Benefit Pian           Benefit Pian           Decrementation           Decrementation <th <="" colspan="2" th=""><th></th><th>Form 5500-SF</th><th></th><th></th><th>Report of Small Employ</th><th>/ee</th><th>C</th><th>0MB Nos. 121 121</th><th>10-0110 10-0089</th></th>	<th></th> <th>Form 5500-SF</th> <th></th> <th></th> <th>Report of Small Employ</th> <th>/ee</th> <th>C</th> <th>0MB Nos. 121 121</th> <th>10-0110 10-0089</th>			Form 5500-SF			Report of Small Employ	/ee	C	0MB Nos. 121 121	10-0110 10-0089
Depresent of two- metasynetics for synthematery         Descention (Add 91974 (ERR6A), on sections 90570) and 905050, of the femal Revent Company.         This Form is Open to Public Inspection           Part I         Annual Report Identification Information         and endage 12211011         and endage 12211011           A         This return/report is the first return/report         and endage 12211011         and endage 12211011           A         This return/report is the first return/report         is a first return/report         is a first return/report         is a one-participant plan pocial extension         DPVC program           Part I         Annual Report Identification Information         is a one-participant plan pocial extension         is a one-participant plan pocial extension         DPVC program           C         C-theck box if filing under pocial extension         is a one-participant plan pocial extension         DPVC program           18         Nerre of plan APPTIO RETIREMENT PLAN         10         The return/report is plan number (PN) // 001         10           28         Ford Part AVE N E, SUTE 200 EELEVEL WA ROAD         28         Enployer Identification Number (EN) 2840-77622         20           39         Pan administrator's name and address; include room or suite number (employer, if for a single-employer plan) APPTIO, NC.         28         Enployer Identification Number (EN) 2840-77622         20           30         Pan addre						<u> </u>	2	011			
Part I         Annual Report Identification Information         and ending         1233/2011           Part I         Annual Report Identification Information         and ending         1233/2011           Proceedings by any 2011 of fice inposer plan         and ending         1233/2011         a ene-participant plan           B         This returningont is (c)         B single-tripper plan         and ending         1233/2011           C         Check box if filing under:         B main ending of the filing under         a manual requested information         B Mark and the filing under         B Mark and the filing under </th <th></th> <th></th> <th>Retirement Income Security Act of</th> <th>1974 (ERI</th> <th>ISA), and sections 6057(b) and 6058(</th> <th></th> <th></th> <th></th> <th>ublic</th>			Retirement Income Security Act of	1974 (ERI	ISA), and sections 6057(b) and 6058(				ublic		
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For calendar genu year 2010 of secal play year beginning     0.00/2011     and andring     1231/2011       A This return/report is for:     Imain and indige employee plan     imain return/report     a one-participant plan       B This return/report is:     Imain return/report     Imain return/report     a some-participant plan       B This return/report     Imain return/report     Imain return/report     Imain return/report       B This return/report     Imain return/report     Imain return/report     Imain return/report       B Name of play     imain return/report     Imain return/report     Imain return/report       Part II     Basic Plan Informationonter all requested information     Imain return/report     Imain return/report       B Name of play     Imain return/report     Imain return/report     Imain return/report       APPTIO NETIREXENT PLAN     Imain return/report     Imain return/report     Imain return/report       B Plan approach's name and address; include room or suite number (employer, if for a single-employer plan)     Imain return/return     Imain return/report       B Plan administrator's name and address; include room or suite number (employer, if for a single-employer plan)     Imain return/report     Imain return/report       B Plan administrator's name and address; include room or suite number (employer, if for a single-employer plan)     Imain return/report     Imain return/report       B Plan administrator's name and	Pa	art I Annual Report Id		ance with	n the instructions to the Form 5500	J-SF.					
