Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Signature of DFE

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

					Inspection		
Part I	Part I Annual Report Identification Information						
For cale	ndar plan year 2011 or fiscal pl	an year beginning 01/01/2011	_	and ending 12/31/2	2011		
A This	return/report is for:	a multiemployer plan;	a multiple	e-employer plan; or			
		x a single-employer plan;	a DFE (s	pecify)			
		_	_				
B This	return/report is:	the first return/report;	the final	return/report;			
		an amended return/report;	a short p	lan year return/report (less th	nan 12 months).		
C If the	plan is a collectively-bargained	d plan, check here					
D Chec	k box if filing under:	X Form 5558;	automati	c extension;	the DFVC program;		
	-	special extension (enter des	cription)		_		
Part	II Basic Plan Inform	ation—enter all requested informa	ation				
	ne of plan NC. 401(K) SAVINGS PLAN AI	•			1b Three-digit plan number (PN) ▶	001	
CRATII	NO. 401(K) SAVINGS FLAN AI	IN TROST			1c Effective date of pla	an	
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) CRAY INC.					2b Employer Identification Number (EIN) 93-0962605		
					2c Sponsor's telephone number 206-701-2282		
	ГН AVENUE, SUITE 1000 E, WA 98164		H AVENUE, SUITE 1 , WA 98164	000	2d Business code (see instructions) 334110	Э	
Caution	: A penalty for the late or inc	omplete filing of this return/repor	rt will be assessed	unless reasonable cause is	s established.		
		nalties set forth in the instructions, is the electronic version of this return					
SIGN	Filed with authorized/valid elec	tronic signature.	07/26/2012	DAVID SPLINTER			
HERE	Signature of plan administr	ator	Date	Enter name of individual si	igning as plan administrator		
SIGN							
HERE	Signature of employer/plan	sponsor	Date	Enter name of individual si	igning as employer or plan sp	onsor	
	5				<u> </u>		
SIGN							
HERE			+	 			

Date

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

Form 5500 (2011) v.012611

Enter name of individual signing as DFE

Form 5500 (2011) Page **2**

	Plan administrator's name and address (if same as plan sponsor, enter "San AY INC.	ne")			lministrator's EIN -0962605
	901 FIFTH AVENUE, SUITE 1000 SEATTLE, WA 98164				ministrator's telephone imber 206-701-2282
4	If the name and/or EIN of the plan sponsor has changed since the last return the plan number from the last return/report:	n/report filed for	this plan, enter the name, EIN	and	4b EIN
а	Sponsor's name				4c PN
5	Total number of participants at the beginning of the plan year			5	926
6	Number of participants as of the end of the plan year (welfare plans complete	te only lines 6a,	6b, 6c, and 6d).		
а	Active participants			. 6a	768
b	Retired or separated participants receiving benefits			6b	10
С	Other retired or separated participants entitled to future benefits			6c	185
d	Subtotal. Add lines 6a , 6b , and 6c			6d	963
e	Deceased participants whose beneficiaries are receiving or are entitled to re			6e	2
f	Total. Add lines 6d and 6e			6f	965
a	Number of participants with account balances as of the end of the plan year			<u> </u>	
9	complete this item)	` •	•	. 6g	889
h	Number of participants that terminated employment during the plan year with less than 100% vested			6h	0
7	Enter the total number of employers obligated to contribute to the plan (only	/ multiemployer	plans complete this item)	7	
	If the plan provides pension benefits, enter the applicable pension feature of 2F 2H 2J 2K 2S 2T 3I 2R If the plan provides welfare benefits, enter the applicable welfare feature coordinates the plan provides welfare benefits.				
9a	Plan funding arrangement (check all that apply)		efit arrangement (check all tha	at apply)	
	(1) Insurance (2) Code section 412(e)(3) insurance contracts	(1) (2)	Insurance Code section 412(e)(3) i	incuranc	ee contracts
	(3) X Trust	(3)	X Trust	risurario	oc contracts
	(4) General assets of the sponsor	(4)	General assets of the sp	onsor	
10	Check all applicable boxes in 10a and 10b to indicate which schedules are a	attached, and, w	here indicated, enter the numb	er attac	ched. (See instructions)
а	Pension Schedules	b General	Schedules		
	(1) R (Retirement Plan Information)	(1)	H (Financial Inform	nation)	
	(2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) (3) (4)	I (Financial Inform A (Insurance Inform C (Service Provide	mation)	,
	(3) SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(5) (6)	D (DFE/Participation G (Financial Trans	ng Plan	Information)

SCHEDULE C (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Service Provider Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011	and ending 12/31/	2011
A Name of plan CRAY INC. 401(K) SAVINGS PLAN AND TRUST	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification	on Number (FIN)
CRAY INC.	93-0962605	on Number (Env)
	33-0302003	
Part I Service Provider Information (see instructions)		
You must complete this Part, in accordance with the instructions, to report the info or more in total compensation (i.e., money or anything else of monetary value) in a plan during the plan year. If a person received only eligible indirect compensation answer line 1 but are not required to include that person when completing the rem	connection with services rendered to a for which the plan received the requ	the plan or the person's position with the
1 Information on Persons Receiving Only Eligible Indirect Com	pensation	
a Check "Yes" or "No" to indicate whether you are excluding a person from the rema	-	
indirect compensation for which the plan received the required disclosures (see in	structions for definitions and condition	ns)XYes No
b If you answered line 1a "Yes," enter the name and EIN or address of each person received only eligible indirect compensation. Complete as many entries as needed.		or the service providers who
(b) Enter name and EIN or address of person who provid	ed you disclosures on eligible indirec	et compensation
FIDELITY INV. INST. OPS. CO.		
04-2647786		
(b) Enter name and EIN or address of person who provide	led you disclosure on eligible indirect	compensation
(b) Enter name and EIN or address of person who provide	ed you disclosures on eligible indirect	t compensation
(b) Lines hame and Lines a deduced of person who prome		
(b) Enter name and EIN or address of person who provide	ed you disclosures on eligible indirect	t compensation

age 3	3 -	1
-------	-----	---

answered	"Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ch person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
			a) Enter name and EIN or	address (see instructions)		
FIDELITY I	NVESTMENTS INSTI			(**************************************		
04-2647786	6					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 37 65 71 60	RECORDKEEPER	5672	Yes X No	Yes 🛛 No 🗌	0	Yes X No
		(a) Enter name and EIN or	address (see instructions)		
(b) Service Code(s)	(c) Relationship to employer, employer organization, or person known to be	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required	Enter total indirect compensation received by service provider excluding eligible indirect	(h) Did the service provider give you a formula instead of an amount or
	a party-in-interest		sponsor)	disclosures?	compensation for which you answered "Yes" to element (f). If none, enter -0	estimated amount?
			Yes No	Yes		Yes No
		(a) Enter name and EIN or	address (see instructions)		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes No	Yes No		Yes No

