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

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation	 Complete all entries in accor 	dance wit	h the instructions to the Form 550	0-SF.	1	
		lentification Information					
For	calendar plan year 2010 or fisca	al plan year beginning 01/01/201	0	and ending 1	2/31/2	2010	
Α.	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan	
В	This return/report is for:	first return/report	final retur	n/report		_	
		an amended return/report	short plar	n year return/report (less than 12 mor	nths)		
C	Check box if filing under:	Form 5558	automatio	extension		DFVC program	
		special extension (enter description	on)				
Pa	rt II Basic Plan Inforn	nation—enter all requested inform	nation				
	Name of plan				1b	Three-digit	
	NA SOFTWARE RETIREMENT	PLAN				plan number 001	
						(PN) ▶	
					1c	Effective date of plan 01/01/2007	
22	Dlan ananaar'a nama and addre	ess (employer, if for single-employer	r nlon)		2h	Employer Identification Number	
	NA SOFTWARE, INC.	ess (employer, il for single-employer	piari)		20	(EIN) 32-0269839	
					2c	Plan sponsor's telephone number	
	- 140TH AVE. N.E., SUITE D-2 EVUE, WA 98005	10			0.1	425-732-6700	
	,			2a	Business code (see instructions) 541511		
3a	Plan administrator's name and	address (if same as Plan sponsor, e	enter "Same	e")	3b	Administrator's EIN	
SIRA	NA SOFTWARE, INC.	2495 - 140T BELLEVUE,	H AVE. N.E	E., SUITE D-210		32-0269839	
		<i>5</i> 2222 7 52,		3с	Administrator's telephone number 425-732-6700		
4 1	the name and/or FIN of the pla	4b EIN					
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name							
			4c 5a				
5a	Total number of participants at the beginning of the plan year					7	
b	Total number of participants at	the end of the plan year			5b	7	
С	• •	th account balances as of the end o		•	5c	7	
6a	•			(See instructions.)		X Yes No	
	•	0 , ,		ndent qualified public accountant (IQI			
	,			ions.)		Yes No	
Da			orm 5500-	SF and must instead use Form 55	00.		
	rt III Financial Informa	ation		I			
7	Plan Assets and Liabilities			(a) Beginning of Year	,	(b) End of Year 347598	
	Total plan assets		. 7a	231407		347330	
b	•			231467	,	347598	
<u></u>		'b from line 7a)	. 7с				
8	Income, Expenses, and Transf Contributions received or received			(a) Amount		(b) Total	
а		vable ITOITI.	. 8a(1)	26523	3		
	(2) Participants		. 8a(2)	51803	803		
	(3) Others (including rollovers))		769	69		
b	Other income (loss)		8b	37036)36		
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	. 8c			116131	
d		rollovers and insurance premiums	8d				
е		ive distributions (see instructions)					
f		rs (salaries, fees, commissions)					
g							
h	•	Be, 8f, and 8g)					
i		e 8h from line 8c)				116131	
j		ee instructions)					

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		•	
Part IV	Plan	(`hara	cteristics
ı aıtıv ı	ı ıaıı	Onara	JIGI IƏLIGƏ