B       This return/report       the first return/report       the first return/report       the first return/report         C       Check box if filing under:       Check box if filing under:       Check box if filing under:       DFVC program         Part II       Basic Plan Information—enter all requested information       This return/report       001         Part II       Basic Plan Information—enter all requested information       This return/report       001         To Return PLAN       The filing under:       This return PLAN       001         To E       Effective all determines of same and address; include room or suite number (employer, if for a single-employer plan)       001         APPTIO NETIRESE       226       Sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       226       Sponsor's techprone number 2006/647/822         226       Sponsor's name and address; (if same as plan sponsor, enter "Smith")       236       Administrator's ENA         330       Plan administrator's name and address; (if same as plan sponsor, enter "Smith")       236       Administrator's REA         340       If the name ander ENA of the plan sponsor has change address is sponsor enter "Smith")       236       Administrator's REA         350       Total number of participants at the end of the plan year       5a       1112       5a       112      <				1	and ending 12	2/31/2	2011				
C Otheck box (If filing unde::::::::::::::::::::::::::::::::::::	Α	This return/report is for:	a single-employer plan	a multiple	e-employer plan (not multiemployer)		a one-particip	ant plan			
C Check box if fling under:       Porn 555       automatic extension       DPVC program         Part II       Basic Plan Information—enter all requested information       1       Ib Three-dgt plan Approximation       1         18 Amme of plan       Ib Three-dgt plan Approximation       1       Ib Three-dgt plan Approximation       1         24 Plan sponsor's name and address; include room or sule number (employer, #for a single-employer plan)       2       Employer Mentilication Number (E(N) 26-117/262       2       Sponsor's talephone number (2010)         23 Plan administrator's name and address (if same as plan sponsor, enter "Same")       3       Administrator's name and address (if same as plan sponsor, enter "Same")       3       Administrator's name and address (if same as plan sponsor, enter "Same")       3       Administrator's name and address (if same as plan sponsor, enter "Same")       3       Administrator's name and address (if same as plan sponsor, enter "Same")       3       Administrator's name and address (if same as plan sponsor, enter "Same")       3       Administrator's name and address (if same as plan sponsor, enter "Same")       3       Administrator's telephone number 2000 Set17522       3       C Administrator's telephone number 2000 Set1752         35 Tal number of participants at the edge number of participants at the edge of the plan sponsor name       5       Sa       112         36 Tal number of participants at the edge of the plan sponsor name add address (if same as the edge of the plan sparex	В	This return/report is:	the first return/report	the final re	eturn/report						
Image: Second extension (enter description)       Image: Second extension (enter description)         If a Name of plan APPTIO RETIREMENT PLAN       Image: Second extension (enter description)         2a Plan agonson's name and address; include noom or suite number (employer, if for a single-employer plan) APPTIO, NEC.       2b Employer (dentification Number (EIN) 226-107522         25. 100TH AVE N.E. SUITE 200 BELLEVUE, WA 98004       2b Employer (dentification Number (EIN) 226-1172522         26. 100TH AVE N.E. SUITE 200 BELLEVUE, WA 98004       2b Employer (dentification Number (EIN) 226-1172522         26. 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 filed for this plan, enter the name, EIN, and the plan number from the last return/report filed for this plan, enter the complete this lam).       4c PN         3a Total number of participants at the beginning of the pan year.       5b       220         5a Total number of participants at the beginning of the pan year.       5b       220         6a Were all of the plan sasets during the plan year invested in alighble assets? (See instructions).       (Yee No 5c       No 5c         7a that plan number advice Sign of the annual examination and report of an independent qualidep public accountant (ICPA) under 20 CPR 2520.104-49? (See instructions).       (Yee No 7c       No 7c         6a Were all of the plan's assets during the plan year invested in aligbble assetsite (See instructions).       (Yee No 7c			an amended return/report	a short pla	an year return/report (less than 12 mo	onths)	)				
Part II       Basic Plan Information—enter all requested information         1a Name of plan APPTIO RETIREMENT PLAN       1b Trare-digit plan number (PN)       001         2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) APPTIO, INC.       2b Employer (dentification Number (EN)       2b Employer (dentification Number (EN)         25 - 100TH AVE N.E. SUITE 200 BELLEVUE, WA 98004       2b Employer (dentification Number (EN)       2b Employer (dentification Number (EN)       2d Usiness code (see instructions) (S4519)         35 Plan administrator's name and address (if same as plan sponor, enter "Same") APPTIO, INC.       3b Administrator's telephone number 206-866-7222       3c Administrator's telephone number 206-866-7222         4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter th a Sponsor's name       4c PN         5a Total number of participants at the beginning of the plan year.       5b       2c0         5b 2       2c0       5b       2c0         6a Were all of the plan system interaction and system of the any year invested in digible assets? (See instructions).       Q Yes No         7 Plan Assets and Liabilities       7a       1022072       1857782         8 Income (soal) (address (states for this Plan Year       6a(2)       686200         7 Plan Assets and Liabilities       7a       1022072       1857782         8 Income, Expens	С	Check box if filing under:	Form 5558	automatic	extension		DFVC program	n			
