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 section 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2009

This Form is Open to Public Inspection

Pe	ension Benefit Guaranty Corporation Comple	ete all entries in acco	rdance wit	h the instructions to the Form 550	0-SF.		JC011011	
	art I Annual Report Identification							
For	calendar plan year 2009 or fiscal plan year b	peginning 01/01/200	09	and ending 1	2/31/2	2009		
A	This return/report is for: Single-em	ployer plan	multiple-e	employer plan (not multiemployer)		one-participar	nt plan	
	This return/report is for:	/report	final retur	n/report				
		ed return/report	=	n year return/report (less than 12 mor	nthe)			
•	<u> </u>	·	- ·	. ,	11113)	П вемо		
C	Check box if filing under:	L	_	extension		DFVC progra	m	
	special ex	tension (enter descripti	ion)					
Pa	rt II Basic Plan Information—er	nter all requested inform	nation					
1a	Name of plan				1b	Three-digit		
PARA	ALLELS, INC. 401(K) PLAN					plan number	001	
					4 -	(PN) •		
					10	Effective date of 01/01/20		
22	Plan anonaer's name and address (ampley)	or if for single employe	r plan)		2h			
	Plan sponsor's name and address (employed ALLELS, INC.	er, ii ior single-employe	r piari)		20	Employer Identification (EIN) 94-3413		
1740	12223, 1113.				2c	_···/	elephone number	
500 S	SW 39TH STREET					425-282		
	E 200 TON, WA 98057				2d	Business code (s	see instructions)	
	,				01	541519		
	Plan administrator's name and address (if s ALLELS, INC.	ame as Plan sponsor, 500 SW 391			3b	Administrator's E		
FAIN	ALLELS, INC.	SUITE 200	III SIKLLI		30		elephone number	
		RENTON, V	VA 98057		30	425-282		
4 If	f the name and/or EIN of the plan sponsor h	as changed since the la	ast return/re	eport filed for this plan, enter the	4b	EIN		
r	name, EIN, and the plan number from the la	st return/report. Spons	or's name		_			
	ALLELS SOFTWARE, INC. PARALLELS SO	•			4c	PN		
5a	Total number of participants at the beginning	ig of the plan year			5a		83	
b	Total number of participants at the end of the	ne plan year			5b		124	
С	Total number of participants with account b			•				
	complete this item)				5c		63	
	Were all of the plan's assets during the pla	-					X Yes No	
b	Are you claiming a waiver of the annual exunder 29 CFR 2520.104-46? (See instruction						X Yes □ No	
	If you answered "No" to either 6a or 6b,						☐ 100 ☐ 110	
Pa	rt III Financial Information	the plan calmet acc i	01111 0000	or and made motoda add r orm od				
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Voor	
			7a	(a) Beginning of Year 610897	,	(b) Ella	1106382	
b	Total plan assets Total plan liabilities			0.1000.			1100002	
	•			640907	,		1106202	
<u></u>	Net plan assets (subtract line 7b from line 7		7с	610897			1106382	
8	Income, Expenses, and Transfers for this F	lan Year		(a) Amount		(b) T	otal	
а	Contributions received or receivable from: (1) Employers		8a(1)	100)			
	(2) Participants			294624	-			
	(3) Others (including rollovers)							
h	, , ,			65	_			
b	Other income (loss)			244370)		520450	
C	Total income (add lines 8a(1), 8a(2), 8a(3),		8c		539			
d	Benefits paid (including direct rollovers and to provide benefits)		8d	176116	5			
е	Certain deemed and/or corrective distribution							
f	Administrative service providers (salaries, f							
	· ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	•		40004	-			
g	Other expenses			12901			100017	
h :	Total expenses (add lines 8d, 8e, 8f, and 8						189017	
I ·	Net income (loss) (subtract line 8h from line						350142	
J	Transfers to (from) the plan (see instruction	s)	··· 8j	145343	3			

