## 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

2012

This Form is Open to Public Inspection

Pension B	enefit Guaranty Corporation	▶ Complete all entries in ac	cordance with the instr	uctions to the Form 550	0-SF.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Part I	<b>Annual Report</b>	<b>Identification Information</b>							
For calend	lar plan year 2012 or fis	scal plan year beginning 01/01/	2012	and ending 1	2/31/2	2012			
	turn/report is for:	a single-employer plan		plan (not multiemployer)	er) a one-participant plan				
<b>B</b> This re	turn/report is:	the first return/report	the final return/report	rt					
		an amended return/report	a short plan year reti	urn/report (less than 12 m	onths)	_			
C Check	box if filing under:	X Form 5558	automatic extension			DFVC progra	ım		
		special extension (enter descr	iption)						
Part II	Basic Plan Info	rmation—enter all requested info	ormation						
1a Name					1b	Three-digit			
	FTWARE RETIREMEN	NT PLAN				plan number			
						(PN) ▶	001		
					1c	1c Effective date of plan			
						01/01			
<b>2a</b> Plan s SIRANA SC	ponsor's name and ad DFTWARE, INC.	dress; include room or suite numbe	er (employer, if for a singl	e-employer plan)	2b	Employer Identi (EIN) 32-02	fication Number 69839		
					2c	Sponsor's telep	hone number		
4957 LAKEI	MONT BLVD., STE C-4	4, #201				425-73	2-6700		
BELLEVUE	, WA 98006				2d	d Business code (see instructions)  541511			
3a Plan a	administrator's name ar	nd address XSame as Plan Spons	or Name Same as Pl	an Sponsor Address	3b	Administrator's	EIN		
					3c	Administrator's	telephone number		
						7.44			
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					
	sor's name				4c	PN	7		
<b>5a</b> Total	number of participants	at the beginning of the plan year			5a				
<b>b</b> Total	number of participants	at the end of the plan year			5b		4		
	' '	account balances as of the end of t	' '	•	5c		4		
6a Were	all of the plan's assets	s during the plan year invested in e	ligible assets? (See instr	uctions.)			X Yes No		
_	•	f the annual examination and repor	•	,					
		? (See instructions on waiver eligibi					X Yes No		
If you	ı answered "No" to ei	ither line 6a or line 6b, the plan c	annot use Form 5500-S	F and must instead use	Form	5500.			
Caution: A	A penalty for the late	or incomplete filing of this return	/report will be assesse	d unless reasonable cau	ıse is	established.			
		her penalties set forth in the instruc							
	edule MB completed ar true, correct, and comp	nd signed by an enrolled actuary, a	s well as the electronic v	ersion of this return/report	t, and t	to the best of my	knowledge and		
bollot, it is	trac, correct, and comp			T					
SIGN	Filed with authorized/	valid electronic signature.	07/31/2013	JOHN HILLOCK					
HERE	Signature of plan a	dministrator	Date	Enter name of individ	vidual signing as plan administrator				
SIGN									
HERE	Signature of emplo	ver/plan sponsor	Date	Enter name of individ	ame of individual signing as employer or plan sponso				
Preparer's		ame, if applicable) and address; in	clude room or suite numb				number (optional)		

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Day	t III Financial Information		<u> </u>					
	Plan Assets and Liabilities				(b) End of Year			
	Total plan assets	. 7a	(a) Beginning of Yea			468402		
	Total plan liabilities						400402	
	Net plan assets (subtract line 7b from line 7a)	7c	39651	2			468402	
	Income, Expenses, and Transfers for this Plan Year	70	(a) Amount				(b) Total	
	Contributions received or receivable from:		(a) Amount				(b) Total	
	(1) Employers	8a(1)	2137	9				
	(2) Participants	8a(2)	4914	15				
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	4645	9				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					116983	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	4509	3				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					45093	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					71890	
j	Transfers to (from) the plan (see instructions)	8j						
Par	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3D 2T	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Chara	cterist	ic Coc	les in t	he instructions:	
Part	V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
а				10a		X	7	
b		? (Do not	include transactions reported	10b		X		
	Was the plan covered by a fidelity bond?			10c	X		00000	
d	• • •			100			60000	
	or dishonesty?			10d		X		
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)	of the bene	efits under the plan? (See	10e	X		1372	
f	Has the plan failed to provide any benefit when due under the pla			10f		Х	.0.2	
					X			
g h		(See instru	uctions and 29 CFR	10g	X	X	20717	
i	,			10h				
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i				
Part 11	Is this a defined benefit plan subject to minimum funding requirem							
11a	5500) and line 11a below)  Enter the amount from Schedule SB line 39					11a	Yes No	
12	2 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?							
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	•					<u> </u>	
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		and e	enter th Day	ne date of the letter ruling Year	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedul							
b	Enter the minimum required contribution for this plan year					12b		
							· · · · · · · · · · · · · · · · · · ·	

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	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 of a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	1 <b>3c(2)</b> E	IN(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	<b>14b</b> ⊤	rust's EIN	

