Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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		Identification Information	1							
For calend	dar plan year 2018 or fis	scal plan year beginning 01/01/2	2018	and ending 12	2/31/2018					
A This re	eturn/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 ret	turn/report is	the first return/report	the final return/repor	t						
		an amended return/report	a short plan year retu	urn/report (less than 12 m	port (less than 12 months)					
C Check	box if filing under:	Form 5558	automatic extension	1	DFVC progra	m				
	_	special extension (enter desc	' '							
Part II	Basic Plan Info	rmation—enter all requested in	formation							
1a Name MOBILE IN	•	ROUP, INC. 401(K) PLAN			1b Three-digi plan numb (PN) ▶					
					1c Effective date of plan 08/01/2007					
		yer, if for a single-employer plan)			2b Employer	Identification Number				
		m, apt., suite no. and street, or P.C e, country, and ZIP or foreign post		structions)	(EIN) 20-0960923					
•	TEGRATION WORKGE				2c Sponsor's telephone number 425-643-2072					
					2d Business code (see instructions)					
P.O. BOX 5045 BELLEVUE, WA 98009				541600						
,	,									
3a Plan a	administrator's name ar	nd address 🏻 Same as Plan Spo	nsor.		3b Administra	itor's EIN				
					3c Administra	ator's telephone number				
					30 Administra	tor a telephone number				
		e plan sponsor or the plan name h nsor's name, EIN, the plan name a			4b EIN					
	sor's name	•	•	·	4d PN					
C Plan I	Name									
5a Total	number of participants	at the beginning of the plan year.			5a	35				
b Total	number of participants	at the end of the plan year			5b	41				
		account balances as of the end of			5c					
d(1) To	tal number of active pa	rticipants at the beginning of the p	lan year		5d(1)					
		rticipants at the end of the plan ye			. 5d(2)					
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested				5e 0						
		or incomplete filing of this retur								
SB or Sch		her penalties set forth in the instru nd signed by an enrolled actuary, a plete.								
SIGN	Filed with authorized	/valid electronic signature.	08/02/2019	VAN T. WILLIAMS						
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual signing as pla	an administrator				
SIGN										
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individ	ual signing as em	nployer or plan sponsor				

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6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							. X Yes No	
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IC							X Yes ∏ No	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
	If the plan is a defined benefit plan, is it covered under the PBGC in					_	_	Not determined	
								(See instructions.)	
Pai	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning o	of Year			(b) Fn	d of Year	
a	Total plan assets	7a	, , , , , ,	76385			(2) =::	1427652	
	Total plan liabilities	7b		370				40	
С	Net plan assets (subtract line 7b from line 7a)	7c	127	76015		1427612			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b)	Total	
а	Contributions received or receivable from:	0-(4)		22600					
	(1) Employers	8a(1)		32608 34946	-				
	(2) Participants	8a(2)	10	04940	-				
	(3) Others (including rollovers)	8a(3) 8b	_5	30685					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		70000				186869	
	Benefits paid (including direct rollovers and insurance premiums	00						100000	
	to provide benefits)	8d	3	35147					
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f_	Administrative service providers (salaries, fees, commissions)	8f		125					
	Other expenses	8g							
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					35272		
	Net income (loss) (subtract line 8h from line 8c)	8i						151597	
		ransfers to (from) the plan (see instructions)							
	t IV Plan Characteristics			01		0	1 1 1 1		
9a	If the plan provides pension benefits, enter the applicable pension 2G 2J 2K 2T 3D	reature co	ides from the List of Pia	an Cna	racteri	Stic Co	odes in the in	structions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan	n Chara	cteris	tic Cod	des in the ins	tructions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
	Was there a failure to transmit to the plan any participant contribu	itions withi	n the time period					7	
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	-	-	10a		X			
b	Were there any nonexempt transactions with any party-in-interest			IVa					
	reported on line 10a.)	·····		10b		X			
C	Was the plan covered by a fidelity bond?			10c	Χ			500000	
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X			
е	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.)			10e	Χ			766	
f						Χ			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		X			
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR			10h		Х			
i	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the state of the s			1011					
	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 Sche (Form 5500) and line 11a below)		В	Y	es 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 ERISA?		:	Y	es X 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 instructions, and granting the waiver	d enter t Day		of the lette Year _	r ruling
lf :	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?		Yes	× N	0
	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
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to			
1	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3)	PN(s)

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.