1a Name of plan APPTIOR RETIREMENT PLAN       1b Trave-dgit plan number (PN)       1c       Effective date of plan 0101/2009         2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2b       Effective date of plan 0101/2009         225-106TH AVE. N.E., SUITE 200 BELLEVUE, WA 88004       2b       Employer identification Number (EN) 020175222         236 Span administrator's name and address (if same as plan sponsor, enter "Same") APPTIO, INC.       2b       Sponsor's telephone number 20175222         3a Plan administrator's name and address (if same as plan sponsor, enter "Same") APPTIO, INC.       3b       Administrator's EIN 2017522         3c       Administrator's telephone number 2017522       3c       Administrator's EIN 2017522         4       If the name and/or EIN of the plan sponsor has changed since the last return/report.       3b       Administrator's EIN 201752         3c       Nation and the option number from the last return/report.       3b       20       3c         3b       Tatal number of participants with account blances as of the end of the plan year.       5b       220         3c       Tatal number of participants with account blances as of the end of the plan year.       5b       220         3c       Name of participants with account blances as of the end of the plan year.       5b       220         3c       Were all of the plan's assets durin				,							
APPTIOR RETIREMENT PLAN     plan number       23 Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)     2b       24 Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)     2b       25-108TH AVE, N.E., SUITE 200     2c       EELEEVUE, WA 88004     2c       3a Plan administrator's name and address (if same as plan sponsor, enter "Same")     2b       24 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 for minicipants at the beginning of the plan year.     3c       4 If the name of participants at the beginning of the plan year.     5a     112       5a Total number of participants at the beginning of the plan year.     5a     112       5a Total number of participants at the beginning of the plan year.     5a     112       5a Total number of participants at the beginning of the plan year.     5a     112       5a Total number of participants at the beginning of the plan year.     5a     112       5a Total number of participants with accum thainces as of the end of the plan year (defined benefit plans do not complete this term).     108       6a Wrea all of the plan's seats during the plan year invested in eligible assets? (See instructions.).     112       7a     1022072     1857782       6a Urea all of the plan's comme form the plan yearinvested in eligible assets?     1022072			nation—enter all requested information	ation							
(PN) ↓       001         23 Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2b Effective date of plan 0701/2008         225-108TH AVE. N.E., SUITE 200       2c Sponsor's telephone number 200-685-7322         24 Buainess code (see instructions)       2b EllEVUE, WA 98004         33 Plan administrator's name and address (if same as plan sponsor, enter "Same")       3b Administrator's telephone number 200-685-7322         34 If han ame and/or ElN of the plan sponsor has changed since the last return/report filed for this plan, enter the rane, ElN, and the plan number form the last teturn/report.       3b Administrator's telephone number 200-695-7922         35 Total number of participants at the edginning of the plan year.       5a       112         36 Were all of the plan's sponsor has changed since the plan year (defined benefit plans do not complete time is them.       5b       220         36 Were all of the plan's sasets during the plan year.       5b       220       108         37 Plan Assets and Labilities       (a) the plan sasets.       (b) End of Year       102       102         37 Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete time is the od of the plan year.       5b       220         38 Were all of the plan's sasets during the plan cannot use Form 500-SF and must instead use Form 500.       Yes       No         39 In Assets and Labilities						1b	0				
2a         Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)         2b         Employer identification Number (EIN)         2b         Employer identification Number (2000)           225-106TH AVE, NE, SUTE 200         2c         Sponsor's telephone number 200-666-7822         2d         Business code (see instructions) 541519           33         Plan administrator's name and address (if same as plan sponsor, enter Samer')         3b         Administrator's EIN           34PTIO, INC.         222-100TH AVE, NE, SUTE 200         3c         Administrator's EIN           35         Plan administrator's name         4c         PN           36         Total number of participants with the blan year         5a         112           36         Total number of participants with account balances as of the end of the plan year         5a         122           37         Total number of participants with account balances as of the end of the plan year         5a         122           36         Were all of the plan's spansor has changed since the idependent qualified public accountant (IOPA)         IVes I         No           4         C PN         5a         122         5b         220         112           5         Total number of participants with account balances as of the end of the plan year (defined benefit plans do not icon ico and yeap of an independent	AFFI							001			