		Form 5500-SF 2009 Page 2- 1						
Par	t IV	Plan Characteristics						
9a	If the	plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char 2E 2F 2G 2J 2K 2T 3D	acteris	stic Co	des in	the instruct	ions:	
b	If the	plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	acteris	tic Cod	des in t	the instructi	ons:	
Part	: V	Compliance Questions						
10	Duri	ing the plan year:		Yes	No		Amount	
а		s there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X			
b		re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ine 10a.)	10b		X			
С	Wa	s the plan covered by a fidelity bond?	10c	X				150000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud ishonesty?	10d		X			
е	insu	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See ructions.)	10e	X				6938
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			
h		is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		X			
i		th was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i					
Part	VI	Pension Funding Compliance						
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com				•	Yes	X No
12	ls th	nis a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of	ERISA?	Yes	X No
	(If "\	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru- ting the waiverMon						-
lf :	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_				
b	Ente	er the minimum required contribution for this plan year			12b			
С	Ente	er 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 left ative 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 during the plan year or any prior year? If "Yes," enter the amount of any plan assets that reverted to the employer this year.....

Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....

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) EIN(s) 13c(3) PN(s)

Yes X

Yes X No

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	Filed with authorized/valid electronic signature.	10/11/2010	DOREEN FECHTEL					
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN								
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor					

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 section 6058(a) of the Internal Revenue Code (the Code).

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

2009

This Form is Open to Public Inspection

OMB Nos. 1210-0110 1210-0089

P	art I Annual Report Identification Information						
-01		01/01/2	2009	and ending		12/31/200)9
A	This return/report is for:	multiple-	employer plan (not multiemployer)		one-participa	nt plan
В	This return/report is for:	final retu	rn/report				
	an amended return/report	short pla	n year return/re	port (less than 12 mo	nths)		
C	Check box if filing under: X Form 5558	automati	c extension			DFVC progra	ım
	special extension (enter description	on)					
Pa	art II Basic Plan Information—enter all requested inform	ation					
1a	Name of plan				1b	Three-digit	
	Parallels, Inc. 401(k) Plan				10000	plan number	
						(PN)	001
					1c	Effective date of 01/01/2002	
2a	Plan sponsor's name and address (employer, if for single-employer Parallels, Inc.	rolan)			2h	Employer Identi	
	Parallels, Inc.	F1-17			25	(EIN) 94-341	3824
					2c	Plan sponsor's t	elephone number
	500 SW 39th Street Suite 200				0.4	(425) 282-	
	Renton		WA	98057	2a	Business code (see instructions)
3a	Plan administrator's name and address (if same as Plan sponsor, e	enter "Sam			3b	Administrator's I	EIN

					3c	Administrator's (425) 282 - 1	elephone number
4	f the name and/or EIN of the plan sponsor has changed since the la	st return/re	eport filed for th	is plan, enter the	4b	EIN	
	name, EIN, and the plan number from the last return/report. Sponso	r's name	Parallel	s Software,	inc.		
	Parallels Software, Inc. 401k Plan				4c	PN	
	Total number of participants at the beginning of the plan year				5a		83
	Total number of participants at the end of the plan year				5b		124
U	Total number of participants with account balances as of the end of complete this item)	t the plan	year (defined be	enefit plans do not	5c		63
3a	Were all of the plan's assets during the plan year invested in eligib				-	NACES PARTY	X Yes No
b	Are you claiming a waiver of the annual examination and report of	an indepe	ndent qualified	public accountant (IC	PAI		<u> </u>
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	and condit	ions.)				X Yes No
Pa	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information	orm 5500-	SF and must i	nstead use Form 55	00.		
7	Plan Assets and Liabilities		(a) Pa	ginning of Your	Т	/FX E	F. V.
а	Total plan assets	. 7a	(a) De	ginning of Year 610,89	7	(b) End	
	Total plan liabilities	7b		010,03	+		1,106,382
С	Net plan assets (subtract line 7b from line 7a)	7c		610,89	7		1,106,382
	Income, Expenses, and Transfers for this Plan Year		la la) Amount	1	(b) T	
а	Contributions received or receivable from:		10	y Amount	-	(b) 1	Otal
	(1) Employers	8a(1)		10	0		
	(2) Participants	8a(2)		294,62	4		
	(3) Others (including rollovers)	8a(3)		6	5		
	Other income (loss)	8b		244,37	0		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					539,159
a	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		176,11	6		
	Certain deemed and/or corrective distributions (see instructions)	8e			7		
	Administrative service providers (salaries, fees, commissions)	8f					
	Other expenses	8g		12,90	1		
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		,, 30			189,017
	Net income (loss) (subtract line 8h from line 8c)	8i					350,142
	Transfers to (from) the plan (see instructions)	8i		145,34	3		550,142

