Form 5500-SF

Department of the Treasury Internal Revenue Service

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 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

For celedar plan year 2018 or fiscal plan year teginning 02/21/2018 an untiple-employer plan fort multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) a non-participant plan a toreign plan year return/report (less than 12 months)			ientification information								
A This return/report is for: a one-participant plan a foreign plan a short plan year return/report (less than 12 months) C C Check box if filing under:	For calendar pla	an year 2018 or fisca	al plan year beginning 02/21/2	2018		and ending 12	2/31/201	8			
B This return/report is	A This return/	report is for:	a single-employer plan				-				
me instructiveport me instructiveport me instructiveport (less than 12 months)		·	a one-participant plan	_	,						
C Check box if filing under:	B This return/re	eport is	the first return/report	the	e final return/report						
Part II Basic Plan Information—enter all requested information Ta Name of plan To Three-digit plan number (PN) 001			an amended return/report	a short plan year return/report (less than 12 months)							
Part II Basic Plan Information—enter all requested information 1a Name of plan MIDWINTER ENTERTAINMENT INC 401(K) PLAN 10 10 11 12 12 13 14 15 15 16 16 16 16 16 16	C Check box i	f filing under:	Form 5558	au	utomatic extension		DFV	C program			
18 Name of plan MIDWINTER ENTERTAINMENT INC 401(K) PLAN 22 Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) MIDWINTER ENTERTAINMENT INC 22 Exponsor's telephone number 425-533-4775 23 Business code (see instructions) 33 Plan administrator's name and address Sarme as Plan Sponsor. GUIDELINE, INC. 335 SEATULE, WA 98165 36 Administrator's EIN 47-447-4775 37 Administrator's EIN 47-447-4775 38 AMATEO, CA 94403 48 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 49 If the name and/or EIN of the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 40 PN 40 PN 51 Total number of participants at the beginning of the plan year. 50 C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item). 41 C Number of participants at the end of the plan year. 52 C Number of participants at the end of the plan year. 53 (1) Total number of active participants at the beginning of the plan year. 54 (1) Total number of active participants at the beginning of the plan year. 55 C 21 (2) 22 (2) 22 (2) 20 (2) 2			special extension (enter descri	ription)							
18 Name of plan MIDWINTER ENTERTAINMENT INC 401(K) PLAN 22 Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) MIDWINTER ENTERTAINMENT INC 22 Exponsor's telephone number 425-533-4775 23 Business code (see instructions) 33 Plan administrator's name and address Sarme as Plan Sponsor. GUIDELINE, INC. 335 SEATULE, WA 98165 36 Administrator's EIN 47-447-4775 37 Administrator's EIN 47-447-4775 38 AMATEO, CA 94403 48 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 49 If the name and/or EIN of the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 40 PN 40 PN 51 Total number of participants at the beginning of the plan year. 50 C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item). 41 C Number of participants at the end of the plan year. 52 C Number of participants at the end of the plan year. 53 (1) Total number of active participants at the beginning of the plan year. 54 (1) Total number of active participants at the beginning of the plan year. 55 C 21 (2) 22 (2) 22 (2) 20 (2) 2	Part II B	asic Plan Inforn	nation—enter all requested in	formation	on						
plan number (PN) 001 1c Effective date of plan 022/12018 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) 2b Employer identification Number (EIN) 81-4607679 2c Sponsor's telephone number 425-833-4775 2d Business code (see instructions) 511210 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 425-833-4775 3d Administrator's telephone number 888-228-3491 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 3d Plan Name 4d PN 5a Total number of participants at the beginning of the plan year 5b 24 C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this fisem) 10 10 10 10 10 10 2d C Number of participants at the beginning of the plan year 5d(1) 10 10 10 10 10 10 10			·				1b ⊤	hree-digit			
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) MIDWINTER ENTERTAINMENT INC 3a Plan administrator's name and address Same as Plan Sponsor. 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN 47-44747775 3c Administrator's EIN 488-228-3491 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report. 888-228-3491 4 If the name and/or EIN of the plan sponsor or the plan name and the plan number from the last return/report. 888-228-3491 5 Total number of participants at the beginning of the plan year 5 Plan Name 5 Total number of participants at the beginning of the plan year 5 Number of participants with account balances as of the end of the plan year 6 Number of participants with account balances as of the end of the plan year 6 Number of participants with erminated employment during the plan year with accrued benefits that were less than 100% vested. 6 Number of participants with terminated employment during the plan year with accrued benefits that were less than 100% vested. 6 Number of participants with terminated employment during the plan year with accrued benefits that were less to the now of the plan year and the electronic vertical than the evacuamined this return/report, including, if applicable, a Schedule Box Oschedule MB completed and signed by an enrolled actuary, as well as the electronic vertice, and to the best of my knowledge and belief, it is true, correct, and complete. 6 Signature of plan administrator 6 Date Enter name of individual signing as plan administrator	·						р	lan number	001		
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt, suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) MIDWINTER ENTERTAINMENT INC 3a Plan administrator's name and address Same as Plan Sponsor. GUIDELINE, INC. 3a Plan administrator's name and address SAN MATEO, CA 94403 3a Plan administrator's name and address SAN MATEO, CA 94403 3b Administrator's EIN 474747775 3c Administrator's telephone number 888-228-3491 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for 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 5a Total number of participants at the beginning of the plan year San In United Plan of participants at the end of the plan year Sounded this lein. 5b Total number of participants with account balances as of the end of the plan year (only defined contribution plans complete this lein). d(1) Total number of active participants at the beginning of the plan year Sold(1) 10 10 10 10 10 10 10 10 10 10 10 10 10							1c E		•		
