For	m 5500-SF	Short Form Annual Return/Report of Small Empl Benefit Plan				OMB Nos. 1210-0110 1210-0089		
	tment of the Treasury nal Revenue Service	This form is required to be filed under sections 104 and 4065 of the Employee R			etirement	2017		
Employee Be	Department of Labor         Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Revenue Code (the Code).					This Form is Open to Public Inspection		
Pension Ber	nefit Guaranty Corporation	Complete all entries in a	500-SF.	Fublic inspection				
Part I		Identification Information	047	and an day of	0/04/0047			
For calenda	ar plan year 2017 or fis	cal plan year beginning 01/01/2			2/31/2017	the state is a second state of a		
A This return/report is for:						-		
<b>B</b> This retu	rn/roport ic	a one-participant plan						
		the first return/report	eturn/report the final return/report					
		an amended return/report	a short plan year retu	ırn/report (less than 12 m	onths)			
C Check b	oox if filing under:	Form 5558	automatic extension		DFVC p	rogram		
		special extension (enter descri	iption)		_			
Part II	Basic Plan Info	<b>rmation</b> —enter all requested inf	ormation					
1a Name of					1b Thre			
GOLDEN LA	SSO EMPLOYEE 401	(K) PLAN			plan (PN)	number 001		
					,	tive date of plan		
						01/01/2015		
Mailing	address (include roon	yer, if for a single-employer plan) n, apt., suite no. and street, or P.O			2b Employer Identification Number (EIN) 90-0211494			
,	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) GOLDEN LASSO, LLC			structions)	2c Sponsor's telephone number 206-838-3170			
			2d Business code (see instructions)					
1100 EAST UNION, STE 1B SEATTLE, WA 98122				812990				
3a Plan ad	<b>3a</b> Plan administrator's name and address X Same as Plan Sponsor.				3b Administrator's EIN			
					<b>3c</b> Administrator's telephone number			
<b>.</b>					4			
		e plan sponsor or the plan name ha nsor's name, EIN, the plan name a			4b EIN			
<b>a</b> Sponso					<b>4d</b> PN			
C Plan Na	ame							
5a Total n	number of participants	at the beginning of the plan year			5a	8		
<b>b</b> Total n	number of participants	at the end of the plan year			5b	9		
		account balances as of the end of t		•	5c	6		
<b>d(1)</b> Tota	al number of active par	ticipants at the beginning of the pla	an year		5d(1)	6		
d(2) Total number of active participants at the end of the plan year				5d(2)	7			
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested				5e	0			
Caution: A	penalty for the late of	or incomplete filing of this return	/report will be assessed	d unless reasonable ca	use is estal	blished.		
SB or Sche		ner penalties set forth in the instruc nd signed by an enrolled actuary, a plete						
SIGN		valid electronic signature.	07/10/2018	BRIDGET CULLIGAN				
HERE	Signature of plan a		Date	Enter name of individ		as plan administrator		
SIGN	· ·		07/10/2018	BRIDGET CULLIGAN				
HERE					as employer or plan apopas			
For Paperwo	Signature of employer/plan sponsor         Date         Enter name of individual signing as employer or plan sponsor           For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.         Form 5500-SF (2017)							

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h Total expenses (add lines 8d, 8e, 8f, and 8g).....

i Net income (loss) (subtract line 8h from line 8c).....

Part IV Plan Characteristics

2F 2G 2J 2K 2T 3D

Transfers to (from) the plan (see instructions) .....

j

9a

b

2E

6a b c							
Pa	rt III Financial Information	-					
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year			
а	Total plan assets	7a	383271	482027			
b	Total plan liabilities	7b					
C	<b>C</b> Net plan assets (subtract line 7b from line 7a) <b>7c</b> 383271 482027						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total			
0				(6) 10101			
a	Contributions received or receivable from: (1) Employers	8a(1)	(a) Amount	(W) Forda			
	Contributions received or receivable from:	8a(1) 8a(2)	16979				
	Contributions received or receivable from: (1) Employers						
	Contributions received or receivable from: (1) Employers	8a(2)					
a	Contributions received or receivable from: (1) Employers	8a(2) 8a(3)	16979	98841			
a	Contributions received or receivable from: (1) Employers	8a(2) 8a(3) 8b	16979				
a b c	Contributions received or receivable from: (1) Employers	8a(2) 8a(3) 8b 8c	16979				
a b c d	Contributions received or receivable from: (1) Employers	8a(2) 8a(3) 8b 8c 8d	16979				

8h

8i

8j

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

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

85

98756

Part	V Compliance Questions				
10	During the plan year:		Yes	No	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		30000
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	
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		X	
f	Has the plan failed to provide any benefit when due under the plan?	10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	Х		33450
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
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			

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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 rm 5500) and line 11a below)	nedule	SB		Yes	s 🗙 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 sectic SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	on 302	of		Yes	s 🗙 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		r the date	e of the le Yea		uling
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?		Ye	es X	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?	•		Yes	1 ×	No
С		luring 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	5)	130	<b>:(3)</b> P	'N(s)