APPTIO, INC:       (Ein)       26-1175252         225 - 108TH AVE, N.E., SUITE 200       22       Sponsor's telephone number 200-865/7922         221       Balanses code (see instructions)       541519         33       Plan administrator's name and address (if same as plan sponsor, enter "Same")       3b       Administrator's EIN 200-866/7922         34       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the aspinsor name       4b       EIN         35a       Total number of participants at the beginning of the plan year.       5a       112         5a       Total number of participants at the edginning of the plan year.       5a       112         5a       Total number of participants at the edginning of the plan year.       5a       108         6a       Were all of the plan's seats during the plan year.       5a       112         5b       2200       200       200         6a       Were all of the plan's seats during the plan year.       5a       112         5c       108       5c       108         6a       Yes []       No       Mare you claiming a waiver of the annual examination and report of an independent qualified public accountant (ICPA)       []       Yes []       No         7       Plan Assets and Liabities       7a <th></th> <th></th> <th></th> <th></th> <th></th> <th>1c</th> <th></th> <th></th> <th></th>						1c					
225. 108TH AVE. N.E., SUITE 200       Image: Constraint of the set of			ess; include room or suite number (er	mployer, if	for a single-employer plan)	2b			ber		
225 - 108TH AVE. N.E. SUITE 200     206-866-7922       226 BetLEVUE, WA 98004     241519       3a Plan administrator's name and address (if same as plan sponsor, enter 'Same') APPTIO, INC.     3b Administrator's INC       3b Administrator's name and address (if same as plan sponsor, enter 'Same') BELLEVUE, WA 98004     3b Administrator's EIN 220-117522       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 form the last return/report     4b EIN       5a Total number of participants at the ed of the plan year     5a     112       5b Total number of participants at the ed of the plan year     5a     112       6a Were all of the plans sasets during the plan year invested in eligible assets? (See instructions.)     Yes Ne     Ne       b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (QPA) under 29 CFR 2520.1044? (See instructions.)     Yes Ne     Ne       7 Plan Assets and Liabilities     7a     1023072     1857782       8 Income, Expenses, and Transfers for this Plan Year     (a) Amount     (b) Total       (2) Participants with accounts and insurance premiums to provide receivable from:     8a(3)     67774       7 Total plan assets.     7a     1023072     1857782       8 Income, Expenses, and Transfers for this Plan Year     (a) Amount     (b) Total       (2) Other income (loss)     8a(3)     67774<	APP	HO, INC.			-						
BELLEVUE, WA 98004     2d Business code (see instructions) 541519       3a Plan administrator's name and address (if same as plan sponsor, enter "Same") APPTIO, INC.     3b Administrator's IEIN 220-100TH VME, N.C., SUITE 200 DELLEVUE, WA 98004     3b Administrator's EIN 220+175252       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.     4b EIN       4     Sponsor's name     5a     112       5a Total number of participants at the beginning of the plan year.     5a     122       b Total number of participants at the ond of the plan year.     5a     108       6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)     Yes [] No under 29 CFR 2520.104-46? (See instructions.)     Yes [] No Yes [] No       7 Plan Assets and Liabilities     (a) Beginning of Year (b) End of Year     (b) End of Year (c) Amount     Yes [] No Yes [] No       7 a Total plan assets.     7a     1023072     1857782       8 Income, Expenses, and Transfers for this Plan Year (c) Partial nabilities.     7b     1023072     1857782       9 Other income (add ines 8(1), 8a(2), 8a(3), and 8b).     8a(3)     67774       8 Income, Expenses, and Transfers for this Plan Year (c) Participants     8a(3)     67774       9 Other income (add ines 8(1), 8a(2), 8a(3), and 8b).     8a     27229       9 Other income (add ines 8(1), 8						2C			r		
APPTIO, INC:     225-108TH AVE. N.E., SUITE 200 BELLEVUE, WA 98004     26-1175252       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.     4b EIN       5a     Total number of participants at the beginning of the plan year     5a     112       5b     220     5c     108       6a     Were all of the plan's assets during the plan year     5c     108       6a     Vere all of the plan's assets during the plan year invested in eligible assets? (See instructions.)     Image: Soon of the plan's assets during the plan year invested in eligible assets? (See instructions.)     Image: Soon of the plan's assets during the plan year invested in eligible assets? (See instructions.)     Image: Soon of the plan's assets during the plan year invested in eligible assets? (See instructions.)     Image: Soon of the plan's assets during the plan year invested in eligible assets? (See instructions.)     Image: Soon of the plan's assets during the plan year invested in eligible assets? (See instructions.)     Image: Soon of the plan's assets during the plan year invested in eligible assets? (See instructions.)     Image: Soon of the plan's assets during the plan year invested in eligible assets? (See instructions.)     Image: Soon of the plan year invested in the plan year invested in eligible assets? (See instructions.)     Image: Soon of the plan year invested in the plan year invested in eligible assets? (See instructions.)     Image: Soon of the plan year invested in the plan year invest					-	2d			ons)		
