enter all requested inforr	mation							
1a Name of plan				1b Three					
SPACE GOAT PRODUCTIONS, LI	LC 401(K) PLAN			plan i (PN)	number 001				
			_	<u> </u>	tive date of plan 12/09/2016				
2a Plan sponsor's name (employ	yer, if for a single-employer plan)			2b Emplo	over Identification Number				
	n, apt., suite no. and street, or P.O. B e, country, and ZIP or foreign postal c		uctions)	(EIN) 27-0919809					
SPACE GOAT PRODUCTIONS, LI		, eee (ii tototgi), eee iitea		2c Spon	sor's telephone number 253-232-5494				
				2d Busin	ess code (see instructions)				
1007 N FOREST ST STE A BELLINGHAM, WA 98225-5509		EST ST STE A M, WA 98225-5509			339900				
3a Plan administrator's name an	d address 🛛 Same as Plan Sponso	r.		3b Admin	nistrator's EIN				
			-	3c Admin	nistrator's telephone number				
	plan sponsor or the plan name has o			4b EIN					
	nsor's name, EIN, the plan name and	the plan number from th	e last return/report.	4d PN					
a Sponsor's namec Plan Name				40 PN					
5a Total number of participants	at the beginning of the plan year			5a	2				
	at the end of the plan year			5b	0				
c Number of participants with a	account balances as of the end of the	plan year (only defined	contribution plans	5c	0				
	ticipants at the beginning of the plan		-	5d(1)	2				
	ticipants at the end of the plan year	-	-	5d(2)	0				
e Number of participants who	nefits that were less	5e	0						
than 100% vested	or incomplete filing of this return/re	port will be accessed							
Under penalties of perjury and oth SB or Schedule MB completed an	ner penalties set forth in the instruction ad signed by an enrolled actuary, as w	ns, I declare that I have	examined this return/rep	ort. includir	ng, if applicable, a Schedule				
belief, it is true, correct, and comp		1-31-18							
HERE Signature of plan a	dministrator	Date	Enter name of individua	al signing a	ne plan administrator				
SIGN SIGN		1-31-18	Enter name of individua	ai siyning a	is plan aunimistrator				
HERE Signature of emplo	ver/plan sponsor	Date	Enter name of individue	al signing a	as employer or plan sponsor				
The second state of the se	e, see the Instructions for Form 5500-SF	A REAL PROPERTY AND A REAL		ar orgining c	Form 5500-SF (2017)				

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٧.	1702	203

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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	an independ and condition	lent qualified public	accoun	tant (IC	QPA)		X Yes] No] No
С	If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC ir If "Yes" is checked, enter the My PAA confirmation number from the	nsurance pro	ogram (see ERISA s	ection 4	4021)?	🗌 Ye	s 🗌 No [Not determi	
Pa	rt III Financial Information				i New grade and a second second			and an and the second	
7	Plan Assets and Liabilities		(a) Beginning	of Yea	r		(b) End o	f Year	
а	Total plan assets	7a	(u) boginning	01100	·	***		0	
And the second second second	Total plan liabilities	7b		0				0	
С	Net plan assets (subtract line 7b from line 7a)	7c		0				0	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt			(b) To	tal	
a	Contributions received or receivable from: (1) Employers	8a(1)		1537			(=) · · ·		
	(2) Participants	8a(2)		1537					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b		216					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						3290	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
	Certain deemed and/or corrective distributions (see instructions)	8e							
	Administrative service providers (salaries, fees, commissions)	8f	Anna	23	3				
	Other expenses	8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						23	
_ <u>i</u> _	Net income (loss) (subtract line 8h from line 8c)	8i				3267			
	Transfers to (from) the plan (see instructions)	8j		-3267					
	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2R								
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature codes	from the List of Pla	n Chara	acteris	ic Codes in	the instruc	tions:	
Par	t V Compliance Questions								in the second second
10	During the plan year:				Yes	No	An	nount	
a	described in 29 CFR 2510.3-102? (See instructions and DOL's Vi Program)	oluntary Fid	uciary Correction	10a		x			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not ind	lude transactions	10b		×			
с	Was the plan covered by a fidelity bond?			10c		X			
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bond	, that was caused	10d		X			
e		er persons t	y an insurance	10e		x			
f	Has the plan failed to provide any benefit when due under the plan			10f		X		allag an investor ()	
g						X			
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	See instruct	ons and 29 CER	10g 10h		x			
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101	e required n	otice or one of the	10h					

Form 5500-SF 2017

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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 complete Schedule SB (Form 5500) and line 11a below)							
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a			9991042000000000000000000000000000000000		
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?								
а	(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 instruction granting the waiver	ctions, and	l enter Da		of the lett Year	er ruling		
If y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			f				
b	Enter the minimum required contribution for this plan year		12b					
	Enter the amount contributed by the employer to the plan for this plan year	1	12c					
d								
e	e Will the minimum funding amount reported on line 12d be met by the funding deadline?					N/A		
Part '	/II Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?			X Yes		No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a	Ι		C		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought control of the PBGC?	under the			Yes [No		
с	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t which assets or liabilities were transferred. (See instructions.)	he plan(s)	to					
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) PN(s)		
					1			



5500-SF Electronic Filing Authorization

 Plan Name:
 Space Goat Productions, LLC 401(k) Plan

 EIN/PN:
 27-0919809 / 001

 Plan Year:
 01/01/217 - 12/31/2017

I hereby authorize Logan Danson, LLC to electronically file the above return with the US Department of Labor's Electronic Filing Acceptance System (EFAST).

I have signed Form 5500-SF for this return and understand a scanned copy of this return bearing my manual signature will be included in the electronic filing.

Plan Administrator

(Sign)

1-31-18 (Date)

Plan Sponsor (Sign)

31-18

(Date)

306 North Commercial Street | Bellingham, Washington 98225 USA p 360-671-7257 | f 360-671-2171