Page :	3 -	2
--------	-----	---

answered	d "Yes" to line 1a above	e, complete as many	entries as needed to list ea	or Indirect Compensation ach person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	total compensation
		((a) Enter name and EIN or	address (see instructions)		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
			Yes No	Yes No		Yes No
		((a) Enter name and EIN or	· address (see instructions)		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
			Yes No	Yes No		Yes No
		((a) Enter name and EIN or	address (see instructions)		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes No	Yes No		Yes No

· · · · · · · · · · · · · · · · · · ·		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determin	compensation, including any e the service provider's eligibility the indirect compensation.
FMI COMMON STOCK - US BANCORP FUND	0.15%	
39-0281260		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determin	compensation, including any e the service provider's eligibility the indirect compensation.
HTFD GLB REAL AST Y - HARTFORD ADMI	0.10%	
41-0679409		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determin	compensation, including any e the service provider's eligibility the indirect compensation.
JPM SM CAP GRTH INST - BOSTON FINAN 330 W. 9TH STREET KANSAS CITY, MO 66160	0.15%	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation	
FIDELITY INVESTMENTS INSTITUTIONAL	60	0	
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any ethe service provider's eligibility the indirect compensation.	
MAINSTAY ICAP EQ I - BOSTON FINANCI P.O. BOX 8480 BOSTON, MA 02266	0.15%		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation	
FIDELITY INVESTMENTS INSTITUTIONAL	60	0	
(d) Enter name and EIN (address) of source of indirect compensation	(d) Enter name and EIN (address) of source of indirect compensation (e) Describe the indirect compensation, incl formula used to determine the service provid for or the amount of the indirect compensation.		
MARSICO FOCUS - UMB FUND SERVICES I	0.50%		
39-1657495			
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation	
FIDELITY INVESTMENTS INSTITUTIONAL	60	0	
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.	
OLDMUT CR EMG GR IS - DST SYSTEMS,	0.05%		
43-1581814		_	

	·		
(a) Ente	r service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INST	TITUTIONAL	60	0
(d) Enter name	and EIN (address) of source of indirect compensation	formula used to determin	compensation, including any e the service provider's eligibility the indirect compensation.
TRP BLUE CHIP GRTH - T. RC	WE PRICE	0.15%	
52-2269240			
(a) Ente	r service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INST	ГІТИТ	60	0
(d) Enter name	and EIN (address) of source of indirect compensation	formula used to determin	compensation, including any e the service provider's eligibility the indirect compensation.
FMI FUNDS	777 EAST WISCONSIN AVENUE MK-WI-T5F MILWAUKEE, WI 53202	0.40%	
(a) Ente	r service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INST	гітит	60	0
(d) Enter name	and EIN (address) of source of indirect compensation	formula used to determin	compensation, including any e the service provider's eligibility the indirect compensation.
YACKTMAN FUND	6300 BRIDGEPOINT PARKWAY AUSTIN, TX 78730	16.00	

(a) Enter s	ervice provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTIT	TUT	60	0
(d) Enter name a	nd EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.
PIMCO FUNDS	1633 BROADWAY NEW YORK, NY 10019	0.40%	
(a) Enter s	ervice provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTIT	TUT	60	0
(d) Enter name a	nd EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.
PIMCO FUNDS	1633 BROADWAY NEW YORK, NY 10019	0.40%	
(a) Enter s	ervice provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTIT	TUT	60	0
(d) Enter name a	nd EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.
ROYCE FUNDS	745 FIFTH AVENUE SUITE 2400 NEW YORK, NY 10151	0.40%	

(a) Ente	er service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INS	TITUT	60	0
(d) Enter name	e and EIN (address) of source of indirect compensation	formula used to determin	t compensation, including any e the service provider's eligibility the indirect compensation.
PIMCO FUNDS	1633 BROADWAY NEW YORK, NY 10019	0.375%	
(a) Ente	er service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INS	TITUT	60	0
(d) Enter name	e and EIN (address) of source of indirect compensation	formula used to determin	t compensation, including any e the service provider's eligibility the indirect compensation.
RYDEX FUNDS	82 DEVONSHIRE ST BOSTON, MA 00000	0.40%	
(a) Ente	er service provider name as it appears on line 2	(b) Service Codes	(c) Enter amount of indirect
FIDELITY INVESTMENTS INS	ТІТИТ	(see instructions) 60	compensation 0
(d) Enter name	e and EIN (address) of source of indirect compensation	formula used to determin	t compensation, including any e the service provider's eligibility the indirect compensation.
RYDEX FUNDS	82 DEVONSHIRE ST BOSTON, MA 00000	0.40%	·
		•	

(a) Ent	er service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS IN	STITUT	60	0
(d) Enter nam	e and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.
RYDEX FUNDS	82 DEVONSHIRE ST BOSTON, MA 00000	0.40%	
(a) Ent	er service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INS	STITUT	60	0
(d) Enter nam	e and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.
RYDEX FUNDS	82 DEVONSHIRE ST BOSTON, MA 00000	0.40%	
(a) Ent	er service provider name as it appears on line 2	(b) Service Codes	(c) Enter amount of indirect
FIDELITY INVESTMENTS INS	STITUT	(see instructions) 60	compensation 0
(d) Enter nam	e and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.
RYDEX FUNDS	82 DEVONSHIRE ST BOSTON, MA 00000	0.40%	<u> </u>
		•	

,	•		
(a) Enter se	rvice provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITU	JT	60	0
(d) Enter name and	d EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.
OAKMARK FUNDS	TWO NORTH LASALLE STREET SUITE 500 CHICAGO, IL 60602	0.35%	
(a) Enter se	rvice provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITU	JT	60	0
(d) Enter name and	d EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.
OAKMARK FUNDS	TWO NORTH LASALLE STREET SUITE 500 CHICAGO, IL 60602	0.35%	
			_
(a) Enter se	rvice provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITU	JT	60	0
(d) Enter name and	d EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.
FRANKLIN FUNDS	100 FOUNTAIN PARKWAY SAINT PETERSBURG, FL 33716	0.25% + 16.00	

(a) Enter ser	vice provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITU	Т	60	0
(d) Enter name and	EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.
JANUS FUNDS	151 DETROIT ST. DENVER, CO 80206	0.35%	
(a) Enter ser	vice provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITU	Г	60	0
(d) Enter name and	EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.
JANUS FUNDS	151 DETROIT ST. DENVER, CO 80206	0.35%	
			T
(a) Enter sen	vice provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITU	Г	60	0
(d) Enter name and	EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.
AMANA FUNDS	1200 PROSPECT STREET, SUITE 550 LAJOLLA, CA 92037	0.40%	

