Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Internal Revenue Service

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

2018

This Form is Open to Public Inspection

Part I	Annual Report	t identification information							
For calenda	ar plan year 2018 or f	fiscal plan year beginning 01/01/2	2018	and ending 12	2/31/2018				
A This ret	his box must attach a le form instructions.)								
				,					
B This retu	urn/report is	t urn/report (less than 12 m							
	onths)								
C Check b	oox if filing under:	Form 5558	automatic extension	ı	DFVC progra	m			
Dowt II	Dania Blanduf	special extension (enter desc	1 ,						
Part II		ormation—enter all requested in	formation		41 "	1			
1a Name ABOUTGOL	of plan F GLOBAL 401(K) Pl	LAN			1b Three-digingle plan number (PN) ▶				
					1c Effective of	date of plan 01/01/2013			
		oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C	D. Box)		2b Employer (EIN)	Identification Number 83-0787389			
City or		ce, country, and ZIP or foreign post		structions)	2c Sponsor's telephone number 419-482-9095				
					2d Business code (see instructions)				
5105 CARILL	ON POINT WA 98033-7308				713900				
,,									
3a Plan ad	dministrator's name a	and address X Same as Plan Spor	nsor.		3b Administra	ator's EIN			
					3c Administra	ator's telephone number			
		ne plan sponsor or the plan name honsor's name, EIN, the plan name a			4b EIN				
	or's name ABOUT GO				4d PN				
C Plan N	lame ABOUT GOLF (GLOBAL & SUBSIDIARIES 401(K)	PLAN						
5a Total r	number of participants	s at the beginning of the plan year.			5a	39			
		s at the end of the plan year			5b	40			
		account balances as of the end of			5c	20			
d(1) Tota	al number of active pa	articipants at the beginning of the pl	lan year		5d(1)	38			
		articipants at the end of the plan ye			5d(2)	39			
		o terminated employment during the	. ,		5e				
Caution: A	penalty for the late	or incomplete filing of this return	n/report will be assesse	ed unless reasonable car	use is establish	ed.			
SB or Sche		other penalties set forth in the instruction and signed by an enrolled actuary, and lete.							
SIGN		d/valid electronic signature.	06/04/2019	JOSEPH YOUNG					
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as pla	an administrator			
SIGN	Filed with authorized	d/valid electronic signature.	06/04/2019	JOSEPH YOUNG					
HERE	Signature of empl	over/plan sponsor	Date	Enter name of individ	idual signing as employer or plan sponsor				

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	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)						X	es No	
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.)							X Y	es 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)? Yes No								etermined
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this p	lan yea	r			(See ins	structions.)
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) Er	nd of Year	
а	Total plan assets	7a	62	23742				65622	21
b	Total plan liabilities	7b						389)2
С	Net plan assets (subtract line 7b from line 7a)	7c	62	23742		652329			29
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b) Total	
а	Contributions received or receivable from: (1) Employers	8a(1)							
	(2) Participants	8a(2)	12	23365					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	-4	53513					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						6985	52
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	;	33677					
е	Certain deemed and/or corrective distributions (see instructions)	8e		3892					
f	Administrative service providers (salaries, fees, commissions)	8f		3696					
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	tal expenses (add lines 8d, 8e, 8f, and 8g)						4126	S5
i_	Net income (loss) (subtract line 8h from line 8c)	8i						2858	37
<u>j</u>	Transfers to (from) the plan (see instructions)	8j							
Pai	rt IV Plan Characteristics								
9a 	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Pla	an Cha	racteri	stic Co	odes in the in	nstructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	des in the ins	structions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а	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)	oluntary F	iduciary Correction	10a		X			
b		? (Do not	include transactions	10b		X			
				10c	Χ			ı	50000
d	Did the plan have a loss, whether or not reimbursed by the plan's 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.)			X				3847	
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)			X				6491	
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					

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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 (Form 5500) and line 11a below)			Yes 🛚 No			
11a	Enter 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 302 of ERISA?							
	(If "Yes," complete line 12a or lines 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 instructions, granting the waiver	and enter Da		e of the letter ruling Year			
lf y	you 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					
С	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 of a negative 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	s 🔀 No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under control of the PBGC?	the		Yes X No			
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plant which assets or liabilities were transferred. (See instructions.)	n(s) to					
1	3c(1) Name of plan(s):	(2) EIN(s))	13c(3) PN(s)			

Form 5500-SF

Department of the Treasury Internal Revenue Sarvice

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 the Internal Revenue Code (the Code).

