Form 5500-SF

Department of the Treasury

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

2010

OMB Nos. 1210-0110

1210-0089

Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Department of Labor This Form is Open to Public Employee Benefits Security Administration Internal Revenue Code (the Code). Inspection Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF. **Annual Report Identification Information** For calendar plan year 2010 or fiscal plan year beginning and ending 12/31/2010 single-employer plan multiple-employer plan (not multiemployer) one-participant plan A This return/report is for: first return/report final return/report **B** This return/report is for: an amended return/report short plan year return/report (less than 12 months) DFVC program Form 5558 automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Three-digit 1a Name of plan plan number APPTIO RETIREMENT PLAN 001 (PN) ▶ 1c Effective date of plan 01/01/2008 2a Plan sponsor's name and address (employer, if for single-employer plan) 2b Employer Identification Number 26-1175252 APPTIO, INC. (EIN) 2c Plan sponsor's telephone number 225 - 108TH AVE. N.E., SUITE 200 BELLEVUE, WA 98004 2d Business code (see instructions) 541519 **3a** Plan administrator's name and address (if same as Plan sponsor, enter "Same") **3b** Administrator's EIN 108TH AVE. N.E., 26-1175252 BELLEVUE, WA 98004 3c Administrator's telephone number 206-856-7922 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year..... 46 5a 112 **b** Total number of participants at the end of the plan year..... 5b C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not 53 complete this item)..... 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III | Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 444553 1023072 a Total plan assets..... 7a **b** Total plan liabilities..... 7b 444553 1023072 Net plan assets (subtract line 7b from line 7a)..... 7с 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) (1) Employers 474865 8a(2) (2) Participants 40044 (3) Others (including rollovers)..... 8a(3) 92126 Other income (loss)..... 8b 607035 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с Benefits paid (including direct rollovers and insurance premiums 27002 to provide benefits)..... 8d 1514 Certain deemed and/or corrective distributions (see instructions) ... 8e

8f

8g

8h

8i

Administrative service providers (salaries, fees, commissions)......

Other expenses.....

Total expenses (add lines 8d, 8e, 8f, and 8g).....

Net income (loss) (subtract line 8h from line 8c).....

Transfers to (from) the plan (see instructions).....

28516

578519

	Form 5500-SF 2010 Page 2-					
art	t IV Plan Characteristics					
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara 2E 2G 2J 2K 2T 3D	acteris	stic Co	des in	the instructions:	
	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics.	cteris	tic Coc	les in t	the instructions:	
rt	V Compliance Questions					
	During the plan year:		Yes	No	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)	10a		X		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X		
С	Was the plan covered by a fidelity bond?	10c	X		250	000
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		

10e

10f

10g

10h

Χ

Χ

N/A

Yes X No

11	is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Scho 5500))		(Form	Yes No)
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section	າ 302 of E	RISA?	Yes X No)
	(If "Yes," complete 12a or 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			e letter ruling /ear	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
h	Fatanatha minimum anniand anntain ting farathic along your	12h			

b Enter the minimum required contribution for this plan year..... 12c Enter the amount contributed by the employer to the plan for this plan year..... Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a 12d

Yes No e Will the minimum funding amount reported on line 12d be met by the funding deadline?..... **Part VII Plan Terminations and Transfers of Assets**

Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form

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.)

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.)

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.).....

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.....

h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

Pension Funding Compliance

Part VI

13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)

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.	04/14/2011	KURT SHINTAFFER
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

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).