(a) Enter service	provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT		60	0
(d) Enter name and EIN	I (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.
MATTHEWS ASIAN FUNDS	4 EMBARCADERO CENTER SUITE 550 SAN FRANCISCO, CA 94111	0.40%	
(a) Enter service	provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT		60	0
(d) Enter name and EIN	I (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.
MATTHEWS ASIAN FUNDS	4 EMBARCADERO CENTER SUITE 550 SAN FRANCISCO, CA 94111	0.40%	
(a) Enter service	provider name as it appears on line 2	(b) Service Codes	(c) Enter amount of indirect
FIDELITY INVESTMENTS INSTITUT		(see instructions) 60	compensation 0
(d) Enter name and EIN	I (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.
MATTHEWS ASIAN FUNDS	4 EMBARCADERO CENTER SUITE 550 SAN FRANCISCO, CA 94111	0.40%	·

(a) Enter service pro-	vider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT		60	0
(d) Enter name and EIN (ad	dress) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.
MATTHEWS ASIAN FUNDS	4 EMBARCADERO CENTER SUITE 550 SAN FRANCISCO, CA 94111	0.40%	
(a) Enter service pro	vider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT		60	0
(d) Enter name and EIN (ad	dress) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.
METROPOLITAN WEST FUNDS	865 SOUTH FIGUEROA ST. #1400 LOS ANGELES, CA 90017	0.40%	
(a) Enter service pro	vider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT		60	0
(d) Enter name and EIN (ad	dress) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.
PERMANENT PORTFOLIO FUND	600 MONTGOMERY ST. SUITE 4100 SAN FRANCISCO, CA 94111-2702	0.40%	

Part II Service Providers Who Fail or Refuse to Provide Information			
4 Provide, to the extent possible, the following information for ear this Schedule.	ch service provide	r who failed or refused to provide the information necessary to complete	
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide	
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide	
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide	
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide	
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide	
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide	

Page	6-
------	----

Pa	rt III	Termination Information on Accountants and Enrolled Actuaries (see insection) (complete as many entries as needed)	structions)
а	Name		b ein:
С	Positio	n:	
d	Addres	es:	e Telephone:
Ex	olanatio	1:	
а	Name:		b EIN:
C	Positio		
d	Addres		e Telephone:
Exp	olanatio	n:	
а	Name:		b EIN:
С	Positio		
d	Addres		e Telephone:
Ex	olanatio	n:	
а	Name:		b EIN:
C	Positio		
d	Addres		e Telephone:
Ex	olanatio	n:	
а	Name:		b EIN:
C	Positio	n:	
d	Addres		e Telephone:
Ex	planatio	1:	

SCHEDULE D (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

	· · · · · ·	0.4 0.4 0.0.4	10/04/0044	
For calendar plan year 2011 or fiscal p	olan year beginning	01/01/2011 and	l ending 12/31/2011	
A Name of plan			B Three-digit	001
CRAY INC. 401(K) SAVINGS PLAN A	ND TRUST		plan number (PN)	001
C Plan or DFE sponsor's name as she	own on line 2a of Form	5500	D Employer Identification Number (I	EIN)
CRAY INC.				•
			93-0962605	
Part I Information on inter	ests in MTIAs CC	Ts, PSAs, and 103-12 IEs (to be co	mpleted by plans and DFFs)	
		to report all interests in DFEs)	inploted by plane and bi 20)	
a Name of MTIA, CCT, PSA, or 103-				
a Hame of Million, Coll, 1 C/1, 01 100				
b Name of sponsor of entity listed in	(a): FIDELITY MAI	NAGEMENT TRUST COMPANY		
	T -			
C EIN-PN 04-3022712-024	d Entity C	e Dollar value of interest in MTIA, CCT, P	SA, or 103	422989
	code	12 IE at end of year (see instructions)		122000
a Name of MTIA, CCT, PSA, or 103-	12 IF:			
2 Trains of MTD, COT, 1 CO, OT 100	12.12.			
b Name of sponsor of entity listed in	(a):			
	T -			
C EIN-PN	d Entity	e Dollar value of interest in MTIA, CCT, P	SA, or 103	
	code	12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-	12 IE:			
b Name of sponsor of entity listed in	(a):			
	1 .			
C EIN-PN	d Entity	e Dollar value of interest in MTIA, CCT, P	SA, or 103-	
	code	12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-	12 IE:			
-				
b Name of sponsor of entity listed in	(a):			
	al = 0	A D III A COLL AND METAL COLL D	0.4 4.00	
C EIN-PN	d Entity	 Dollar value of interest in MTIA, CCT, P 12 IE at end of year (see instructions) 	SA, or 103-	
	code	12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-	12 IE:			
b Name of sponsor of entity listed in	(a):			
	d Carte	C Della value of interest in MTIA CCT D	CA == 400	
C EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, P 12 IE at end of year (see instructions)	SA, or 103-	
	code	12 IL at elia di year (see ilistractions)		
a Name of MTIA, CCT, PSA, or 103-	12 IE:			
b Name of sponsor of entity listed in	(a):			
	d Entity	• Dellar value of interest in MTIA CCT D	CA or 102	
C EIN-PN	code	 Dollar value of interest in MTIA, CCT, P 12 IE at end of year (see instructions) 	SA, 01 103-	
	Loue	12 12 at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-	12 IE:			
•				
b Name of sponsor of entity listed in	(a):			
	d Entity	Dollar value of interest in MTIA CCT D	SA or 103	
C EIN-PN	d Entity	e Dollar value of interest in MTIA, CCT, P	SA, 01 103-	

12 IE at end of year (see instructions)

e Dollar value of interest in MTIA, CCT, PSA, or 103-

e Dollar value of interest in MTIA, CCT, PSA, or 103-

12 IE at end of year (see instructions)

12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

C EIN-PN

C EIN-PN

d Entity

d Entity

code

code

F	art II	Information on Participating Plans (to be completed by DFEs)	
_	Plan na	(Complete as many entries as needed to report all participating plans)	
			e FIN DN
	Name o		C EIN-PN
а	Plan na	me	
b	Name o		C EIN-PN
а	Plan na	me	
b	Name o		C EIN-PN
а	Plan na		
b	Name o		C EIN-PN
а	Plan na		
b	Name o		C EIN-PN
а	Plan na	me	
b	Name o		C EIN-PN
а	Plan na	me	
b	Name o		C EIN-PN
а	Plan na	me	
b	Name o		C EIN-PN
а	Plan na	me	
b	Name o		C EIN-PN
а	Plan na	me	
b	Name o		C EIN-PN
а	Plan na	me	
b	Name o		C EIN-PN
а	Plan na	me	
b	Name o		C EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