BELLEVUE, WA 98004       3c     Administrator's telephone number       200-056-7622       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.       5a     Total number of participants at the beginning of the plan year						3b					
amme, EIN, and the plan number from the last return/report.     4c     PN       5a     Sponsor's name     5a     112       5a     Total number of participants at the beginning of the plan year     5a     112       5b     220       c     Number of participants at the end of the plan year     5b     220       c     Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).     Sta     5c     108       6a     Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)     Sta     Yes     No       b     Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)     Yes     No       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       7     Plan Assets and Liabilities     (a) Beginning of Year     (b) End of Year       1     Total plan assets (subtract line 7b from line 7a)     7c     1023072     1857782       b     Total plan liabilities     7b     1023072     1857782       c     Net plan assets (subtract line 7b from line 7a)     7c     1023072     1857782       b     Chert plan is (subtract line 7b if mon line 7a)     7c     1023072     1857782       <						3c			Imber		
a Sponsor's name         4c         PN           5a         Total number of participants at the beginning of the plan year         5a         112           b         Total number of participants at the end of the plan year         5b         220           c         Number of participants at the end of the plan year         5b         220           c         Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)         5c         108           6a         Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)         Stop         Yes         No           b         Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IOPA)         Yes         No           H 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           7         Plan Assets and Liabilities         (a) Beginning of Year         (b) End of Year           a         Total plan iabilities         7a         1023072         1857782           b         Total plan iabilities         7b         1023072         1857782           b         Total plan iabilities         7c         1023072         18577782           8	4			ast return/i	report filed for this plan, enter the	4b	EIN				
5a       Total number of participants at the beginning of the plan year       5a       112         b       Total number of participants at the end of the plan year       5b       220         c       Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)       5c       108         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Sc       108         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Yes       No         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Yes       No         f 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         7       Plan Assets and Liabilities       (a) Beginning of Year       1023072       1857782         b       Total plan isset (subtract line 7b from line 7a).       7c       1023072       1857782         8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         (2)       Participants       Ba(2)       896260       8a(1)       1024072       1857782         9       Other income (loss)       Ba(2)	2		er from the last return/report.			Ac.	DNI				
b       Total number of participants at the end of the plan year		1	the beginning of the plan year						112		
C       Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).       108         Ga       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Image: Complete this item).       Image: C			0 0 1 7		-						
Complete this teth)					-						
b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Image: Section 104-48? (See instructions on waiver eligibility and conditions.)		complete this item)				5c		<u> </u>			
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	-	•	• • • •		, ,			X Yes	No		
Part IIIFinancial Information7Plan Assets and Liabilities(a) Beginning of Year(b) End of YearaTotal plan assets7a10230721857782bTotal plan liabilities7b	D							X Yes	No		
7Plan Assets and Liabilities(a) Beginning of Year(b) End of YearaTotal plan assets7a10230721857782bTotal plan liabilities7b10230721857782cNet plan assets (subtract line 7b from line 7a)7c102307218577828Income, Expenses, and Transfers for this Plan Year(a) Amount(b) TotalaContributions received or receivable from: (1) Employers8a(1)8a(2)896260(3) Others (including rollovers)8a(3)677748b-99400cTotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)8c8c864634dBenefits paid (including direct rollovers and insurance premiums to provide benefits)8d27229eCertain deemed and/or corrective distributions (see instructions)8e2695fAdministrative service providers (salaries, fees, commissions)8f29924gOther expenses (add lines 8d, 8e, 8f, and 8g)8h29924iNet income (loss) (subtract line 8h from line 8c)8i834710				orm 5500-	SF and must instead use Form 550	00.					