Mailing address (include room, apt, suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) MIDWINTER ENTERTAINMENT INC 2C Sponsor's telephone number 425-533-4775 2d Business code (see instructions) 511210 3a Plan administrator's name and address Same as Plan Sponsor. GUIDELINE, INC. 3050 S DELAWARE ST #202 SAN MATEO, CA 94403 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for 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 5a Total number of participants at the beginning of the plan year b Total number of participants with account balances as of the end of the plan year c Number of participants with account balances as of the end of the plan year d(1) Total number of active participants at the beginning of the plan year d(2) Total number of participants with account balances as of the end of the plan year e Number of participants with account balances as of the end of the plan year d(1) Total number of participants at the beginning of the plan year d(1) Total number of participants with account balances as of the end of the plan year e Number of participants with account balances as of the end of the plan year d(1) Total number of participants at the beginning of the plan year b Total number of participants with account balances as of the end of the plan year complete this item) d(2) Total number of participants with terminated employment during the plan year with accrued benefits that were less than 100% vested cultured repenalties of perjuty and other penalties set forth in the instructions, I declare that I have examined this return/report, and to the best of my knowledge and talled its true. Correct, and complete. Signature of plan administrator											
MIDWINTER ENTERTAINMENT INC 22 Sponsor's telephone number 425-53-34775 23 Business code (see instructions) 511210 3a Plan administrator's name and address Same as Plan Sponsor. GUIDELINE, INC. 3050 S DELAWARE ST #202 SAN MATEO, CA 94403 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for 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 5a Total number of participants at the beginning of the plan year. 5b 24 b Total number of participants at the end of the plan year. 5c 21 complete this item) d(1) Total number of active participants at the beginning of the plan year. d(2) Total number of active participants at the end of the plan year. 5c 21 caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established. Signature of plan administrator Date Enter name of individual signing as plan administrator	Mailing add	dress (include room,	apt., suite no. and street, or P.C								
### April 1001 4TH AVE #3200 \$EATTLE, WA 98154 3a Plan administrator's name and address Same as Plan Sponsor. ### GUIDELINE, INC. ### 3050 \$ DELAWARE \$T #202 \$3c Administrator's telephone number \$888-228-3491\$ 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. ### 202 \$3c Administrator's telephone number \$888-228-3491\$ 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. ### 4d PN 5a Total number of participants at the beginning of the plan year. 5 Total number of participants at the end of the plan year. 5 Description of participants with account balances as of the end of the plan year (only defined contribution plans complete tiling in the plan year. #### 55 Description of the plan year. ### 55 Description of the plan year. ### 56 Description of the plan year. ### 5				tal code	(if foreign, see instru	uctions)	2c Sponsor's telephone number				
SEATTLE, WA 98154 STI210 SEATTLE, WA 98154 STI210	MIDWINTER ENTERTAINMENT INC						425-533-4775				
3a Plan administrator's name and address Same as Plan Sponsor. GUIDELINE, INC. 355 S DELAWARE ST #202 SAN MATEO, CA 94403 4b EIN 4th the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 5a Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plan year	1001 4TH AVE #	2200					2d Business code (see instructions)				
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for 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 5a Total number of participants at the beginning of the plan year							511210				
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for 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 5a Total number of participants at the beginning of the plan year											
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for 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 5a 10 b Total number of participants at the beginning of the plan year	3a Plan administrator's name and address ☐ Same as Plan Sponsor.										
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for 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 5a Total number of participants at the beginning of the plan year	GUIDELINE, INC		3050 S D	ELAWA	RE ST						
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for 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 5a 10 b Total number of participants at the beginning of the plan year				TEO CA	A 94403		· ·				
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 5a Total number of participants at the beginning of the plan year	SAN WATES, CA 34403							888-228	3-3491		
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 5a Total number of participants at the beginning of the plan year											
a Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plan year	4 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						
Total number of participants at the beginning of the plan year	this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.					44 50					
5a Total number of participants at the beginning of the plan year	·				40 PN						
b Total number of participants at the end of the plan year	C Pian Name										
C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item). d(1) Total number of active participants at the beginning of the plan year	5a Total number of participants at the beginning of the plan year					5a		10			
d(1) Total number of active participants at the beginning of the plan year	· · · · · · · · · · · · · · · · · · ·					5b		24			
d(2) Total number of active participants at the end of the plan year				5c		21					
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	d(1) Total number of active participants at the beginning of the plan year					-	10				
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. SIGN HERE Filed with authorized/valid electronic signature. Date Enter name of individual signing as plan administrator	d(2) Total number of active participants at the end of the plan year					5d(2)	22			
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. SIGN HERE Filed with authorized/valid electronic signature. Date Enter name of individual signing as plan administrator SIGN HERE	than 100% vested							0			
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. SIGN Filed with authorized/valid electronic signature. Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE											
SIGN HERE Filed with authorized/valid electronic signature. O7/24/2019 CAROL HO Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE	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										
Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERF	SIGN File			ronic signature. 07/24/2019 CAROL HO							
HERE	HERE	gnature of plan adn	ninistrator		Date	Enter name of individ	ual signi	ng as plan adr	ninistrator		
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor											
	HERE Sig	gnature of employe	er/plan sponsor	ponsor Date Enter name of individual signing as employer or							