1210-0089

2018

OMB Nos. 1210-0110

This Form is Open to **Public Inspection**

Part I	Annual Repo	rt Identification Information		actions to the Form Sc	700-01.			
For calend	dar plan year 2018 o	r fiscal plan year beginning	01/01/2018	and ending	12/31/	2018		
A This re	eturn/report is for:	a single-employer plan	a multiple-employer pla	an (not multiemployer) (l aployer information in ac	Filers checking	this box must attach a		
		a one-participant plan	a foreign plan	, , ,	oo. oo. loo wig t	no totti indiadiono.)		
B This ref	turn/report is	the first return/report	the final return/report					
		an amended return/report	a short plan year retur	n/report (less than 12 m	onths)			
C Check	box if filing under:	Form 5558	automatic extension		DFVC progr	am		
Part II	Pools District	special extension (enter description)						
1a Name	of plan	formation—enter all requested in	formation					
		ION WORKGROUP, INC. 40	1(k) PLAN		1b Three-dig plan num (PN) ▶			
					1c Effective 08/01			
Mailin	ng address (include r	ployer, if for a single-employer plan) com, apt., suite no. and street, or P.C ince, country, and ZIP or foreign post	D. Box)			ldentification Number		
MOB:	ILE INTEGRAT	ION WORKGROUP, INC.	iai code (if foreign, see insti	fuctions)	2c Sponsor's telephone number 425-643-2072			
P.O	. BOX 5045		2d Business code (see instructions)					
BEL	LEVUE	WA 9800	09		541600	1		
3a Plan a	administrator's name	and address 🛛 Same as Plan Spo	nsor.		3b Administr			
					3c Administ	rator's telephone number		
this p	plan, enter the plan s	the plan sponsor or the plan name heponsor's name, EIN, the plan name a	as changed since the last re and the plan number from the	eturn/report filed for he last return/report.	4b EIN			
a Spons C Plan I	sor's name			,	4d PN			
0 1 10111	T T T T T T T T T T T T T T T T T T T							
5a Total	number of participal	nts at the beginning of the plan year.			5a	35		
		nts at the end of the plan year			5b	41		
C Numl	ber of participants wi	ith account balances as of the end of	the plan year (only defined	contribution plans	5c	29		
		participants at the beginning of the p			5d(1)	30		
		participants at the end of the plan ye			5d(2)	37		
e Num	ber of participants w	ho terminated employment during th	e plan year with accrued be	enefits that were less	5e			
Caution:	A penalty for the la	te or incomplete filing of this retur	n/report will be assessed	unless reasonable ca	use is establis	hed.		
30 01 301	raities of perjury and redule MB completed true, correct, and co	other penalties set forth in the instru d and signed by an enrolled actuary, omplete.	ctions, I declare that I have as well as the electronic ve	examined this return/re rsion of this return/repor	eport, including, t, and to the be	if applicable, a Schedule st of my knowledge and		
SIGN HERE	Van 7	William	8/2/19	Van T. Willia	ms			
1 H 2	Signature of plan	n administrator	Date /	Enter name of individ	lual signing as p	lan administrator		
SIGN	2							
For Danson	Signature of em	ployer/plan sponsor	Date	Enter name of individ	lual signing as e	employer or plan sponsor		

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Co M. B. C.							
Were all of the plan's assets during the plan year invested in eligible.	le assets?	(See instructions.)					X Yes No
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
ii you answered "No" to either line 6a or line 6b, the plan cann	ot use For	m 5500-SF and must	Instea	d use	Form 5	5500	₩ 100 140
C If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA se	ction 4	021)?	🗍 '	Yes No F	Not determined
If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC pr	emium filing for this pl	an year			(See instructions.)
Part III Financial Information							
7 Plan Assets and Liabilities	2 - 1 - 3	(a) Beginning o	of Year			(b) End of	Voar
a Total plan assets	7a		276,	385		(b) Liid Oi	1,427,652
b Total plan liabilities	7b			370			40
C Net plan assets (subtract line 7b from line 7a)	7c	1,	276,	015			1,427,612
8 Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Tot	
Contributions received or receivable from: (1) Employers	8a(1)	•	82,6	508		(6) 101	
(2) Participants	8a(2)		184,9	946			
(3) Others (including rollovers)	8a(3)			10			
b Other income (loss)	8b		-80,6	585			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						186,869
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		35,	147			
e Certain deemed and/or corrective distributions (see instructions)	8e				100		
f Administrative service providers (salaries, fees, commissions)	Administrative service providers (salaries, fees, commissions) 8f						21 1 1
g Other expenses	8g						
h Total expenses (add lines 8d, 8e, 8f, and 8g)							35,272
Net income (loss) (subtract line 8h from line 8c)							151,597
j Transfers to (from) the plan (see instructions)	8j						W
Part IV Plan Characteristics							
9a If the plan provides pension benefits, enter the applicable pension 2G 2J 2K 2T 3D	feature cod	des from the List of Pla	an Chai	racteri	stic Cod	les in the instru	ctions:
b If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan	n Chara	cterist	ic Code	es in the instruc	lions:
Part V Compliance Questions							
10 During the plan year:				Yes	No	A	
a Was there a failure to transmit to the plan any participant contribu	tions within	the time period		100	110	Att	nount
described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fi	duciary Correction	10a		х		
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not i	nclude transactions	10b		х		
C Was the plan covered by a fidelity bond?			10c	х			500,000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bor	nd that was caused	10d		х		
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	х			766
f Has the plan failed to provide any benefit when due under the pla			10f		х		
g Did the plan have any participant loans? (If "Yes," enter amount a			10g		Х		
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ctions and 29 CFR			х		
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	ne required	notice or one of the	10h				THE REAL PROPERTY.
g are riouse applied drider 25 of N 2520. [0	120	***************************************	101	L			

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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 com (Form 5500) and line 11a below)	plete Schedule	SB	T O	res No
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	1 44	T		
ERISA?	or section 302	of	-1 -	∕es X No
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruggranting the waiver.	th n	r the date	of the lette	r ruling
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		ay	- real_	
b Enter the minimum required contribution for this plan year	12b	1		
C Enter the amount contributed by the employer to the plan for this plan year	120	†		
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	of a			
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				1 14// 1
13a Has a resolution to terminate the plan been adopted in any plan year?		Пу	E2	
If "Yes," enter the amount of any plan assets that reverted to the employer this year		Yes	X N	0
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought 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 twhich assets or liabilities were transferred.	he plan(s) to			
13c(1) Name of plan(s):	13c(2) EIN(s	s)	13c(3) PN(s)