OMB No. 1210-0110

2011

	File as an attachment to Form 55	500.	I nis Form	is Open to Public	
Pension Benefit Guaranty Corporation				nspection	
	/01/2011		/2011		
A Name of plan CRAY INC. 401(K) SAVINGS PLAN AND TRUST		B Three-di	git hber (PN)	001	
C Plan sponsor's name as shown on line 2a of Form 5500		D Employer	Identification N	umber (EIN)	
CRAY INC.		93-096260)5		
Part I Asset and Liability Statement					
1 Current value of plan assets and liabilities at the beginning the value of the plan's interest in a commingled fund contail lines 1c(9) through 1c(14). Do not enter the value of that po benefit at a future date. Round off amounts to the neares and 1i. CCTs, PSAs, and 103-12 IEs also do not complete	ning the assets of more than one portion of an insurance contract which to dollar. MTIAs, CCTs, PSAs, and	olan on a line-by-line bas ch guarantees, during thi	is unless the va s plan year, to p	alue is reportable on pay a specific dollar	
Assets		(a) Beginning of Yea	r	(b) End of Year	
a Total noninterest-bearing cash	1a		1262	12	284
b Receivables (less allowance for doubtful accounts):					
(1) Employer contributions	1b(1)	12	99136	6725	26
(2) Participant contributions	1b(2)				
(3) Other	1b(3)				
C General investments: (1) Interest-bearing cash (include money market accounts of deposit)	1 16(1)	108	70225	114434	10
(2) U.S. Government securities	4 (0)				
(3) Corporate debt instruments (other than employer secu	urities):				
(A) Preferred	1c(3)(A)				
(B) All other	1c(3)(B)				
(4) Corporate stocks (other than employer securities):					
(A) Preferred	1c(4)(A)				
(B) Common	1c(4)(B)				
(5) Partnership/joint venture interests	1c(5)				
(6) Real estate (other than employer real property)	1c(6)				
(7) Loans (other than to participants)	1c(7)				
(8) Participant loans	1c(8)	11	76572	13658	43
(9) Value of interest in common/collective trusts	1c(9)	51	18894	64229	189
(10) Value of interest in pooled separate accounts	1c(10)				
(11) Value of interest in master trust investment accounts	1c(11)				
(12) Value of interest in 103-12 investment entities	1c(12)				
(13) Value of interest in registered investment companies (funds)	10(13)	1135	08591	1126327	'49
(14) Value of funds held in insurance company general acc	count (unallocated				

1c(14)

1c(15)

contracts)....

1d	Employer-related investments:		(a) Beginning of Year	(b) End of Year
	(1) Employer securities	1d(1)	7354031	5357823
	(2) Employer real property	1d(2)		
е	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	139328711	137896624
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k		
	Net Assets			
I	Net assets (subtract line 1k from line 1f)	11	139328711	137896624

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

2a(1)(A)	1094011	
2a(1)(B)	8200525	
2a(1)(C)	1324240	
2a(2)		
2a(3)		10618776
2b(1)(A)	1065	
2b(1)(B)		
2b(1)(C)		
2b(1)(D)		
2b(1)(E)	60636	
2b(1)(F)		
2b(1)(G)		61701
2b(2)(A)		
2b(2)(B)		
2b(2)(C)	3536492	
2b(2)(D)		3536492
2b(3)		
2b(4)(A)	1307002	
2b(4)(B)	1416648	
2b(4)(C)		-109646
	2a(1)(B) 2a(1)(C) 2a(2) 2a(3) 2b(1)(A) 2b(1)(B) 2b(1)(C) 2b(1)(C) 2b(1)(F) 2b(1)(F) 2b(1)(G) 2b(2)(A) 2b(2)(B) 2b(2)(C) 2b(2)(D) 2b(3) 2b(4)(A) 2b(4)(B)	2a(1)(B) 8200525 2a(1)(C) 1324240 2a(2) 2a(3) 2b(1)(A) 1065 2b(1)(B) 2b(1)(C) 2b(1)(C) 2b(1)(F) 2b(1)(F) 2b(1)(G) 2b(2)(A) 2b(2)(B) 2b(2)(C) 3536492 2b(2)(D) 2b(3) 2b(4)(A) 1307002 2b(4)(B) 1416648

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-579560	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-579560
(6) Net investment gain (loss) from common/collective trusts	2b(6)		188540
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-4412660
C Other income	. 2c		
d Total income. Add all income amounts in column (b) and enter total	. 2d		9303643
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	10724896	
(2) To insurance carriers for the provision of benefits	- (-)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	- (1)		10724896
f Corrective distributions (see instructions)			2032
g Certain deemed distributions of participant loans (see instructions)			3672
h Interest expense	01:		
i Administrative expenses: (1) Professional fees	0:/4)		
(2) Contract administrator fees	0:(0)		
(3) Investment advisory and management fees	2:/2\		
(4) Other	·	5130	
(5) Total administrative expenses. Add lines 2i(1) through (4)	0:(5)		5130
j Total expenses. Add all expense amounts in column (b) and enter total	· 		10735730
Net Income and Reconciliation			
	2k		-1432087
k Net income (loss). Subtract line 2j from line 2d			
	2l(1)		
(1) To this plan	21(1)		
(2) From this plan			
Part III Accountant's Opinion			
3 Complete lines 3a through 3c if the opinion of an independent qualified public attached.	accountant is attac	ned to this Form 5500. Com	plete line 3d if an opinion is not
${f a}$ The attached opinion of an independent qualified public accountant for this pla	an is (see instruction	ns):	
(1) Unqualified (2) Qualified (3) Disclaimer (4)	Adverse		
b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103	3-8 and/or 103-12(d	d)?	X Yes No
C Enter the name and EIN of the accountant (or accounting firm) below:			
(1) Name: MOSS ADAMS LLP	(2	e) EIN: 91-0189318	
d The opinion of an independent qualified public accountant is not attached because			
(1) This form is filed for a CCT, PSA, or MTIA. (2) It will be attached	ched to the next Fo	rm 5500 pursuant to 29 CFF	R 2520.104-50.

Pa	rt IV Compliance Questions					
4	CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.	4f, 4g,	4h, 4k, 4	m, 4n, or 5		
	During the plan year:		Yes	No	Amo	unt
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X		
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X		
С	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X		
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		Х		
е	Was this plan covered by a fidelity bond?	4e	X			5000000
_		46				
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X		
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		Х		
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	41.		X		
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked,	4h	X			
j	and see instructions for format requirements.)	4i				
k	see instructions for format requirements.)	4j		X		
r.	plan, or brought under the control of the PBGC?	4k		X		
ı	Has the plan failed to provide any benefit when due under the plan?	41		X		
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X		
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n		X		
5a 5b	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s)		No	Amoun		lities were
	transferred. (See instructions.) 5b(1) Name of plan(s)					
				5b(2) EIN(s)	5b(3) PN(s)

SCHEDULE R (Form 5500)

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration

Department of Labor Employee Retireme

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

File as an attachment to Form 5500.