Form 5500-SF (2018) Page **2**

		Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							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 Yes	No	
	If you answered "No" to either line 6a or line 6b, the plan cann		•							
С	c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No							Not dete	rmined	
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (ctions.)	
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End	of Year		
а	Total plan assets	7a		0			152418			
b	Total plan liabilities	7b		0		0				
С	Net plan assets (subtract line 7b from line 7a)	7c		0			152418			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total				
а	Contributions received or receivable from: (1) Employers	8a(1)	57443							
	(2) Participants	8a(2)	105779							
	(3) Others (including rollovers)	8a(3)		337						
	Other income (loss)	8b	′	-11141						
	Other income (loss)					152418				
d	Benefits paid (including direct rollovers and insurance premiums	8c								
	to provide benefits)	8d		0						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0						
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f		0						
g	Other expenses			0						
<u>h</u>	h Total expenses (add lines 8d, 8e, 8f, and 8g)					0				
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i						152418		
	Transfers to (from) the plan (see instructions)	8j		0						
	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2S 2T 3D	feature co	des from the List of Pla	an Cha	racteri	stic Co	des in the insti	ructions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan	n Chara	acteris	ic Cod	les in the instru	uctions:		
Par	t V Compliance Questions				1		T			
10	During the plan year:				Yes	No	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)					X			0	
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			10a 10b		X			0	
С	C Was the plan covered by a fidelity bond?			10c	X			600000	00	
d	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		000000	0	
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			0	
f	f Has the plan failed to provide any benefit when due under the plan?					X			0	
	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)					X				
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			10h		X				
i	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						

Form 5500-SF (2018)	Page 3- 1
---------------------	------------------

Part	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	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?	f	Yes 🛛 N	Ю				
	(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 instructions, and enter the date of granting the waiver								
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						
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?		Yes X 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 the control of the PBGC?) 	Yes X No					
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				s) 13c(3) PN(s)				