aTotal plan assets7a10230721857782bTotal plan liabilities7b			ation								
In order plan lassets7ab Total plan liabilities7bc Net plan assets (subtract line 7b from line 7a)7c102307218577828 Income, Expenses, and Transfers for this Plan Year(a) Amounta Contributions received or receivable from:8a(1)(1) Employers8a(2)(2) Participants8a(2)(3) Others (including rollovers)8a(3)6 Other income (loss)8b9940099400c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)8c8a(1)8d272298de Certain deemed and/or corrective distributions (see instructions)8e26958gf Administrative service providers (salaries, fees, commissions)8fg Other expenses8gh Total expenses (add lines 8d, 8e, 8f, and 8g)8h299241Net income (loss) (subtract line 8h from line 8c)8iNet income (loss) (subtract line 8h from line 8c)8i	-			7-			(b) End		32		
CNet plan assets (subtract line 7b from line 7a)		•									
8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a       Contributions received or receivable from:       8a(1)       8a(1)         (1)       Employers       8a(1)       8a(1)         (2)       Participants       8a(2)       896260         (3)       Others (including rollovers)       8a(3)       67774         b       Other income (loss)       8b       -99400         c       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       8c         d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       27229         e       Certain deemed and/or corrective distributions (see instructions)       8e       2695         f       Administrative service providers (salaries, fees, commissions)       8f       9         g       Other expenses       8g       29924         i       Net income (loss) (subtract line 8h from line 8c)       8i       834710					1023072			185778	32		
a Contributions received or receivable from:       8a(1)         (1) Employers       8a(2)         (2) Participants       8a(2)         (3) Others (including rollovers)       8a(3)         (4) Deter income (loss)       8a(3)         (5) Other income (loss)       8b         (7) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c         (7) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c         (7) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c         (7) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c         (7) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c         (7) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c         (8) Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       27229         (9) Other expenses       8d       2695         (10) Administrative service providers (salaries, fees, commissions)       8f       2695         (11) Other expenses       8g       2695         (12) Other expenses       8g       29924         (13) Notice (loss) (subtract line 8d, 8e, 8f, and 8g)       8h       29924         (14) Net income (loss) (subtract line 8h from line 8c)       8i       834710		•			(a) Amount		(b) T	otal			
BatBat(2) Participants8a(2)(3) Others (including rollovers)8a(3)(3) Others (including rollovers)8a(3)(3) Other income (loss)8b-99400(3) Other income (loss)8b-99400(2) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)8c(3) Other income (add lines 8a(1), 8a(2), 8a(3), and 8b)8c(4) Benefits paid (including direct rollovers and insurance premiums to provide benefits)8d(5) Certain deemed and/or corrective distributions (see instructions)8e(6) Certain deemed and/or corrective distributions (see instructions)8e(7) Gother expenses8g(7) Other expenses8g(8) Other expenses8g(9) Other expenses (add lines 8d, 8e, 8f, and 8g)8h(10) Total expenses (add lines 8d, 8e, 8f, and 8g)8h(10) Subtract line 8h from line 8c)8i(10) Subtract line 8h from line 8c)8i	а										
(1) Full dispersion       (1)         (3) Others (including rollovers)       8a(3)         (3) Others (including rollovers)       8b         (4) Other income (loss)       8b         (3) Others (including rollovers)       8b         (4) Other income (loss)       8a(3)         (5) Other income (loss)       8a(3)         (5) Other income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c         (6) Other income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c         (7) Other income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c         (7) Other income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c         (7) Other income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c         (7) Other expenses       8d         (8) Other expenses       8f         (9) Other expenses (add lines 8d, 8e, 8f, and 8g)       8h         (9) Other expenses (add lines 8d, 8e, 8f, and 8g)       8h         (1) Net income (loss) (subtract line 8h from line 8c)       8i         (2) Other expenses (add lines 8d, 8e, 8f, and 8g)       8i				· · ·	206260	_					
