For	rm 5500-SF	Short Form Annu	oyee	OMB Nos. 1210-0110 1210-0089				
	rtment of the Treasury nal Revenue Service	This form is required to be file	tirement	2018				
	epartment of Labor enefits Security Administration	057(b) and 6058(a) of the I de).						
Pension Be	enefit Guaranty Corporation	Complete all entries in a	accordance with the ins	tructions to the Form 55	00-SF.	Public Inspection		
Part I		dentification Information						
For calend	ar plan year 2018 or fisc	cal plan year beginning 01/01/2	-		/31/2018			
A This ret	turn/report is for:	X a single-employer plan	list of participating e	olan (not multiemployer) (F employer information in acc		-		
R This rote	urn/report is	a one-participant plan	a foreign plan					
		the first return/report	the final return/report					
		an amended return/report	a short plan year retu	urn/report (less than 12 mo	nths)			
C Check	box if filing under:	Form 5558	automatic extension	[DFVC p	rogram		
		special extension (enter desci	ription)					
Part II	Basic Plan Infor	mation—enter all requested int	formation					
1a Name	•				1b Three	e-digit number		
GOLDENLA	SSO EMPLOYEE 401(K) PLAN			(PN)			
					1c Effect	tive date of plan		
2a Plan s	ponsor's name (employ	er, if for a single-employer plan)			2h Empl	01/01/2015 oyer Identification Number		
Mailing	g address (include room	, apt., suite no. and street, or P.C			(EIN)			
GOLDEN LA	•	, country, and ZIP or foreign post	ai code (if foreign, see ins	structions)	2c Sponsor's telephone number 206-838-3170			
					2d Business code (see instructions)			
1100 EAST U SEATTLE, W	JNION, STE 1B /A 98122					812990		
3a Plan a	dministrator's name and	l address 🛛 Same as Plan Spor	nsor.		3b Admi	nistrator's EIN		
				_	3c Admi	nistrator's telephone number		
4 If the r	name and/or EIN of the	plan sponsor or the plan name ha	as changed since the last	return/report filed for	4b EIN			
this pl	an, enter the plan spon	sor's name, EIN, the plan name a		the last return/report.				
a Spons C Plan N	or's name				4d PN			
U Harry	ane							
5a Total	number of participants a	at the beginning of the plan year			5a	9		
b Total i	number of participants a	at the end of the plan year			5b	7		
		ccount balances as of the end of			5c	7		
•	,	icipants at the beginning of the pl			5d(1)	7		
					5d(2)	5		
 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 					5e	0		
than	100% vested	r incomplete filing of this return	n/report will be assesse	d unless reasonable cau				
Under pena	alties of perjury and othe	er penalties set forth in the instruc	ctions, I declare that I hav	e examined this return/rep	ort, includi	ng, if applicable, a Schedule		
	edule MB completed and true, correct, and compl	d signed by an enrolled actuary, a lete.	as well as the electronic v	ersion of this return/report,	and to the	best of my knowledge and		
SIGN		valid electronic signature.	07/23/2019	PHILIP SHAW				
HERE	Signature of plan ad		Date	Enter name of individu	al signina :	as plan administrator		
SIGN	· · ·	alid electronic signature.	07/23/2019	PHILIP SHAW	U			
HERE	Signature of employ	5	Date		al signing :	as employer or plan sponsor		
For Paperw		, see the Instructions for Form 5500				Form 5500-SF (2018)		

t	Notice, se	e the	Instructions	for Forn	n 5500-SF.	

v.171027

 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)										
c	 If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.) 									
Pa	Part III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End	of Year					
a Total plan assets			482027	467557						

a	Total plan assets	7a	4	82027		467557			
b	Total plan liabilities	7b		0			0		
C	Net plan assets (subtract line 7b from line 7a)	7c	4	82027			467557		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total		
а	Contributions received or receivable from: (1) Employers	8a(1)		6483					
	(2) Participants	8a(2)		13769					
	(3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	8b	4	32812					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					-12560		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		1560					
е	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f		0					
g	Other expenses	8g		350					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					1910		
i	Net income (loss) (subtract line 8h from line 8c)	8i					-14470		
j	Transfers to (from) the plan (see instructions)	8j		0					
Ра	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E $2F$ 2G 2J $2K$ 2T 3D	feature co	odes from the List of PI	an Cha	racteri	stic Co	des in the instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare f	eature coo	les from the List of Pla	n Chara	acterist	ic Cod	es in the instructions:		
Pa	rt V Compliance Questions								
10	During the plan year:				Yes	No	Amount		
a	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's \ Program)	/oluntary F	iduciary Correction	10a		×			
k	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х			
C	Was the plan covered by a fidelity bond?			10c	x		40000		
		C 1 111 1							

	····· ································				40000
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		X	
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		31747
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			

Page **3-** 1

Part	VI	Pension Funding Compliance							
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and rm 5500) and line 11a below)			B		Yes	X No	
11a	Ent	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 302 of ERISA?								X No	
а	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter granting the waiver								
lf	you o	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 ative amount)		12d					
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?			Ye	s X	No		
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a					
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?				Yes X No				
С		luring 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.)	tify the plan(s)	to					
1	3c(1) Name of plan(s):	EIN(s)		13	:(3) PN	۱(s)		