Signature of plan administrator

Signature of employer/plan sponsor

SIGN HERE

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 3D 2T

b	lf th	e plan provides welfare benefits, enter the applicable welfare featu	ure codes from the l	List of Plan Charac	teris	tic Cod	des in t	he instruct	ions:	
Part	٧	Compliance Questions								
10	Du	ring the plan year:				Yes	No		Amount	
а		s there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciar			10a		X			
b		re there any nonexempt transactions with any party-in-interest? (D line 10a.)			10b		X			
С	W	as the plan covered by a fidelity bond?			10c	X				30000
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?									
									913	
f	На	s the plan failed to provide any benefit when due under the plan?			10f		X			
g	Dic	the plan have any participant loans? (If "Yes," enter amount as of	year end.)		10g	X				0
h		nis is an individual account plan, was there a blackout period? (See		9 CFR	10h		X			
i		Oh was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3			10i					
Part '	VI	Pension Funding Compliance								
		nis a defined benefit plan subject to minimum funding requirements							Yes	s No
12	ls t	his a defined contribution plan subject to the minimum funding requ	uirements of section	n 412 of the Code	or se	ction 3	302 of E	ERISA?	Yes	s X No
		Yes," complete 12a or 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 ruling granting the waiver									
	-	completed line 12a, complete lines 3, 9, and 10 of Schedule MB					Day _		rear	
-		er the minimum required contribution for this plan year	•	-		[12b			
		er the amount contributed by the employer to the plan for this plan					12c			
d	Sub	otract the amount in line 12c from the amount in line 12b. Enter the lative amount)	result (enter a mini	us sign to the left o	of a		12d			
е	Wil	the minimum funding amount reported on line 12d be met by the f	funding deadline?					Yes	No	N/A
Part '	VII	Plan Terminations and Transfers of Assets	•							
13a	Has	s a resolution to terminate the plan been adopted during the plan ye	ear or anv prior vea	r?					Yes	s X No
		'es," enter the amount of any plan assets that reverted to the emplo					13a		<u> </u>	
-	We	re all the plan assets distributed to participants or beneficiaries, tra				•	ntrol		Yes	s X No
		uring this plan year, any assets or liabilities were transferred from t ch assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify the	e pla	n(s) to				
1;	3c(1) Name of plan(s):			13c(2) EIN(s) 1			13c(3	3) PN(s)	
Cauti	on:	A penalty for the late or incomplete filing of this return/report	will be assessed u	unless reasonable	e cau	se is	establi	ished.		
Under SB or	r pe Sch	nalties of perjury and other penalties set forth in the instructions, I can be dule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.	declare that I have	examined this retur	rn/rep	ort, in	cluding	g, if applica	,	
SIGN	ı	iled with authorized/valid electronic signature.	06/03/2011	JOHN HILLOCK						
	HERE Signature of plan administrator Date Enter name of individual signing as plan adm					ıal sinı	ning as	plan adm	inistrator	

Date

Date

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

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Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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2010

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OMB Nos. 1210-0110 1210-0089

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

Pa	Part I Annual Report Identification Information								
	alendar plan year 2010 or fiscal plan year beginning	and ending	2120-20						
		multiple-en	nployer plan (not multiemployer)	one-participant plan					
		inal return	stinens välken mili 40 min 1900 – Stinishere 1914 medise 1990 (1991) siin tensiille militari. S		Committee Commit				
New A		ths)							
C 0			DFVC program						
C	special extension (enter description	extension		LI DI VO PIOGIAIII					
Day		**	6000 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
Par		tion		16	Th 4"-1"				
	Name of plan			ID	Three-digit plan number				
SIKAI	NA SOFTWARE RETIREMENT PLAN				(PN) D01				
				1c	Effective date of plan 01/01/2007				
	Plan sponsor's name and address (employer, if for single-employer p NA SOFTWARE, INC.	olan)	30.2	2b	Employer Identification Number (EIN) 32-0269839				
Olivin	WOOT TWINE, INO.			2c	Plan sponsor's telephone number				
	- 140TH AVE. N.E., SUITE D-210				425-732-6700				
BELL	EVUE WA 98005			2d	Business code (see instructions) 541511				
3a SAMI	Plan administrator's name and address (if same as Plan sponsor, en	ter "Same"	")	3b	Administrator's EIN 32-0269839				
				3с	Administrator's telephone number 425-732-6700				
	the name and/or EIN of the plan sponsor has changed since the las		ort filed for this plan, enter the	4b	EIN				
r	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		5a	7					
b	Total number of participants at the end of the plan year			5b	7				
	Total number of participants with account balances as of the end of complete this item)	the plan ye	ear (defined benefit plans do not	5c	7				
	Were all of the plan's assets during the plan year invested in eligible				X Yes No				
	Are you claiming a waiver of the annual examination and report of a		I (I)						
_	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	ind condition	ons.)		Yes No				
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-5	F and must instead use Form 55	00.					
	rt III Financial Information		0 0 00 0 00 0000		See Strate Strate				
7	Plan Assets and Liabilities		(a) Beginning of Year 231467		(b) End of Year 347598				
a	Total plan assets		251401	-	347390				
b	Total plan liabilities	Sec. 2011	231467		347598				
	Net plan assets (subtract line 7b from line 7a)	7c	2 - 11 - 12 - 12 - 12 - 12 - 12 - 12 -						
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount		(b) Total				
а	(1) Employers	8a(1)	26523						
	(2) Participants		51803						
	(3) Others (including rollovers)	10 1100.00	769						
b	Other income (loss)		37036	36					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			116131				
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)								
е	Certain deemed and/or corrective distributions (see instructions)	8e	1000						
f	Administrative service providers (salaries, fees, commissions)								
g	Other expenses								
_	Total expenses (add lines 8d, 8e, 8f, and 8g)								
i	Net income (loss) (subtract line 8h from line 8c)	V			116131				
j	Transfers to (from) the plan (see instructions)								