(c) Others (including followers)				· · ·		-					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       8c       864634         d Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       27229         e Certain deemed and/or corrective distributions (see instructions)       8e       2695         f Administrative service providers (salaries, fees, commissions)       8f       9         g Other expenses       8g       29924         i Net income (loss) (subtract line 8h from line 8c)       8i       834710	h					-					
d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)	_							86463	34		
e       Certain deemed and/or corrective distributions (see instructions)       8e       2695         f       Administrative service providers (salaries, fees, commissions)       8f         g       Other expenses       8g         h       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       29924         i       Net income (loss) (subtract line 8h from line 8c)       8i       834710		Benefits paid (including direct i	rollovers and insurance premiums		27229						
f       Administrative service providers (salaries, fees, commissions)	•	. ,				-					
g         Other expenses         8g           h         Total expenses (add lines 8d, 8e, 8f, and 8g)         8h         29924           i         Net income (loss) (subtract line 8h from line 8c)         8i         834710	e f		, , ,		2033						
h         Total expenses (add lines 8d, 8e, 8f, and 8g)         8h         29924           i         Net income (loss) (subtract line 8h from line 8c)         8i         834710	ď	·	· · · · · · · · · · · · · · · · · · ·								
i Net income (loss) (subtract line 8h from line 8c)		•						2992	24		
	i							83471	10		
	j	Transfers to (from) the plan (se	e instructions)	8j							

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

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## 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 2T 3D

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	۷	Compliance Questions					
10	Durir	ng the plan year:		Yes	No	Α	mount
а		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		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		x		
С	Was	the plan covered by a fidelity bond?	10c	Х			25000
d		he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		Х		
е	insur	e 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 uctions.)	10e		x		
f	Has	the plan failed to provide any benefit when due under the plan?	10f		Х		
g	Did t	he plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	Х			24792
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		х		
i		h was answered "Yes," check the box if you either provided the required notice or one of the ptions to providing the notice applied under 29 CFR 2520.101-3	10i				
Part	VI	Pension Funding Compliance					
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com					Yes No
12	ls th	is 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
	lf a w grant	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) /aiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction /ing the waiver	th				
-		ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	4.01		
		r the minimum required contribution for this plan year			12b		
		r the amount contributed by the employer to the plan for this plan year			12c		
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left tive amount)			12d		
е	Will t	he 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	a resolution to terminate the plan been adopted in any plan year?			١	res X No	
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	1	3a			
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought e PBGC?					🗌 Yes X No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th h assets or liabilities were transferred. (See instructions.)	ne plai	n(s) to	1		
1	3c(1)	Name of plan(s):		13	c(2) El	N(s)	<b>13c(3)</b> PN(s)
Cauti	ion: A	penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ise is	estab	ished.	

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.	06/12/2012	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			Report of Small Employ	/ee		OMB Nos. 1210-0110 1210-0089
	Department of the Treasury Internal Revenue Service	252532 Hz 10 10 10 10 10	Benefit	Clions 104 and 4065 of the Employee		2	2011
 E	Department of Labor mployee Benefits Security Administration	Retirement Income Security Act of	1974 (ERI	SA), and sections 6057(b) and 6058 Code (the Code).	(a) of		s Open to Public
	ension Benefit Guaranty Corporation			the instructions to the Form 5500	-SF.		pection
		entification Information					
0.000	calendar plan year 2011 or fisca				2/31/.		
