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).

2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension B	enefit Guaranty Corporation	▶ Complete all entries in accord	lance with the instruc	ctions to the Form 550	0-SF.		spection			
Part I	Annual Report le	dentification Information								
For calend	ar plan year 2013 or fisc	cal plan year beginning 01/01/2013	3	and ending 1	2/31/2	2013				
	turn/report is for:									
B This re	turn/report is:		the final return/report							
		an amended return/report	a short plan year returi	n/report (less than 12 m	months)					
C Check	box if filing under:	Form 5558 special extension (enter description	automatic extension			DFVC progra	am			
Dowt II	Docis Dien Infor	ш .								
Part II		mation—enter all requested informa	ition		1h	Thurs dist	1			
1a Name	of plan FTWARE RETIREMEN	T DI ANI			ID	Three-digit plan number				
SIKANA SU	FIWARE RETIREMEN	TPLAN				(PN) ▶	001			
					1c	Effective date of	f plan			
						01/01	•			
	ponsor's name and add DFTWARE, INC.	lress; include room or suite number (en	mployer, if for a single-	employer plan)	2b	Employer Identi (EIN) 32-02	fication Number			
4957 LAKEMONT BLVD., STE C-4, #201						Sponsor's telep				
BELLEVUE	, WA 98006	#201			2d	Business code 5415	(see instructions)			
3a Plan a	dministrator's name and	d address XSame as Plan Sponsor Na	ame Same as Plar	Sponsor Address	3b	Administrator's				
					3с	Administrator's	telephone number			
		plan sponsor has changed since the la	ast return/report filed fo	or this plan, enter the	4b	EIN				
	or's name	ber from the last return/report.			4c	PN				
5a Total	number of participants a	at the beginning of the plan year			5a		4			
b Total	number of participants a	at the end of the plan year			5b		4			
C Numb	per of participants with a	ccount balances as of the end of the p	lan year (defined bene	fit plans do not	5c		4			
	•	during the plan year invested in eligible					X Yes No			
b Are you	ou claiming a waiver of the contract of the co	the annual examination and report of a (See instructions on waiver eligibility a	an independent qualifie and conditions.)	ed public accountant (IQ	PA)		X Yes No			
•		her line 6a or line 6b, the plan canno			_		_			
C If the	plan is a defined benefit	plan, is it covered under the PBGC ins	surance program (see	ERISA section 4021)? .		Yes No	Not determined			
Caution: A	A penalty for the late o	r incomplete filing of this return/rep	ort will be assessed	unless reasonable cau	ıse is	established.				
SB or Scho		er penalties set forth in the instructions d signed by an enrolled actuary, as we lete.								
SIGN	Filed with authorized/v	ralid electronic signature.	07/30/2014	JOHN HILLOCK						
HERE	Signature of plan ad	lministrator	Date	Enter name of individu	ual sig	ning as plan adı	ministrator			
SIGN HERE										
	Signature of employ		Date		ividual signing as employer or plan sponsor					
Preparers	name (including firm na	ame, if applicable) and address; include	e room or suite numbe	r (optional)	Prep	parer's telephone	number (optional)			

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	or.			(b) End of	Voor		
	Total plan assets	7a	(a) Beginning of Tea				(b) Ella O	62765	4	
	Total plan liabilities	7b	10010					02700	•	
	Net plan assets (subtract line 7b from line 7a)	7 C	46840	2	+			62765	1	
8	Income, Expenses, and Transfers for this Plan Year	70					(b) To		•	
	Contributions received or receivable from:		(a) Amount				(b) Tot	aı		
	(1) Employers	8a(1)	1686	1						
	(2) Participants	8a(2)	4053	5						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	10185	6						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						159252	2	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
е	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								
i	Net income (loss) (subtract line 8h from line 8c)	8i						15925	2	
j	Transfers to (from) the plan (see instructions)	8j								
Pai	rt IV Plan Characteristics				•					
9a		feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instruction	ons:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	des in t	he instruction	ns:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		mount		
a				10a	100	X		inount		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		X				
					X					
C				10c					60	0000
	or dishonesty?			10d		Χ				
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all									
	instructions.)		. ,	10e	X				1	576
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
	Did the plan have any participant loans? (If "Yes," enter amount a	s of vear e	end)	10g	Χ					7
h		(See instru	uctions and 29 CFR	10g		X				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne required	d notice or one of the	10ii						
Part		1-3		101		l				
11	Is this a defined benefit plan subject to minimum funding requirem							Пус		NI-
	5500) and line 11a below)							Yes	Ц	No
	Enter the unpaid minimum required contribution for current year fr		,		-	11a				
_12	Is this a defined contribution plan subject to the minimum funding			or se	ection	302 of	ERISA?	Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			- t.:				1-41	r.	
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		, and e	enter th Day		e letter ru 'ear	ııng	_
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•			<u> </u>		I			
b	Enter the minimum required contribution for this plan year					12b	I			

