## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

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

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

_		ruance wit	in the instructions to the Form 5500	<i>)</i> -3F.				
	art I Annual Report Identification Information							
For	alendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011							
Α	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-participant plan			
В	This return/report is: the first return/report	the final r	eturn/report					
	an amended return/report	a short pla	an year return/report (less than 12 mo	onths)				
С	Check box if filing under: X Form 5558	automatio	extension		DFVC program			
	special extension (enter descript	ion)		•	_			
P	art II Basic Plan Information—enter all requested inform	nation						
	<u> </u>	nation		1h	Throo digit			
	Name of plan  NA SOFTWARE RETIREMENT PLAN				Three-digit plan number			
SIKA	ANA SOFTWARE RETIREMENT PLAN				(PN) ▶ 001			
					Effective date of plan			
				10	01/01/2007			
	Plan sponsor's name and address; include room or suite number (	employer, it	for a single-employer plan)	2b	Employer Identification Number			
SIRA	ANA SOFTWARE, INC.				(EIN) 32-0269839			
				2c	Sponsor's telephone number			
	5 - 140TH AVE. N.E., SUITE D-210			425-732-6700				
BELL	LEVUE, WA 98005			2d	Business code (see instructions)			
					541511			
	Plan administrator's name and address (if same as plan sponsor, NA SOFTWARE, INC. 2495 - 140T		e") SUITE D-210	3b	Administrator's EIN 32-0269839			
SIKA	MA SOFTWARE, INC. 2495 - 1401 BELLEVUE		, SOITE D-210	30	Administrator's telephone number			
				30	425-732-6700			
4	If the name and/or EIN of the plan sponsor has changed since the	last return/	report filed for this plan, enter the	4b	EIN			
_	name, EIN, and the plan number from the last return/report.			4-				
	Sponsor's name			4c 5a	PN I -			
		Total number of participants at the beginning of the plan year						
b			-	5b				
С	Number of participants with account balances as of the end of the complete this item)			5c	6			
6a	Were all of the plan's assets during the plan year invested in eligi	ble assets?	(See instructions.)		X Yes No			
b	Are you claiming a waiver of the annual examination and report o	f an indeper	ndent qualified public accountant (IQF	PA)				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condit	ions.)		X Yes   No			
_	If you answered "No" to either 6a or 6b, the plan cannot use	Form 5500-	SF and must instead use Form 550	0.				
Pa	art III Financial Information		T	-				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year			
а	Total plan assets	7a	347598		396512			
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7с	347598		396512			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			
а			25859					
	(1) Employers	8a(1)		_				
	(2) Participants	8a(2)	50290	_				
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	-27235					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			48914			
d	3							
	to provide benefits)			-				
e	Certain deemed and/or corrective distributions (see instructions)							
f	Administrative service providers (salaries, fees, commissions)							
g	Other expenses							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						
į	Net income (loss) (subtract line 8h from line 8c)	8i			48914			
j	Transfers to (from) the plan (see instructions)	··· 8j						
	Denominals Deduction Act Notice and OMD Control Numbers and the instructions for				Farm FE00 CF (2014)			

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Form	5500	-SF	2011

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Part IV	Plan	Characteristics

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

	V Compliance Questions  During the plan year:		Yes	No		Am	ount	
	Was there a failure to transmit to the plan any participant contributions within the time period described in	10a		X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported	10b		X				
С	Was the plan covered by a fidelity bond?	10c	Χ					50000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X				
е	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					1140
f	Has the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		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	10i						
art '	VI Pension Funding Compliance	•			•			
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))					Г	Yes	No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code of						Yes	X No
а	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver							
-	Enter the minimum required contribution for this plan year		Г	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 or negative amount)	of a		12d				
	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	П	No	N/A
rt '					<u></u>		· <u>·</u>	
}a	Has a resolution to terminate the plan been adopted in any plan year?			<b>—</b>	Yes X	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a					
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought ur of the PBGC?			ntrol			Yes	X No
b	of the PBGC?		-/-\ +-			· <u>-</u>	_	_
	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	e plaı	า(ร) เด					
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the	e plaı		c(2) E	IN(s)		13c(3)	PN(s)
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	e plai			IN(s)		13c(3)	PN(s)
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	e plai			IN(s)		13c(3)	PN(s)

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	08/30/2012	JOHN HILLOCK
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee **Benefit Plan**