	This return/report is for:			-employer plan (not multiemployer)		a one-particip	pant plan
Б	This return/report is:			eturn/report in year return/report (less than 12 mo		1	
C	L Check box if filing under:	Form 5558		extension	nins)	-	
v		special extension (enter descriptio		CATCHAIGH		DFVC progra	
Pa	art II Basic Plan Inform	nation—enter all requested information	- 1911	1874			
1a	Name of plan				1b	Three-digit	20 - Di Di
APP	TIO RETIREMENT PLAN					plan number (PN) 🕨	001
					1c	Effective date o	1000 (00.00)
						01/01/2	
2a APP	Plan sponsor's name and addre	ess; include room or suite number (er	mployer, if	for a single-employer plan)	2b	Employer Identi	
					20	(EIN) 26-117 Sponsor's telep	
225	- 108TH AVE. N.E. SUITE 200				20	206-856	
	LEVUE WA 98004				2d	Business code (	see instructions)
32	Plan administrator's name and	address (if same as plan sponsor, er	lor "Come	яγ	26	541519	
SAM			nei Same	)	30	Administrator's I 26-117	
					3c		elephone number
4	If the name and/or EIN of the p	an sponsor has changed since the la	ast return/	report filed for this plan, enter the	4h	206-856 EIN	-7922
	name, EIN, and the plan numb	er from the last return/report.			104208-0.51	No. No.	
 5a	Sponsor's name	the beginning of the plan year			4c	PN	
b		the end of the plan year		and of the second	<u>5a</u>		112
с		count balances as of the end of the p		L	5b		220
•	complete this item)				5c		108
6a	Were all of the plan's assets d	uring the plan year invested in eligibl	e assels?	(See instructions.)			🗙 Yes 🗌 No
IJ	under 29 CFR 2520.104-46? (	e annual examination and report of a See instructions on waiver eligibility a	and conditi	ons.)			X Yes 🗌 No
De	If you answered "No" to eith	er 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 550	10.		
7	rt III Financial Informa Plan Assets and Liabilities	ITION			1	10 MIRINE	
'a				(a) Beginning of Year 1023072		(b) End	of Year 1857782
b			7b	1020012		· · · · · · · · · · · · ·	1657762
C		b from line 7a)	7c	1023072			1857782
8	Income, Expenses, and Transfe	ers for this Plan Year		(a) Amount		(b) T	
а	Contributions received or received (1) Employers	vable from:	0-/4)				
			8a(1) 8a(2)	896260	1		
			8a(3)	67774	-		
b			8b	-99400	-		
C		3a(2), 8a(3), and 8b)	8c				864634
d	Benefits paid (including direct r	ollovers and insurance premiums	8d	27229			
е		ve distributions (see instructions)	8e	2695	3		
f		s (salaries, fees, commissions)	8f				
g			8g				
h		ie, 8f, and 8g)	8h				29924
i		8h from line 8c)	81				834710
	ransfers to (from) the plan (se	e instructions)	8j				

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

<b>L</b> _	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Cha 2E 2G 2J 2K 2T 3D					
d	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	acteristi	ic Cod	es in the	instructions:	
Parl			2			
10	During the plan year:		Yes	No	Amount	
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a	-	х	neontee e	
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	х		2:	
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		х		
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.)	10e		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	х		24	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10g		x		
i	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	101				
Part		101	ş8			
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor 5500))	nplete	Sched	ule SB (I	Form	
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 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 instrugranting the waiver.	ictions, 1th	and e	nler lhe Dav	date of the letter ruling Year	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13			,	rear	
b	Enter the minimum required contribution for this plan year		[	12b		
	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 negative amount)	ofa	-	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			П	Yes No	
Part	VII Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?			Yes	s X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		3a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	under	lbe co	ntrol	Yes X	
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	he plar	ı(s) to			
	3c(1) Name of plan(s):		130	(2) EIN(	s) 13c(3) PN	
		1	0.50	·	,	
		1				

SIGN	× tt /att	1 5 31 12	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 sponso