2018

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public inspection

Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of

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

Rattil Annual Report Identification Information For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018 🗶 a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach A This return/report is for: 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 the final return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: Form 5558 automatic extension DFVC program special extension (enter description) Part II Basic Plan Information --- enter all requested information 1a Name of plan 1b Three-digit plan number aboutGolf Global 401(k) Plan 001 (PN) ▶ 1c Effective date of plan 01/01/2013 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) (EIN) 83-0787389 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2C Sponsor's telephone number aboutGolf Global, Inc. (419) 482-9095 2d Business code (see instructions) 5105 Carillon Point 713900 US Kirkland WA 98033-7308 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 or the plan name has 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. 4d PN Sponsor's name About Golf Global, Inc. C Plan Name About Golf Global & Subsidiaries 401(k) Plan 5a Total number of participants at the beginning of the plan year 5a 39 Total number of participants at the end of the plan year 5b 40 Number of participants with account balances as of the end of the plan year (only defined contribution plans 5c 20 complete this item) d(1) Total number of active participants at the beginning of the plan year 5d(1) 38 5d(2) 39 d(2) Total number of active participants at the end of the plan year Number of participants who 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. Randall Henry SIGN

Date 5 - 1 1~1€

Date 5-71-10

Signature of plan administrator

Signature of employer/plan sponsor,

HERE,

SIGN

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Randall Henry

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	Were all of the plan's assets during the plan year invested in eligible						********	XYes No	
þ	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IOPA)								
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condit	ions.)	*******	******	********		XYes □No	
_	If you answered "No" to either line 6a or line 6b, the plan cann	ot use Fo	rm 5500-SF and must in	nstea	d use	For	n 5500.	·	
С	If the plan is a defined benefit plan, is it covered under the PBGC in								
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this yea	r				(See instructions.)	
P	artill Financial Information	in a	C. rives	~					
7	Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End of Year	
a	Total plan assets	7a		523,	742	,		656,221	
b	Total plan liabilities	7b						3,892	
C	Net plan assets (subtract line 7b from line 7a)	70		23,	742		σ.	652,329	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nţ				(b) Total	
а	Contributions received or receivable from: (1) Employers	8a(1)						· · · · · · · · · · · · · · · · · · ·	
-	(2) Participants	8a(2)	1	23,:	365	-	1 1000	The state of the s	
	(3) Others (including rollovers)	8a(3)						lle o Marie III de la company de la comp Recompany de la company de	
b	Other income (loss)	8b	(5	3,5	131	20H	SCAL SEA	Maria de maria de de la composición dela composición de la composición dela composición dela composición dela composición de la composición dela composición de la composición del composición dela composición dela composición dela composición del composición dela composic	
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	NOTICE AND ADDRESS OF THE PERSON WITH	77 Water		A) Pe		50 0F0	
d	Benefits paid (including direct rollovers and insurance premiums					100		69,852	
	to provide benefits)	8d	and a second	33,6		- 7	i de San		
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		3.8					
f	Administrative service providers (salaries, fees, commissions)	8f		.3,6	596	_	100	again and a second	
9	Other expenses	80	(ABC) *ACC AND CO	al september	Works	- 10.00 No. 10.00		是 " 是 , 是 , 是	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						41,265	
<u>.</u>	Net income (loss) (subtract line 8h from line 8c)	8i	神 理 到			(12)	3.4	28,587	
hpt-sc	Transfers to (from) the plan (see instructions)	81				, to	Trans.	The state of the s	
-	Pan W Plan Characteristics								
ya	If the plan provides pension benefits, enter the applicable pension for 2E 2F 2G 2J 2K 2T 3D	eature cod	es from the List of Plan C	hara	cteris	tic Co	des in t	he instructions:	
			-#3			_ N/V			
P	If the plan provides welfare benefits, enter the applicable welfare fea	iture code:	s from the List of Plan Ch	ıarad	eristic	: Cod	es in the	e instructions:	
P	AV. Compliance Questions						······································		
10	During the plan year:		<u> </u>		Yes	No	N/A	Amount	
a		ions withir	the time period	T		1			
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	luntary Fic	fuciary Correction						
	Program)			10a	<u> </u>	х	100		
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)			10ь		x			
	- Orange			10c		 		50,000	
d						 		30,000	
	by fraud or dishonesty?	•	-	10d		X	in the second	7. 7	
е		er persons	by an insurance			[7.		
	carrier, insurance service, or other organization that provides some the plan? (See instructions.)			10e	x		11.1	3,847	
f	Has the plan failed to provide any benefit when due under the plan	· (m)///		10f		x		0,01,	
				10g	42	┢╧	AACC TO	, , , , , , , , , , , , , , , , , , , ,	
<u>g</u>		V. A. A		109	x	-	3	6,491	
11	2520.101-3.)			10h		x			
i	If 10h was answered "Yes," check the box if you either provided the						3		
	exceptions to providing the notice applied under 29 CFR 2520.101	-3	#8614 hude=####################################	101			1	The same of the sa	

· 2000000000	Form 5500-SF 2018 Page 3 -							
Par	Pension Funding Compliance							
11	ls this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions (Form 5500 and line 11a below)	and complete S	chedule	SB	□ Y	es X	No	
118	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line	0	11a					
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of t ERISA?	he Code or sec	ion 302	of	□ Y	s X	No	
2	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, se granting the waiver	Month	ind ente		of the le Year	tter rulir	ng	
<u>lf</u> }	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to I	ine 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 negative amount)	12ď						
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes _	No [] N/A	L.,	
Pari	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?	**************************************] Yes	X I	ło		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	6 * 4 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	13a					
þ	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or b control of the PBGC?	rought under th	8	<u> </u>	es X	No		
С	C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)							
13c(1) Name of plan(s): 13c(2) El					13 <u>c</u> (3) PN(s)		