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

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

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

11075 - 407	rt I Annual Report Identification Information								
For	For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011								
A -	s return/report is for: X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan								
в.	This return/report is: the first return/report	the final re	turn/report	3					
	an amended return/report	a short plar	year retum/report (less than 12 mo	onths)					
C (	Check box if filing under: X Form 5558	automatic	2 (2		DFVC program				
•	special extension (enter description		and in the same of	9					
Da	rt II   Basic Plan Information—enter all requested informa	15	Trans.						
	Name of plan	ation		1h	Three-digit				
	NA SOFTWARE RETIREMENT PLAN			ID	plan number				
City	NA GOT TWARE RETIREMENT FAN			PROVIDENCE OF THE PROPERTY OF	(PN) ▶ 001				
				1c	Effective date of plan 01/01/2007				
2a	Plan sponsor's name and address; include room or suite number (er NA SOFTWARE, INC.	mployer, if	for a single-employer plan)	2b	Employer Identification Number				
SIKA	NA SOF I WARE. INC.			(EIN) 32-0269839					
				2c	Sponsor's telephone number				
	- 140TH AVE. N.E., SUITE D-210		3	0.1	425-732-6700				
BELL	EVUE WA 98005			20	Business code (see instructions) 541511				
3a	Plan administrator's name and address (if same as plan sponsor, en	iter "Same"	າ	3b	Administrator's EIN				
SAM		nor came	,		32-0269839				
				3с	Administrator's telephone number 425-732-6700				
4	If the name and/or EIN of the plan sponsor has changed since the k name, EIN, and the plan number from the last return/report.	ast return/r	eport filed for this plan, enter the	4b	EIN				
а	Sponsor's name			4c	PN				
	Total number of participants at the beginning of the plan year		7275 7475 741	5a	7				
	Total number of participants at the end of the plan year			5b	7				
C	Number of participants with account balances as of the end of the p			อม					
	complete this item).			5c	6				
6a	Were all of the plan's assets during the plan year invested in eligible	le assets?	(See instructions.)		X Yes No				
b	Are you claiming a waiver of the annual examination and report of a	an indepen	dent qualified public accountant (IQI	PA)	W var D va				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either 6a or 6b, the plan cannot use Fo				X Yes   No				
Pa	rt III   Financial Information	31111 3300-0	or and must instead use roini 55	υυ.					
7	Plan Assets and Liabilities	}	(a) Beginning of Year		(b) End of Year				
a	Total plan assets	7a	347598		396512				
b	Total plan liabilities		No. 200	_					
	Net plan assets (subtract line 7b from line 7a)		347598	ei e	396512				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total				
а	Contributions received or receivable from:		(a) Amount		(b) Total				
958	(1) Employers	8a(1)	25859	is .					
	(2) Participants	8a(2)	50290	Ü.					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	-27235	ë ,					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			48914				
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	101.00						
е	Certain deemed and/or corrective distributions (see instructions)	8e	Part of the second of the seco						
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	. 8g	- One Section 2019 Market Co. Co. Co.						
100	Total expenses (add lines 8d, 8e, 8f, and 8g)								
i	Net income (loss) (subtract line 8h from line 8c)	. 8i			48914				
i	Transfers to (from) the plan (see instructions)		A STATE OF THE STA						

		Form 5500-SF 2011 Page <b>2</b> - 1							
Par	t I	IV Plan Characteristics		_				1920	
	lf	f the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan E 2G 2J 2K 3D 2T	Charac	leris	tic Co	des i	n the instruc	ctions;	
b	lf	f the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan (	Characte	risti	c Cod	les in	the instruct	ions:	
Part	١	V Compliance Questions		3(0/4) 114	-1.00+1.000	-1000-00000		2.2.2.00	
10		During the plan year:			Yes	No		Amount	
a		Was there a failure to transmit to the plan any participant contributions within the time period describ 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	. 1	0a		х			
b		Were there any nonexempt transactions with any party-in-interest? (Do not include transactions repo on line 10a.)		0b		x			
C		Was the plan covered by a fidelity bond?	1	0c	Х				50000
d		Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fi or dishonesty?		0d		х			
е	ì	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? (Seinstructions.)	e	0e	х				1140
f	ļ	Has the plan failed to provide any benefit when due under the plan?		Of		Х			
g	١	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	1	0q		Х			-
h		If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		0h		х		15.28	7,
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		10i	BEST 970 - 800			(44	
Part	١	VI Pension Funding Compliance							
11		Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions an 5500))						Yes	☐ No
12		Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the	e Code o	r se	ction	302 c	of ERISA?	Yes	X No
		(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а		If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see granting the waiver.							
lf		ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to li		-	100		,		
		Enter the minimum required contribution for this plan year			[	12b			
С		Enter the amount contributed by the employer to the plan for this plan year			- 1	12c			
d	5	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)	he left of	а		12d		-117	
е	١	Will the minimum funding amount reported on line 12d be met by the funding deadline?					Yes	No	N/A
Part	ŧ١	VII Plan Terminations and Transfers of Assets							2110-1922
13a	1	Has a resolution to terminate the plan been adopted in any plan year?					Yes X	No	
		If "Yes," enter the amount of any plan assets that reverted to the employer this year		4	3a				
b		Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or br of the PBGC?						Yes	No
C		If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identifies were transferred. (See instructions.)	entify the	pla	n(s) t	0			
	13	3c(1) Name of plan(s):			1	3c(2)	EIN(s)	13c(3	3) PN(s)
Cau	tic	on: A penalty for the late or incomplete filing of this return/report will be assessed unless rea	sonable	ca	use i	s esta	iblished.		
SB	or	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined to Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this it is true, correct, and complete.	this retur return/re	n/re epor	port, t, and	includ I to th	ling, if appli e best of m	cable, a Sc y knowledg	hedule e and

SIGN 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