Form 5500-SF	Short Form Annua	I Return/Report of Small Emp Benefit Plan	loyee	OMB Nos. 1210-0110 1210-0089				
Department of the Treasury Internal Revenue Service	This form is required to be filed under sections 104 and 4065 of the Employee			2017				
Depertment of Labor Employee Benefits Security Administration	Department of Labor playee Benefits Security Administration Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6051 the Internal Revenue Code (the Code).							
Penelon Benelit Guaranty Corporation	Complete all entries in accordance with the assurations to the Form 5500-51.							
IPartili         Annual Report Identification Information           For calendar plan year 2017 or fiscal plan year beginning         01/01/2017         and ending         12/31/2017								
f								
A This return/report is for:	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 one-participant plan       a foreign plan							
B This return/report is:	the first return/report an amended return/report	the final return/report a short plan year return/report (less then	12 months)					
C Check box If filing under:	Form 5558	automatic extension		program				
	<u>`</u>							
Ta Name of plan Golden Lasso Employe	mation — enter all requested		1b Three-di plan num (PN) ►					
			1c Effective 01/01/	1				
Mailing Address (include mon	er, if for a single-employer plan) n, apt., suite no. and street, or P country and ZIP or foreion pos	.O. Box) stal code (if foreign, see instructions)	2b Employe	Employer Identification Number (EIN) 90-0211494				
Golden Lasso, LLC		2C Sponsor's telephone number (206) 838-3170						
1100 East Union, Ste	a 1B			2d Business code (see instructions) 812990				
38 Plan administrator's name and	d address 🗶 Same as Plan S	Donsor	3b Administ	rator's EIN				
			<b>3C</b> Administ	3c Administrator's telephone number				
4 If the name and/or EIN of the	pian sponsor or the plan name I	as changed since the last return/report filed for	4b EIN					
this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name 4d PN 4d PN								
5a Total number of participants a	It the beginning of the plan year	······	5a	B				
b Total number of participants a	at the end of the plan year		5b	9				
C Number of participants with a complete this item)		f the plan year (only defined contribution plans	<u>5c</u>	6				
d(1) Total number of active parties	cipants at the beginning of the p	lan year	5d(1)	6				
d(2) Total number of active parti-		ar	5d(2)	7				
less than 100% vested			5e	0				
		m/report will be assessed unless reasonabl						
Under penalties of perjury and oth SB or Schedule MB completed an belief, it is true, correct, and comp	nd signed by an enrolled actuary	uctions, I declare that I have examined this return , as well as the electronic version of this return/	eport, and to the bes	st of my knowledge and				
Taxis Manager 12		Alister Dright	CC (IALL	( m )				

SIGN	phaset Callyn	7/10/18	BRIDGET CUCH GAR
HERE	Stepature of plan administratory	Date	Enter game of Individual signing as plan administrator
etcal	An Draw Callison	7/10/18	BRIDGET CULIGAN
	Signature of employer/plan sporsor	Date	Enter name of individual signing as employer or plan sponsor

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Form 5500-SF (2017) v.170203

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Form 5500-SF 2017

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)

under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)

b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)

If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.

Page 2

XYes No

X Yes No

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this year (See instructions.) Part III Financial Information St 2 2 (a) Beginning of Year 7 Plan Assets and Liabilities (b) End of Year Total plan assets 7a 383,271 482,027 а b Total plan liabilities. 7b C. Net plan assets (subtract line 7b from line 7a) 7c 383,271 482,027 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total Contributions received or receivable from: a (1) Employers 8a(1) 16,979 (2) Participants 8a(2) (3) Others (including rollovers) 8a(3) b Other income (loss) ... 81,862 8b С Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 98,841 Benefits paid (including direct rollovers and insurance premiums d to provide benefits) 8d e Certain deemed and/or corrective distributions (see instructions) 8e 85 f Administrative service providers (salaries, fees, commissions) 8f Other expenses **q** 8g h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 85 i 98,756 Net income (loss) (subtract line 8h from line 8c) 81 Transfers to (from) the plan (see instructions) 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: 2E 2F 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 MA Amount a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduciary Correction x 10a Program) h Were there any nonexempt transactions with any party-in-interest? (Do not include transactions x reported on line 10a.) 101 C Was the plan covered by a fidelity bond? 10c 30,000 x d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused х by fraud or dishonesty? 10d Were any fees or commissions paid to any brokers, agents, or other persons by an insurance Ð carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) ... x 10e f Has the plan failed to provide any benefit when due under the plan? ... 10f x g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g х 33,450 h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR. 2520.101-3.) . 101 х 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

	Form 5500-SF 2017 Page <b>3 -</b>						
Раг	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500 and line 11a below)	d complete Scl	nedule S	SB		res 🗴	No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a		1		
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the ERISA?	Code or section	on 302 c	of		res 🗴	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see i granting the waiver		id enter Da		of the le Yea		g
lf 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	Enter the amount contributed by the employer to the plan for the 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 negative amount)	e left of a	12d		i		
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?	******		] Yes 🗌 No 🛄 N/A			
Рап	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?	******	Ľ	Yes	X	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a				
Ь	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or bro control of the PBGC?	ught under the		ר 🗆 ו	′es [	K No	
C	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), idea which assets or liabilities were transferred. (See instructions.)	ntify the plan(s	) to				
1:	ic(1) Name of plan(s):	13c(2) El	N(s)		13c	(3) PN(s	)
					*****		