## 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

2012

This Form is Open to Public Inspection

Part I		Identification Information				1/0/2004				
For calenda	ar plan year 2012 or fi	scal plan year beginning 01/01.	/2012	and ending	12/31/2012					
A This retu	urn/report is for:	a single-employer plan	a multiple-employer pla	n (not multiemployer)	a one-participant plan					
B This retu	urn/report is:	the first return/report	the final return/report							
		an amended return/report	a short plan year return	report (less than 12 m	onths)					
C Check box if filing under:						DFVC program				
		special extension (enter descri	ription)							
Part II	Basic Plan Info	ormation—enter all requested inf	formation							
1a Name	of plan	•	31937	A STATE OF THE STA	1b Thre	ee-digit				
SIRANA SOFTWARE RETIREMENT PLAN						number	001			
						1c Effective date of plan 01/01/2007				
	oonsor's name and ac FTWARE, INC.	dress; include room or suite numb	er (employer, if for a single-e	employer plan)	2b Emp (EIN	2b Employer Identification Number (EIN) 32-0269839				
						2c Sponsor's telephone number (425) 732-6700				
4957 LAKEN	MONT BLVD., STE C	-4. #201			2d Busi	<del></del>				
BELLEVUE.						2d Business code (see instructions) 541511				
3a Plan ad	dministrator's name a	nd address XSame as Plan Spons	sor Name Same as Plan	Sponsor Address	3b Adm	iinistrator's E	EIN			
					3c Adm	inistrator's te	elephone number			
					1990					
A Kilbara	same and/or FINI of th	a alan anagasi han ahangad singa	the last return/report filed for	e this plan, ontor the	Ab en					
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.						4b EIN				
a Sponsor's name					4c PN					
<b>5a</b> Total r	number of participants	s at the beginning of the plan year.			5a		7			
<b>b</b> Total number of participants at the end of the plan year							4			
	50 500	account balances as of the end of	8 8 8	(8)	5c		4			
6a Were	all of the plan's asset	ts during the plan year invested in e	eligible assets? (See instruct	ions.)			X Yes No			
		of the annual examination and repo								
		3? (See instructions on waiver eligib					X Yes   No			
		either line 6a or line 6b, the plan								
		or incomplete filing of this retur								
SB or Sche	alties of perjury and o edule MB completed a true, correct, and com	ther penalties set forth in the instru and signed by an enrolled actuary, aplete.	as well as the electronic vers	examined this return/repor	port, includi t, and to the	e best of my	knowledge and			
		•	1.7/12	V - 7 /	11.17	2 -				
SIGN HERE	X (		V 1/25/13	XJ John		xK				
-States	Signature of plan	administrator	Date	Enter name of individ	iuai signing	as plan adm	inistrator			
SIGN HERE	1/									
All and a second	Signature of empl	oyer/plan sponsor	Date	Enter name of individ						
Preparer's	Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)						number (optional)			
		¥								
		<b>.</b> ∮			1500					

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Par	t III Financial Information	3 33 32 70 32	enello volu	-307					
7	Plan Assets and Liabilities (a) Beginning of Yea			r	(b) End of Year				
а	Total plan assets						468402		
b ·	Total plan liabilities	7b							
С	C Net plan assets (subtract line 7b from line 7a)					468402			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total			
	Contributions received or receivable from:	0.40							
-	(1) Employers	8a(1)	21379	9.70	+				
0	(2) Participants	8a(2)	4914	5					
_	(3) Others (including rollovers)	8a(3) 8b	4045		+				
3/2	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	4645	9	+-		7 77572		
	Benefits paid (including direct rollovers and insurance premiums	80			+-		116983		
	to provide benefits)	8d	45093	3					
e	Certain deemed and/or corrective distributions (see instructions)	8e							
f_	Administrative service providers (salaries, fees, commissions)	. 8f							
g	Other expenses	. 8g							
h_	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					45093		
i	Net income (loss) (subtract line 8h from line 8c)	. 8i					71890		
j ·	Transfers to (from) the plan (see instructions)	· 8j			3		Market State of the State of th		
Par	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:		
	2E 2G 2J 2K 3D 2T	8. 41				N 10 10 10 10 10 10 10 10 10 10 10 10 10	1 7 7 12		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	ctenst	ic Cod	es in t	ne instructions:		
Part	V Compliance Questions								
10	During the plan year:	ne entre			Yes	No	Amount		
	Was there a failure to transmit to the plan any participant contribu	ıtions withi	n the time period described in				7,1110		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	uciary Cor	rection Program)	10a		X			
b	<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			10b		х			
C	Was the plan covered by a fidelity bond?			10c	х		60000		
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X	10.27		
е	Were any fees or commissions paid to any brokers, agents, or ot								
	insurance service or other organization that provides some or all instructions.)		The state of the s	10e	x		1372		
f	Has the plan failed to provide any benefit when due under the plan					X	1312		
X	AND THE RESERVE OF THE PROPERTY OF THE PROPERT		ANTERO AND RESOURCE THE FOR THE CONTRACT OF THE PROPERTY OF THE SECOND S	10f					
g	Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period?			10g	X		20717		
n	2520.101-3.)			10h		х			
ī	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					
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)								
11a	11a Enter the amount from Schedule SB line 39								
12							ERISA? Yes X No		
-	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below								
а	If a waiver of the minimum funding standard for a prior year is bei	ing amortiz	zed in this plan year, see instru		, and	enter the Day	- No. 4		
If	you completed line 12a, complete lines 3, 9, and 10 of Schedu								
h	Enter the minimum required contribution for this plan year					12b			
D									

	Form 5500-SF 2012 Page <b>3</b> - 1	•			
С	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 of a negative amount)	12d			
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
Part \	/II Plan Terminations and Transfers of Assets				
13a	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	13a			
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the PBGC?			Yes X	No
	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan( which assets or liabilities were transferred. (See instructions.)	s) to			
1:	3c(1) Name of plan(s):	13c(2) E	IN(s)	<b>13c(3)</b> PN(s	
Part '	VIII Trust Information (optional)	249			
14a N	Jame of trust	14b T	rust's EIN	-Pity	