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

	Pension Benefit Guaranty Corporation							
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and e	ending	12/31/2	011				
A N	Name of plan Y INC. 401(K) SAVINGS PLAN AND TRUST		ee-digit n numbe	er •	00)1		
	Plan sponsor's name as shown on line 2a of Form 5500 Y INC.	·	oloyer Ide 3-096260		on Numbe	r (EIN)		
Pa	art I Distributions							
	references to distributions relate only to payments of benefits during the plan year.							
1	Total value of distributions paid in property other than in cash or the forms of property specified in the instructions		1					0
2	Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries dur payors who paid the greatest dollar amounts of benefits):	ring the yea	ır (if mor	e than tv	vo, enter E	INs of	the to	wo
	EIN(s): 04-6568107							
	Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.							
3	Number of participants (living or deceased) whose benefits were distributed in a single sum, during the year		3					
P	Funding Information (If the plan is not subject to the minimum funding requirements ERISA section 302, skip this Part)	of section o	of 412 of	the Inte	rnal Reven	ue Co	de or	
4	Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?			Yes	□ No	o		N/A
	If the plan is a defined benefit plan, go to line 8.							
5 6	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 ruling letter granting the waiver. Date: Mor If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the re Enter the minimum required contribution for this plan year (include any prior year accumulated fun deficiency not waived)	emainder o		y hedule.		ear		
	b Enter the amount contributed by the employer to the plan for this plan year		6b					
	C Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c					
	If you completed line 6c, skip lines 8 and 9.			I				
7	Will the minimum funding amount reported on line 6c be met by the funding deadline?			Yes	No)		N/A
8	If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or cauthority providing automatic approval for the change or a class ruling letter, does the plan sponsor or administrator agree with the change?	r plan		Yes	□ No)		N/A
Pa	art III Amendments							
9	If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.	ease	Decre	ase	Both		∏ N∈	o
Pa	rt IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975 skip this Part.	(e)(7) of the	Interna	Revenu	ue Code,			
10	Were unallocated employer securities or proceeds from the sale of unallocated securities used to repart	ay any exei	mpt loan	?	[]	Yes		No
11	a Does the ESOP hold any preferred stock?					Yes		No
	b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a " (See instructions for definition of "back-to-back" loan.)				📃	Yes		No
12	Does the ESOP hold any stock that is not readily tradable on an established securities market?					Yes		No

Pa	rt V	Additional Information for Multiemployer Defined Benefit Pension Plans					
13		er the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in lars). See instructions. Complete as many entries as needed to report all applicable employers.					
	а	Name of contributing employer					
	b	EIN C Dollar amount contributed by employer					
	d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year					
	е	Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).) (1) Contribution rate (in dollars and cents) (2) Base unit measure: Hourly Weekly Unit of production Other (specify):					
	а	Name of contributing employer					
	b	EIN C Dollar amount contributed by employer					
	d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year					
	е	Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).) (1) Contribution rate (in dollars and cents) (2) Base unit measure: Hourly Weekly Unit of production Other (specify):					
	а	Name of contributing employer					
	b	EIN C Dollar amount contributed by employer					
	d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year					
	е	Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).) (1) Contribution rate (in dollars and cents) (2) Base unit measure: Hourly Weekly Unit of production Other (specify):					
	а	Name of contributing employer					
	b	EIN C Dollar amount contributed by employer					
	d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year					
	е	Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).) (1) Contribution rate (in dollars and cents) (2) Base unit measure: Hourly Weekly Unit of production Other (specify):					
	а	Name of contributing employer					
	b	EIN C Dollar amount contributed by employer					
	d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year					
	е	Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).) (1) Contribution rate (in dollars and cents) (2) Base unit measure: Hourly Weekly Unit of production Other (specify):					
	а	Name of contributing employer					
	b	EIN C Dollar amount contributed by employer					
	d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year					
	е	Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).) (1) Contribution rate (in dollars and cents) (2) Base unit measure: Hourly Weekly Unit of production Other (specify):					

_		•
Н	ane	
•	~5~	-

14	4 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:			
	a The current year	14a		
	b The plan year immediately preceding the current plan year	14b		
	C The second preceding plan year	14c		
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to ma employer contribution during the current plan year to:	ke an		
	a The corresponding number for the plan year immediately preceding the current plan year	15a		
	b The corresponding number for the second preceding plan year	15b		
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:	•		
	a Enter the number of employers who withdrew during the preceding plan year	16a		
	b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b		
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, c supplemental information to be included as an attachment.		_ _	
Р	art VI Additional Information for Single-Employer and Multiemployer Defined Benef	it Pens	ion Plans	
18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see in information to be included as an attachment	struction	ns regarding supplemental	
19	If the total number of participants is 1,000 or more, complete items (a) through (c)			
	Enter the percentage of plan assets held as: Stock:% Investment-Grade Debt:% High-Yield Debt:% Real Estate: Provide the average duration of the combined investment-grade and high-yield debt: 0-3 years 3-6 years 6-9 years 9-12 years 12-15 years 15-18 years 18-16 years			
	C What duration measure was used to calculate item 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):			



401(k) SAVINGS PLAN

Report of Independent Auditors and Financial Statements with Supplemental Schedule

December 31, 2011 and 2010

MOSS-ADAMS LLP

Certified Public Accountants | Business Consultants

Acumen. Agility. Answers.

CONTENT	'S

	PAGE
REPORT OF INDEPENDENT AUDITORS	1
FINANCIAL STATEMENTS Statements of Net Assets Available for Benefits Statement of Changes in Net Assets Available for Benefits Notes to Financial Statements	2 3 4-11
SUPPLEMENTAL SCHEDULE Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	12



REPORT OF INDEPENDENT AUDITORS

To the Participants and Plan Administrator The Cray Inc. 401(k) Savings Plan

We were engaged to audit the accompanying statements of net assets available for benefits of The Cray Inc. 401(k) Savings Plan (the Plan) as of December 31, 2011 and 2010, and the related statement of changes in net assets available for benefits for the year ended December 31, 2011, and the supplemental schedule of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2011. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), as amended, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 7, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2011 and 2010, and for the year ended December 31, 2011, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The supplemental schedule is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Seattle, Washington July 19, 2012

Moss adams LLP



THE CRAY INC. 401(k) SAVINGS PLAN STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS DECEMBER 31, 2011 AND 2010

	2011		2011 20	
ASSETS				
Non interest-bearing cash	\$	1,284	\$	1,262
Investments, at fair value				
Registered investment companies	124	1,076,159	124	4,378,816
Collective trust	ϵ	5,422,989	!	5,118,894
Company common stock	5	5,357,823	•	7,354,031
Total investments	135	5,856,971	130	6,851,741
Contributions receivable				
Employer match		672,526		1,299,136
Notes receivable from participants	1	1,365,843		1,176,572
Total receivables	2	2,038,369		2,475,708
NET ASSETS AVAILABLE FOR BENEFITS				
AT FAIR VALUE	137	7,896,624	139	9,328,711
Adjustments from fair value to contract value for fully				
benefit-responsive investment contracts		(158,416)		(41,622)
NET ASSETS AVAILABLE FOR BENEFITS	\$ 137	7,738,208	\$ 139	9,287,089