D	0	4
Page	Z-	

Form		

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 2G 2J 2K 3D 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		Compliance Questions				(A)	r vas r			
10 a	Was	ng the plan year: there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciar			10a	Yes	No X	Aı	nount	
	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions report on line 10a.)						×			
C		s the plan covered by a fidelity bond?			10b	Х				30000
d	Did	the plan have a loss, whether or not reimbursed by the plan's fide ishonesty?	lity bond, that was ca	aused by fraud	10d	10	х	****	200340722740	
								913		
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	Х				0
h		is is an individual account plan, was there a blackout period? (See			10h		х			
i		th was answered "Yes," check the box if you either provided the reptions to providing the notice applied under 29 CFR 2520.101-3.			10i					
Part '	VI	Pension Funding Compliance					107			
11		is a defined benefit plan subject to minimum funding requirements							Yes	No
12	is ti	nis a defined contribution plan subject to the minimum funding req	uirements of section	412 of the Code	or se	ction	302 of E	ERISA?	Yes	X No
		es," 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 a ting the waiver	mortized in this plan	year, see instruc	ctions	, and e	enter the	e date of the	letter ruli	ing
		completed line 12a, complete lines 3, 9, and 10 of Schedule M			90.00		Day_	§		5)
b	Ente	er the minimum required contribution for this plan year	***************************************			[12b			
		er the amount contributed by the employer to the plan for this plan				12	12c		20 20 20 20 20	
	Sub	tract the amount in line 12c from the amount in line 12b. Enter the ative amount)	result (enter a minu	s sign to the left	of a		12d			Variation of
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 y	ear or any prior year	?					Yes	X No
		es," enter the amount of any plan assets that reverted to the empl	12 12 14			ſ	13a			
b	Wer	e all the plan assets distributed to participants or beneficiaries, transperse PBGC?	ansferred to another	plan, or brought	under	the c			☐ Yes	X No
С		uring this plan year, any assets or liabilities were transferred from ch assets or liabilities were transferred. (See instructions.)			he pla	ın(s) to	0		m.st	A
1	3c(1) Name of plan(s):				13c(2) EIN(s) 13c(3)			PN(s)	
Caut	ion:	A penalty for the late or incomplete filing of this return/report	will be assessed u	ınless reasonab	ole ca	use is	establ	ished.		
SB or	r Sch	nalties of perjury and other penalties set forth in the instructions, i ledule MB completed and signed by an enrolled actuary, as well a true, correct and complete.	declare that I have eas the electronic vers	examined this ret ion of this return	um/re /repor	port, i t, and	ncluding to the t	g, if applicab best of my kn	e, a Sch owledge	edule and
SIGI	N	X \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	16/2/11	JOHN HILLOC	K					
HER		Signature of plan administrator	Date	Enter name of i	individ	ual si	gning as	s plan admin	strator	
SIG	_N T									
HER		Signature of employer/plan sponsor	Date	Enter name of i	individ	lual sid	gning as	s employer o	r plan so	onsor
-						-				

Enter name of individual signing as employer or plan sponsor