2010

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

Р	Complete all entries in accord	lance with	the instructions to the Form 5500)-SF.	mopection	
	rt I Annual Report Identification Information					_
For	calendar plan year 2010 or fiscal plan year beginning		and ending			
A	Fhis return/report is for:	multiple-e	mployer plan (not multiemployer)		one-participant plan	
В :	This return/report is for: first return/report	final return	n/report		_	
	an amended return/report	short plan	year return/report (less than 12 mor	iths)		
C	Check box if filing under: Form 5558	automatic	extension		DFVC program	
	special extension (enter description	n)			Comment of the commen	
Pa	rt II Basic Plan Information—enter all requested informa	5587.			***	- 10
	Name of plan			1b	Three-digit	
	TIO RETIREMENT PLAN			19 4.50	plan number	
				45	(PN) ▶ 001	
			3	1c	Effective date of plan 01/01/2008	
2a APP	Plan sponsor's name and address (employer, if for single-employer processes)	plan)		2b	Employer Identification Number (EIN) 26-1175252	
	108TH AVE. N.E., SUITE 200			2c	Plan sponsor's telephone number 206-856-7922	Đ.
BELI	EVUE WA 98004			2d	Business code (see instructions) 541519	
3a SAM	Plan administrator's name and address (if same as Plan sponsor, er E	nter "Same	·")	3b	Administrator's EIN 26-1175252	
				3с	Administrator's telephone number 206-856-7922	
4 1	the name and/or EIN of the plan sponsor has changed since the las	t return/re	port filed for this plan, enter the	4b	EIN	-
1	name, EIN, and the plan number from the last return/report. Sponsor	r's name		4c	DN	-37
5a	Total number of participants at the beginning of the plan year			5a	46	
	Total number of participants at the end of the plan year			5b	112	100
	Total number of participants with account balances as of the end of complete this item)	the plan y	ear (defined benefit plans do not	5c	50	
6a	Were all of the plan's assets during the plan year invested in eligible					
b	Are you claiming a waiver of the annual examination and report of a	an indepen	ident qualified public accountant (IQ)	PAI		U
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	and conditi	ons.)		X Yes N	lo
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 55	00.		_
	rt III Financial Information					_
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year	
a	Total plan assets		444553	0	1023072	5
b	Total plan liabilities	7b		_		
330	Net plan assets (subtract line 7b from line 7a)	7c	444553		102307	2
8_	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total	_
а	Contributions received or receivable from: (1) Employers	90/41				
	19 39 Section 1	8a(1)	474865	0		
	(2) Participants	8a(2)	40044	_		
h	(3) Others (including rollovers)	8a(3)				
b	Other income (loss)	8b	92126			
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		_	60703	2
50	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	27002	4		
e	Certain deemed and/or corrective distributions (see instructions)	8e	1514			
f	Administrative service providers (salaries, fees, commissions)	8f				
g	Other expenses	8g				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			28510	3
İ	Net income (loss) (subtract line 8h from line 8c)	8i			578519	Э
J	Transfers to (from) the plan (see instructions)	8j				

		Form 5500-SF 2010 Page 2- 1							
Par	t IV	Plan Characteristics							
9a									
b									
Part	٧	Compliance Questions							
10	Dur	ing the plan year:		Yes	No		Am	ount	
а	Wa:	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		х				
b	Wei	re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ine 10a.)	10b	85 - F	х				
С	Wa	s the plan covered by a fidelity bond?	10c	х					25000
d	Did or d	the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud	10d		Х				
е	Wei	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, urance service or other organization that provides some or all of the benefits under the plan? (See ructions.)	10e		х				
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	001			
h	If th 252	is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		х			-	
i	If 10	Oh 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				- 10		
Part		Pension Funding Compliance							
11	ls th 550	is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com	plete	Sched	lule SE	(Form	Г	Yes	П №
12	ls ti	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No
~	(If "\	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					13-30-1		
а	grar	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru- nting the waiver	ctions, th	, and e		e date of			
lf :	you c	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		78	Luy		1.00	(1) (1) (1) (1) (1) (1) (1) (1)	
b	Ente	er the minimum required contribution for this plan year		[12b		-,14.1.4		
	Ente	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 result (enter a minus sign to the left alive amount)	of a	[12d				
<u>e</u>	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	-16-5						18840
13a	Has	a resolution to terminate the plan been adopted during the plan year or any prior year?						Yes	X No
	If "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a				
b	of th	re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought ne PBGC?	••••				Γ	Yes	No No
C	If du	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the	he pla	n(s) to			0.44	i.	-

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s):

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.

13c(2) EIN(s)

13c(3) PN(s)

	KURT SHINTAFFER	1 4/12/11	× // XIII	SIGN
strator	Enter name of individual signing as plan administrator	Date	Signature of plan administrator	HERE
	Enfer name of individual signing as ampleyer or plant and	Date	Signature of employer/plan sponsor	SIGN HERE
וכ	Enter name of individual signing as employer	Date	Signature of employer/plan sponsor	