THE CRAY INC. 401(k) SAVINGS PLAN STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS YEAR ENDED DECEMBER 31, 2011

ADDITIONS TO NET ASSETS ATTRIBUTED TO:	
Investment income (loss)	
Net depreciation in fair value of investments	\$ (5,048,120)
Dividends and interest income	3,555,568
	(1,492,552)
Interest income on notes receivable from participants	60,636
Contributions	
Employer match	1,094,011
Participant salary deferrals	8,200,525
Participant rollovers	1,324,240
	10,618,776
Total additions	9,186,860
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
Administrative expenses	5,141
Benefits paid to participants	10,730,600
Total deductions	10,735,741
NET CHANGE IN NET ASSETS	(1,548,881)
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning of year	139,287,089
End of year	\$ 137,738,208

Note 1 - Description of the Plan

The following description of The Cray Inc. 401(k) Savings Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General - The Plan is a defined contribution plan that was established in 1989 by Cray Inc. (the Company) to provide benefits to eligible employees, as defined in the Plan document. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Administration - The Company has appointed The Cray Inc. 401(k) Plan Committee (the Committee) to manage the operation and administration of the Plan. The Company has contracted with Fidelity Management Trust Company (Fidelity) to act as the trustee, and an affiliate of Fidelity to process and maintain the records of participant data.

Eligibility - Employees of the Company not covered by a collective bargaining agreement are eligible to participate in the Plan.

Contributions - Participants may contribute to the Plan up to 75% of eligible compensation as defined by the Plan document. Participants are automatically enrolled in the Plan with an initial contribution of 3% of eligible compensation, with 1% increases annually up to 6%, unless the employee affirmatively elects otherwise. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers various mutual funds and a collective trust as investment options for participants. The Company may elect to make matching contributions and discretionary additional matching contributions as defined in the Plan and as approved by the Board of Directors. For 2011, the Company matched 12.5% of participant elective contributions. Effective January 1, 2011, all Company contributions are made in cash. There were no discretionary additional matching contributions made for the year ended December 31, 2011. Contributions are subject to regulatory limitations.

Vesting - Participants are immediately vested in their entire account, including employer matching contributions, plus actual earnings thereon.

Participant Accounts - Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and (b) plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Notes Receivable from Participants - Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of their vested account balance. The loans are issued by the Plan and secured by the balance in the participant's account. All loans must be repaid within a period of five years, unless the loan is used to purchase a principal residence, in which case, the loan must be repaid within a reasonable period of time not to exceed 15 years. Under the terms of the Plan agreement, plan loans will bear a reasonable rate of interest determined by the Committee. Principal and interest is paid ratably through payroll deductions. As of December 31, 2011, the rates of interest on outstanding loans ranged from 4.25% to 10.5% with various maturities through August 2026.

Note 1 - Description of the Plan (Continued)

Payment of Benefits - On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or monthly, quarterly, semi-annual or annual installments over a ten-year period. The Plan also allows for in-service distributions for participants who reach age 70 ½ years, or who demonstrate a qualified hardship. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. The Plan allows for the automatic distribution of participant account balances that do not exceed \$5,000.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting - The financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America, using the accrual method of accounting.

Use of Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires the use of estimates and assumptions that may affect certain amounts and disclosures. Accordingly, actual results could differ from those estimates.

Investment Valuation - Investments are stated at fair value as certified by the Plan's trustee, Fidelity Management Trust Company.

Fair value is the price that would be received to sell an asset or paid to transfer a liability (i.e., the "exit price") in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The statements of net assets available for benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The statement of changes in net assets available for benefits is prepared on a contract value basis.

Income Recognition - Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis. The net (depreciation) appreciation in fair value of investments consists of both the realized gains or losses and unrealized appreciation and depreciation of those investments.

Notes Receivable from Participants - Notes receivable from participants are measured at amortized cost, which represents unpaid principal balance plus accrued but unpaid interest, and are classified as notes receivable.

Payment of Benefits - Benefits are recorded when paid.

Note 2 - Summary of Significant Accounting Policies (Continued)

Expenses - Substantially all expenses incurred for administering the Plan are paid by the Company. Certain transaction fees are paid by participants initiating the transaction. Beginning October 2011, the Plan began charging an administrative fee of \$115 per participant per year to participants.

Subsequent Events - Subsequent events are events or transactions that occur after the statement of net assets available for benefits date but before financial statements are available to be issued. The Plan recognizes in the financial statements the effects of all subsequent events that provide additional evidence about conditions that existed at the date of the statement of net assets available for benefits, including the estimates inherent in the process of preparing the financial statements. The Plan's financial statements do not recognize subsequent events that provide evidence about conditions that did not exist at the date of the statement of net assets available for benefits but arose after the statement of net assets available for benefits date and before financial statements are available to be issued. The Plan has evaluated subsequent events through July 19, 2012, which is the date the financial statements were available to be issued.

Note 3 - Investments

Investments - Investments representing 5% or more of net assets available for benefits consist of the following as of December 31:

	2011	2010
FMI Common Stock Fund	\$ 15,561,567	\$ 15,807,257
Fidelity Investment Grade Bond Fund	14,533,476	12,760,193
Fidelity Balanced Fund	12,069,677	13,636,029
Fidelity Retirement Money Market	11,206,021	10,681,719
Marsico Focus Fund	10,796,800	12,511,191
Fidelity Diversified International Fund	10,775,054	13,827,013
Spartan U.S. 500 Index Fund	10,680,341	10,306,337
Mainstay ICAP Equity I Fund	8,883,203	8,820,189
JPMorgan Small Cap Growth Fund	7,340,873	*
Old Mutual CR Emerging Growth Institute Fund	*	7,488,983
Cray Inc. Common Stock	*	7,354,031

^{*} Investment does not represent 5% of net assets at December 31 for respective year.

During 2011, the Plan's investments (including gains and losses on investments purchased, sold, as well as held during the year) depreciated in fair value as follows:

Registered investment companies	\$ (4,358,914)
Company common stock	 (689,206)
	\$ (5,048,120)

Note 3 - Investments (Continued)

Non-Participant-Directed Investments - Information about the net assets and the significant components of the changes in net assets relating to the non-participant-directed investments is as follows as of and for the year ended December 31:

		2011	 2010
Net assets Company common stock		5,357,823	\$ 7,354,031
Changes in net assets Net depreciation Benefits paid to participants Transfers to participant-directed investments	\$	(689,206) (434,683) (872,319)	
	\$	(1,996,208)	

Aggregate investments in Company common stock at December 31, 2011 and 2010 are as follows:

	Number		
Date	of Shares]	Fair Value
2011	827,943	\$	5,357,823
2010	1,025,523	\$	7,354,031

Note 4 - Fair Value Measurements

value measurement.

