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 calcular plan year 2018 or fiscal plan year beginning 0101/2018 and plan year 2018 or fiscal plan year 2018 or fiscal plan year plan and plan of 2018/2018 and plan year 2018 or fiscal plan year plan and plan of 2018/2018 and plan year year plan and plan of 2018/2018 and plan year year plan and plan year plan and plan and plan year year year year year year year year	Part I Ann	iual Report Id	dentification information	1							
A This return/report is for: a one-participant plan a foreign plan a short plan year return/report (less than 12 months) C Check box if filling under: Form \$558 a unumatic extension DFVC program DFVC prog	For calendar plan	year 2018 or fisca	al plan year beginning 01/01/2	2018		and ending 12	2/31/2	.018			
B This return/report is	A This return/ren	oort is for:	a single-employer plan								
The final return/report in the final return/report in a namended return/report in a namended return/report in a hort plan year return/report (less than 12 months) C Check box if filing under: Form 5568 under the plan year in the final return/report (less than 12 months) Part II Basic Plan Information—enter all requested information 1a Name of plan MITHERA CAPITAL 401(K) PLAN Part II Basic Plan Information—enter all requested information 1b Three-digit plan number (Plan Number of participants at the beginning of the plan year (Plan Number (Plan Number of participants at the beginning of the plan year (Plan Number (Plan Number of participants at the beginning of the plan year (Plan Number (Plan Number of participants at the beginning of the plan year (Plan Number of participants with account balances as of the end of the plan year (Plan Number of participants with account balances as of the end of the plan year (Plan Number (Plan Number of participants with account balances as of the end of the plan year (Plan Number (Plan Number of participants with account balances as of the end of the plan year (Plan Number (Plan Number of participants with account balances as of the end of the plan year (Plan Number (Plan Number of participants with account balances as of the end of the plan year (Plan Number (Plan Number of participants with account balance			a one-participant plan			,			,		
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Special extension (enter description)			an amended return/report	as	short plan year return	/report (less than 12 m	months)				
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18 Three-dight plan The pla			special extension (enter desc	ription)							
18 Three-dight plan The pla	Part II Bas	ic Plan Inforr	nation—enter all requested in	formation	on						
plan number (PN) 001 1c Effective date of plan			·				1b	Three-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) MITHERA CAPITAL MANAGEMENT LLC 2c Sponsor's telephone number 425-332-4513 2d Business code (see instructions) 523900 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 425-332-4513 2d Business code (see instructions) 523900 3c Administrator's telephone number 425-332-4513 2d Business code (see instructions) 523900 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. 3 Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plan year 5b Total number of participants at the beginning of the plan year 5c Number of participants with account balances as of the end of the plan year 4d(2) Total number of active participants at the beginning of the plan year 6d(2) Total number of active participants at the beginning of the plan year 6d(2) Total number of active participants at the beginning of the plan year 6d(2) Total number of active participants at the beginning of the plan year 6d(2) Total number of active participants at the beginning of the plan year 6d(2) Total number of active participants at the beginning of the plan year 6d(2) Total number of active participants at the beginning of the plan year 6d(3) Total number of active participants at the end of the plan year 6d(4) Total number of active participants at the end of the plan year 6d(4) Total number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested. 6d(4) Total number of active participants at the end of the plan year with accrued benefits that were less to the number of participants who terminat								plan number	001		
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City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) ### A26-332-4513 2d Business code (see instructions)				D. Box)							
10400 NE 4TH STREET SUITE 500 EELLEVUE, WA 98004 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number 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. 2 Sponsor's name 2 Plan Name 5a Total number of participants at the beginning of the plan year 5 Total number of participants at the end of the plan year 6 Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) 4d(1) Total number of active participants at the beginning of the plan year 5c 4 d(2) Total number of participants who terminated employment during the plan year with accrued benefits that were less than 100% wested 6 Unifore ponalises of perity and other penalises set forth in the instructions, 1 declare that I have examined the return/report, and to the best of my knowledge and belief, it is true. correct, and complete SIGN Filed with authorized/valid electronic signature. 1041 Signature of plan administrator Date Enter name of individual signing as plan administrator	City or town,	state or province,	country, and ZIP or foreign post	tal code	(if foreign, see instru	uctions)	,				
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5a Total number of participants at the beginning of the plan year	•	me					4d PN				
b Total number of participants at the end of the plan year	C Plan Name										
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d(1) Total number of active participants at the beginning of the plan year						5	b	6			
d(2) Total number of active participants at the end of the plan year				5	С	4					
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					5d	(1)	6			
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 Signature of plan administrator 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)	6			
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HERE	HERE Sign	ature of plan adr	ninistrator		Date	Enter name of individ	ual si	gning as plan adr	ministrator		
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor											
	HERE Sign	ature of employe	er/plan sponsor		Date	Enter name of individ	ual siç	gning as employe	er or plan sponsor		

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If you answerda "No delirer line is or line on, the pair calment user program shows and main streams user common to the pair of the pair o		under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							X Yes [No No	
7 Plan Assets and Liabilities											
a Total plan assets	Pa	rt III Financial Information									
D Total plan liabilities	7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End of	Year		
C Net plan assets (subtract line 7b from line 7a)	a	Total plan assets	7a		0			172803			
8 income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers. 8a(1) 975 (2) Participants. 8a(2) 52044 (3) Others (including follovers)	b	Total plan liabilities	7b		0						
a Contributions received or receivable from: (1) Employers (2) Participants	<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c		0	_	172803				
(1) Employers	8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	(a) Amount			(b) Total			
(3) Others (including rollovers)	а 		8a(1)		975						
b Other income (loss)		(2) Participants	8a(2)	Ę	52044						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	8a(3)	10	32565						
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	<u>b</u>	Other income (loss)	8b	-1	-12631						
to provide benefits)	<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					172953			
f Administrative service providers (salaries, fees, commissions)	d	, , ,	8d		0						
g Other expenses	е	Certain deemed and/or corrective distributions (see instructions)	8e		0						
h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 150 i Net income (loss) (subtract line 8h from line 8c) 8i 172803 j 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 3D 2G 2J 2K 2F 2T 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 Amount a 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 X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X c Was the plan covered by a fidelity bond? 10c X 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 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) 10b 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 X 47310 h If this is an individual account plan, was there a blackout perior? (See instructions and 29 CFR 2520.101-3) 10h X	f	Administrative service providers (salaries, fees, commissions)	8f		150						
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g								
Transfers to (from) the plan (see instructions)	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					150			
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9a	j	Transfers to (from) the plan (see instructions)	8j								
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Part V Compliance Questions 10 During the plan year: a 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X	9a		feature co	des from the List of Pla	an Cha	racteri	stic Co	odes in the instru	ctions:		
10 During the plan year: a 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X	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	des in the instruc	tions:		
a 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)	Par	t V Compliance Questions									
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		• •				Yes	No	An	nount		
reported on line 10a.)	а	described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction					X				
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? • 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.)	b	, , , , , , , , , , , , , , , , , , , ,					X				
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carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	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?					X				
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	е	carrier, insurance service, or other organization that provides some or all of the benefits under					X				
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	f	f Has the plan failed to provide any benefit when due under the plan?					Χ				
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	<u> </u>					X			47310)	
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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 302 of ERISA?								
	(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 the letter ruli 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	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 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)				13c(3) PN(s)				