Form 5500-SF	Short Form Annua	Short Form Annual Return/Report of Small Employee Benefit Plan						
Department of the Treasury Internal Revenue Service	This form is required to t	This form is required to be filed under sections 104 and 4065 of the Employee						
Department of Labor Employee Benefits Security Administration	 Retirement Income Security 	Act of 1974 (ERISA), and secti Internal Revenue Code (the Co	on 6057(b) and 6058(a	a) of This Fo	rm is Open to Public Inspection			
Pension Benefit Guaranty Corporation		ccordance with the instruction	ns to the Form 5500-	SF.				
	dentification Information	<u> </u>	and ending	12/31/2010	8			
For calendar plan year 2018 or fis		01/01/2018						
A This return/report is for:	x a single-employer plan	a multiple-employer plan a list of participating emp a foreign plan	(not multiemployer) (H loyer information in ac	liers checking thi cordance with the	e form instructions.)			
B This return/report is:	the first return/report	the final return/report						
	an amended return/report	a short plan year return/r	eport (less than 12 mo	nths)				
C Check box if filing under:	Form 5558	automatic extension		DFVC pr	ogram			
	special extension (enter des	cription)						
Part II Basic Plan Info	rmation enter all requeste	d information	T	4				
1a Name of plan Golden Lasso Employ	vee 401(k) Plan			1b Three-digit plan numbe (PN) ►	er 001			
				1c Effective da 01/01/20				
2a Plan sponsor's name (emplo Mailing Address (include roo	m ant suite no and street or l	P.O. Box)	tions)		dentification Number -0211494			
City or town, state or provinc Golden Lasso, LLC	æ, country, and ZIP or foreign po	Stal code (il loreign, see insudo			2c Sponsor's telephone number (206) 838–3170			
002000 20000, 222			-		ode (see instructions)			
1100 East Union, St	ce 1B			812990	,			
US Seattle WA 98122 3a Plan administrator's name a	nd address 🔀 Same as Plan S	sponsor		3b Administrat	tor's EIN			
			-	3c Administrat	tor's telephone number			
4 If the name and/or EIN of th	e plan sponsor or the plan name	has changed since the last retu	Im/report filed for	4b EIN	······			
	nsor's name, EIN, the plan name	and the plan number from the	last return/report.	4d PN				
a Sponsor's name C Plan Name								
	at the beginning of the slap was	•		5a	9			
5a Total number of participants	at the beginning of the plan year			5b	7			
C Number of participants with	account balances as of the end	of the plan year (only defined c	ontribution plans	5c	7			
	rticipants at the beginning of the			5d(1)	7			
				5d(2)	5			
Number of participants who	rticipants at the end of the plan y terminated employment during t	he plan year with accrued bene	fits that were	5e	0			
less than 100% vested			nlace researchin co					
the second se	or incomplete filing of this re- other penalties set forth in the ins and signed by an enrolled actual nplete.	tructions. I declare that I have e	examined this return/re	port, including, if	applicable, a Schedule			
	>		PHILIP SHAL	ĸ				
			Sectors .					

HERE Signature of plan administrator	Date 7 23.2019 Enter name of individual signing as plan administrator
	Philipstaw
HERE Signature of employer/plan sponsor	Date 7.23.2016 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 (2018) v.171027

6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	XYes 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.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	XYes No
~		
С	in the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this year	(See instructions.)

P	art III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Ye	ar		(b)	End of Year		
а	Total plan assets	7a	482,	027			467,557		
b	Total plan liabilities	7b		0			0		
С	Net plan assets (subtract line 7b from line 7a)	7c	482,	027			467,557		
8	Income, Expenses, and Transfers for this Plan Year	anta ordere and Selectedore and	(a) Amount				(b) Total		
a	Contributions received or receivable from: (1) Employers	8a(1)	6,	483					
	(2) Participants	8a(2)	13,	769					
	(3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	8b	(32,8	12)					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					(12,560)		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1,	560					
e	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f		0					
g	Other expenses	8g		350					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					1,910		
i	Net income (loss) (subtract line 8h from line 8c)	8i					(14,470)		
i	Transfers to (from) the plan (see instructions)	8j		0	6.35				
P	art IV Plan Characteristics					300,0034,003,003,003,003,003,003,003,003			
	If the plan provides pension benefits, enter the applicable pension for	eature cod	es from the List of Plan Char	acteris	tic Co	des in the i	nstructions:		
	2E $2F$ $2G$ $2J$ $2K$ $2T$ $3D$								
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature code	s from the List of Plan Chara	cteristic	c Code	es in the in	structions:		
P	TTV Compliance Questions						,		
10	During the plan year:			Yes	No	NA	Amount		
a	Was there a failure to transmit to the plan any participant contribu	tions within	n the time period						
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	oluntary Fic	duciary Correction						
	Program)			a	X				
k	 Were there any nonexempt transactions with any party-in-interest reported on line 10a.) 			ь	x				
C	Was the plan covered by a fidelity bond?			c X			40,000		
C	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	-		d	x				
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	e	x				
f	Has the plan failed to provide any benefit when due under the plan	n?		f	x				

g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g 31,747 h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 10h 2520.101-3.) .. 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 i 10i

х

Form 5500-SF 2018

Page 3 -

Par	VI Pension Funding Compliance						
11	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				
12		e Code or sect			🗆 Ye	s 🗶	No
	(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					ter ruli	ng
	granting the waiver	Month	Da	у	<u>Year</u>		
<u> </u>	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lin	e 13.					
b	Enter the minimum required contribution for this plan year	********	12b				
С	Enter the amount contributed by the employer to the plan for the plan year		12c				
d	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)						
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes No N/A			L.
Par	VII Plan Terminations and Transfers of Assets						
13 a	Has a resolution to terminate the plan been adopted in any plan year?] Yes	XN	lo	
	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 bro- control of the PBGC?	ought under th	e	ים	(es 🗶	No	
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide which assets or liabilities were transferred. (See instructions.)	entify the plan(s) to				
1	3c(1) Name of plan(s):	13c(2) El	N(s)		13c(3	PN(s))