Form	EEAA	CL	2000

	7.55	
Dage	2	100000
Page	4-	Section 1

Par	t IV	Plan Characteristics							
9a	If th	e plan provides pension benefits, enter the applicable pension feat		List of Plan Chara	acteris	stic Co	des in 1	he instructi	ons:
b	2A 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:								
-art	V	Compliance Questions			11110				***********
10		ring the plan year:				Yes	No		
а	Wa	inly the plair year. is there a failure to transmit to the plan any participant contributions I CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducian			10a	163	Х		mount
b	We	ere there any nonexempt transactions with any party-in-interest? (D	o not include trans	actions reported	10b		х	060	
C		as the plan covered by a fidelity bond?			10c	Х			150,000
d	Dic	the plan have a loss, whether or not reimbursed by the plan's fidel	lity bond, that was o	caused by fraud	10d		х	77.11	130,000
е	We	ere any fees or commissions paid to any brokers, agents, or other purance service or other organization that provides some or all of the tructions.)	persons by an insura e benefits under the	ance carrier, e plan? (See	10e	х			6,938
f	На	s the plan failed to provide any benefit when due under the plan?			10f		х		
g	Dic	the plan have any participant loans? (If "Yes," enter amount as of	year end.)		10a		х	III III III III III III III III III II	
h	If t	nis is an individual account plan, was there a blackout period? (See 20.101-3.)	instructions and 2	9 CFR	10h		х		
į	If 1	Oh was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3	equired notice or on	e of the	10i				
'art		Pension Funding Compliance	C. Tarris Vinter To A. Modulation	San Esquesore among the					
11	ls t	nis a defined benefit plan subject to minimum funding requirements 0))	? (If "Yes," see inst	tructions and com	plete	Sched	lule SB	(Form	☐ Yes ☒ No
	If a gra ou	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable waiver of the minimum funding standard for a prior year is being ar nting the waiver	mortized in this plan	Mont I skip to line 13.	th				
C	Ent	er the amount contributed by the employer to the plan for this plan year					12c		
d	Sub neg	tract the amount in line 12c from the amount in line 12b. Enter the ative amount)	result (enter a mini	us sign to the left of	of a		12d		
е	Will	the minimum funding amount reported on line 12d be met by the for	unding deadline?					Yes	No N/A
art	VII	Plan Terminations and Transfers of Assets							
3a	Has	a resolution to terminate the plan been adopted during the plan ye	ear or any prior yea	r?					Yes X No
		es," enter the amount of any plan assets that reverted to the emplo				-	13a		Land .
	We of t	re all the plan assets distributed to participants or beneficiaries, traine PBGC?	nsferred to another	plan, or brought u	under	the co			Yes X No
-	whi	uring this plan year, any assets or liabilities were transferred from the chassets or liabilities were transferred. (See instructions.)	his plan to another	plan(s), identify th	ne pla	n(s) to			T
1	3c(1) Name of plan(s):			-	13	c(2) El	N(s)	13c(3) PN(s)
			area (Area - 15 - 1400 Rosa (Area)			13			
		A constitution of the second o				- unique			
		A penalty for the late or incomplete filing of this return/report							
B or	Sch	nalties of perjury and other penalties set forth in the instructions, I dedule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.	s the electronic vers	examined this return/	repor	ροπ, ir t, and	to the b), if applications of my ki	ile, a Schedule nowledge and
0101	T	1/2 2	10/11/2010	Peter Baue:	rt		100	- U.S	
SIGN		Signature of plan administrator	Date	Enter name of in		ial sig	ning se	nlan admin	istrator
010:			10/4/20	Peter Bauer		au sig	inig as	Pian aumill	ottatol
SIGN		Signature of employer/plan sponsor	Date	Foter name of in		ual ein	nina es	employer	r nlan enance