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.
Level 2	Quoted prices in markets that are not considered to be active or financial instruments without quoted market prices, but for which all significant inputs are observable, either directly or indirectly.
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair

Note 4 - Fair Value Measurements (Continued)

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2011.

Common Stocks - Valued at the closing price reported on the active market on which the individual securities are traded.

Registered Investment Companies (Mutual Funds) - Valued at quoted market price which represents the net asset value (NAV) of shares held by the Plan at year end.

Collective Trust - Units held in collective trusts are valued using the net asset value (NAV) of the fund. The NAV is based on the fair value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of units outstanding. The net asset value of a collective investment is calculated based on a compilation of primarily observable market information. The number of units of the trust that are outstanding on the calculation date is derived from observable purchase and redemption activity in the trust. Accordingly, the unit value for a collective investment is classified within level 2 of the valuation hierarchy. The Plan has an investment in the Fidelity Managed Income Portfolio Fund (the Fund). The Fund is a collective investment trust that is designed to provide preservation of capital and returns that are consistent regardless of stock and bond market volatility. The Fund seeks to earn a high level of income consistent with those objectives. The Fund holds guaranteed investment contracts that typically have a fixed maturity. Each contract contains a provision that the issuer will, if required, repay principal at the stated contract value for the purpose of paying benefit payments (fully benefit-responsive). In accordance with authoritative guidance, the Fund is presented at fair value on the statements of net assets available for benefits. The adjustment from fair value to contract value is based on the contract value as reported by Fidelity Management Trust Company (which represents contributions made under the contracts, plus earnings, less withdrawals and administrative expenses).

Note 4 - Fair Value Measurements (Continued)

The following table discloses by level the fair value hierarchy of the Plan's assets as of December 31:

	Assets at Fair Value as of December 31, 2			2011
	Level 1	Level 2	Level 3	Total
Money market funds			· <u> </u>	
Interest-bearing cash	\$ 11,443,411	\$ -	\$ -	\$ 11,443,411
Mutual funds				
Bond fund	14,533,476	-	-	14,533,476
Growth funds	18,137,673	-	-	18,137,673
Value fund	8,883,203	-	-	8,883,203
Blend funds	51,931,835	-	-	51,931,835
Target date funds	16,558,553	-	-	16,558,553
Other funds	2,588,008			2,588,008
Total mutual funds	112,632,748			112,632,748
Company common stock	5,357,823			5,357,823
Collective trust				
Stable value fund		6,422,989		6,422,989
Total assets at fair value	\$ 129,433,982	\$ 6,422,989	\$ -	\$ 135,856,971
		s at Fair Value as o	•	
Manager and the Constant	Level 1	Level 2	Level 3	Total
Money market funds Interest-bearing cash	\$ 10,870,225	\$ -	\$ -	\$ 10.870.225
G	\$ 10,070,223	<u> </u>	<u>Ф</u> -	\$ 10,870,225
Mutual funds				
Bond fund	12,760,193	-	-	12,760,193
Growth funds	20,000,171	-	-	20,000,171
Value fund	8,820,189	-	-	8,820,189
Blend funds	55,766,196	-	-	55,766,196
Target date funds	13,637,049	-	-	13,637,049
Other funds	2,524,793			2,524,793
Total mutual funds	113,508,591			113,508,591
Company common stock	7,354,031			7,354,031
Collective trust				
Stable value fund		5,118,894		5,118,894
Total assets at fair value	\$ 131,732,847	\$ 5,118,894	\$ -	\$ 136,851,741

Gains and losses (realized and unrealized) included in changes in net assets for the period above are reported in net depreciation in fair value of investments in the statement of changes in net assets available for benefits.

Note 5 - Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated November 15, 2011, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since the date of the determination letter, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

The FASB has issued guidance on accounting for uncertainty in income taxes. The Plan's management evaluated the tax positions and concluded the Plan had maintained its tax exempt status and had taken no uncertain tax positions that require adjustments to the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements.

Note 6 - Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market volatility, and credit risks. It is reasonably possible, given the level of risk associated with investment securities, that changes in the near term could materially affect a participant's account balance and the amounts reported in the financial statements.

Note 7 - Information Certified by the Trustee

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Fidelity, the trustee of the Plan, has certified to the completeness and accuracy of:

- Investments and notes receivable from participants reflected on the accompanying statements of net assets available for benefits as of December 31, 2011 and 2010.
- Net depreciation in fair value of investments, dividends, and interest reflected on the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2011.
- Information reflected on the supplemental schedule of assets (held at end of year).

Note 8 - Party-In-Interest Transactions

Plan investments include shares of registered investment company funds managed by an affiliate of the trustee and shares of Company common stock. Therefore, transactions with these entities qualify as exempt party-in-interest transactions.

Note 9 - Plan Termination

Although it has not expressed any intention to do so, the Company has the right to terminate the Plan and discontinue its contributions at any time. If the Plan is terminated, amounts allocated to a participant's account become fully vested.

Note 10 - Reconciliation to Form 5500

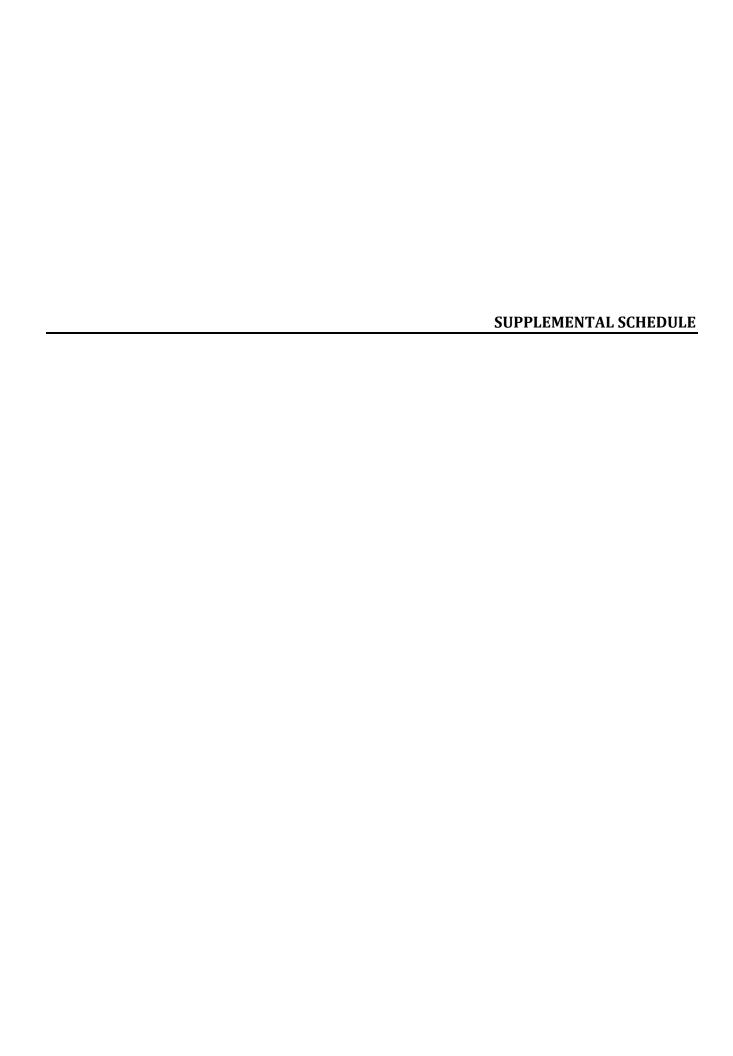
The following are reconciliations of net assets available for benefits between the financial statements and the Form 5500 as of December 31:

	2011	2010
Net assets available for benefits per the		
financial statements	\$ 137,738,208	\$ 139,287,089
Adjustment from contract value to fair value for		
fully benefit-responsive investment contracts	158,416	41,622
Net assets available for benefits per the Form 5500	\$ 137,896,624	\$ 139,328,711

The following is a reconciliation of the net change in net assets between the financial statements and the Form 5500 for the year ended December 31, 2011:

Net change per the financial statements	\$ (1,548,881)
Difference between contract value and fair	
value of FID Managed Income Portfolio	 116,794
Net change per the Form 5500	\$ (1,432,087)

The Form 5500 has certain items that differ from amounts shown on the accompanying financial statements. These differences relate to classification only and have no effect upon net assets available for benefits for either period.



THE CRAY INC. 401(k) SAVINGS PLAN

EIN: 93-0962605

PLAN #: 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) **DECEMBER 31, 2011**

		(c)		
	(b)	Description of investment, including		(e)
	Identity of issuer, borrower,	maturity date, rate of interest, collateral,	(d)	Current
<u>(a)</u>	lessor or similar party	par or maturity value	Cost	value
	FMI Common Stock Fund	Mutual fund	**	\$ 15,561,567
*	Fidelity Investment Grade Bond Fund	Mutual fund	**	14,533,476
*	Fidelity Balanced Fund	Mutual fund	**	12,069,677
*	Fidelity Retirement Money Market	Mutual fund	**	11,206,021
	Marsico Focus Fund	Mutual fund	**	10,796,800
*	Fidelity Diversified International Fund	Mutual fund	**	10,775,054
	Spartan U.S. 500 Index Fund	Mutual fund	**	10,680,341
	Mainstay ICAP Equity I Fund	Mutual fund	**	8,883,203
	JPMorgan Small Cap Growth Fund	Mutual fund	**	7,340,873
*	FID Managed Income Portfolio	Common/collective trust	**	6,422,989
*	Cray Inc. Common Stock	Common stock	\$ 5,330,613	5,357,823
*	FID Freedom 2020	Mutual fund	**	3,235,404
*	FID Freedom 2025	Mutual fund	**	2,968,088
	Vanguard Small Cap Index	Mutual fund	**	2,809,898
*	FID Freedom 2015	Mutual fund	**	2,660,625
*	FID Freedom 2030	Mutual fund	**	2,106,629
*	FID Freedom 2035	Mutual fund	**	1,744,776
*	FID Freedom 2010	Mutual fund	**	1,741,553
*	FID BrokerageLink	Various mutual funds and common stocks	**	1,534,633
*	FID Freedom Income	Mutual fund	**	1,053,375
*	FID Freedom 2040	Mutual fund	**	1,008,990
*	FID Freedom 2050	Mutual fund	**	834,529
*	FID Freedom 2045	Mutual fund	**	257,959
*	FID BrokerageLink	Various mutual funds and cash	**	237,390
	Hartford Global Real Asset Y	Mutual fund	**	35,298
	Noninterest-bearing Cash	Cash	**	1,284
	Participant Loans	Interest rates of 4.25% to 10.5%		_,,
		maturing through August 2026	-	1,365,843
				\$ 137,224,098

^{*} Indicates party-in-interest.

THE CRAY INC. 401(k) SAVINGS PLAN

EIN: 93-0962605

PLAN #: 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) **DECEMBER 31, 2011**

		(c)		
	(b)	Description of investment, including		(e)
	Identity of issuer, borrower,	maturity date, rate of interest, collateral,	(d)	Current
<u>(a)</u>	lessor or similar party	par or maturity value	Cost	value
	FMI Common Stock Fund	Mutual fund	**	\$ 15,561,567
*	Fidelity Investment Grade Bond Fund	Mutual fund	**	14,533,476
*	Fidelity Balanced Fund	Mutual fund	**	12,069,677
*	Fidelity Retirement Money Market	Mutual fund	**	11,206,021
	Marsico Focus Fund	Mutual fund	**	10,796,800
*	Fidelity Diversified International Fund	Mutual fund	**	10,775,054
	Spartan U.S. 500 Index Fund	Mutual fund	**	10,680,341
	Mainstay ICAP Equity I Fund	Mutual fund	**	8,883,203
	JPMorgan Small Cap Growth Fund	Mutual fund	**	7,340,873
*	FID Managed Income Portfolio	Common/collective trust	**	6,422,989
*	Cray Inc. Common Stock	Common stock	\$ 5,330,613	5,357,823
*	FID Freedom 2020	Mutual fund	**	3,235,404
*	FID Freedom 2025	Mutual fund	**	2,968,088
	Vanguard Small Cap Index	Mutual fund	**	2,809,898
*	FID Freedom 2015	Mutual fund	**	2,660,625
*	FID Freedom 2030	Mutual fund	**	2,106,629
*	FID Freedom 2035	Mutual fund	**	1,744,776
*	FID Freedom 2010	Mutual fund	**	1,741,553
*	FID BrokerageLink	Various mutual funds and common stocks	**	1,534,633
*	FID Freedom Income	Mutual fund	**	1,053,375
*	FID Freedom 2040	Mutual fund	**	1,008,990
*	FID Freedom 2050	Mutual fund	**	834,529
*	FID Freedom 2045	Mutual fund	**	257,959
*	FID BrokerageLink	Various mutual funds and cash	**	237,390
	Hartford Global Real Asset Y	Mutual fund	**	35,298
	Noninterest-bearing Cash	Cash	**	1,284
	Participant Loans	Interest rates of 4.25% to 10.5%		_,,
		maturing through August 2026	-	1,365,843
				\$ 137,224,098

^{*} Indicates party-in-interest.