Page	3	-	1	
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			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			
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?	X	es No)	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0
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	13c(1) Name of plan(s):	13c(2) EI	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)			•	
14a	Name of trust	14b ⊺	rust's EIN		

Form 5500-SF

Department of the Tressury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pensoon Seneči Guaraniy 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(e) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Part Annual Repor	t Identification Information	ance with the instru	tions to the Form 550	0-SF.	*
For calendar plan year 2013 or			and ending 1	2/31/2013	2 2 1 2 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5
A This return/report is for: B This return/report is: C Check box if filling under:	the first return/report	the final retum/report a short plan year retun automatic extension	ian (not multiemployer) n/report (less than 12 me	a one-partic onths)	
Part II Basic Plan Inf	ormation—enter all requested informa	ulon // -			Tax Ostrolar seri
1a Name of plan SIRANA SOFTWARE RETIREM	ENT PLAN			1b Three-digit plan number (PN)	001
5 (1 - N) 9.50 (1900-9.40)				1c Effective date of 01/01/	
2a Plan sponsor's name and a SIRANA SOFTWARE, INC.	address; include room or suite number (er	nployer, if for a single-	employer plan)	2b Employer Ident (EIN) 32-026	
4957 LAKEMONT BLVD., STE C	2-4, #201		6	2c Sponsor's tale (425) 73	
BELLEVUE, WA 98006				2d Business code 54151	
	and address Same as Plan Sponsor N	ame Same as Plar	Sponsor Address	3b Administrator's	
4 If the name and/or EIN of	he plan sponsor has changed since the la	att returninger fled i			
	umber from the last return/report.	est ratorinishort was in	n nus pian, enter trie	4b EIN	
	ts at the beginning of the plan year	********		5a	
	ts at the end of the plan year			5b .	Community of And
complete this item)	h account balances as of the end of the p		***************************************	5c	
b Are you claiming a waiver under 29 CFR 2520.104-4 If you answered "No" to C If the plan is a defined ben Caution: A penalty for the lat	ets during the plan year invested in eligible of the annual examination and report of a 6? (See instructions on waiver eligibility a elther line 6a or line 6b, the plan cannuality plan, is it covered under the PBGC in a or incomplete filling of this return/reports.	an independent qualific and conditions.)	ed public accountant (IQ) and must instead use ERISA section 4021)? unless reasonable cau	PA) Form 5500	
SB or Schedule MB completed bellef, it is true, correct, and con	other penalties sel forth in the instructions and signed by an enrolled actuary, as we uplete.	i. I declare that I have ill as the electronic ver	examined this return/report sion of this return/report	ort, including, if applic , and to the best of my	able, a Schedule knowledge and
SIGN					
HERE Signature of plan	administrator	Date/	Enter name of Individu	ual signing as plan ad	ministrator
SIGN HERE		7/30/14	John H.		
algnature of emp	loyer/plan sponsor name, if applicable) and address; includ-	Date e room or suite numbe	Enter name of individent (optional)	ual signing as employe Preparer's telephone	er or plan sponsor number (optional)

Part III Financial Information		Reconstruction of the second					72.00	79.1	United States
7 Plan Assets and Liabilities		(a) Beginning of Yes	ır			(b) End	l of Ye	ar	r the
a Total plan assets	7a	46840			- 1 30 M SH		-	27654	A CIRC
b Total plan liabilities	7b	- 41 - 41 - 41 - 41 - 41 - 41 - 41 - 41				***************************************			1 (2 100 100
C Net plan assets (subtract line 7b from line 7a)	7c	48840	2	148			6	27654	Twistering
8 Income, Expenses, and Transfers for this Plan Year	ncome, Expenses, and Transfers for this Plan Year (a) Amount					/h\/	Total		
Contributions received or receivable from: (1) Employers	8a(1)	1686	1				IVAI		
(2) Participants	8a(2)	4053	5	rakis (Darin					
(3) Others (including rollovers)	8a(3)								
b Other Income (loss)	8b	10185	6						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	Bc	14 H 2017	gricker,	egi (iliza)	Wilder Co.		4	59252	
d Benefits paid (including direct rollovers and insurance premiums			N. C. Marie				-	35404	
to provide benefits)	8d	est strength of the constraints				Allegaria de la companya de la comp		-1177	
Certain deamed and/or corrective distributions (see instructions)	Bo				1 4	There are	-make	p Marca	
f Administrative service providers (salaries, fees, commissions)	8f	and the second of the second second	Harris Hotel						
g Other expenses	89	mile service to desire					organisma Legisla	Jan Ja	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			+)+((Liver)
i Net income (loss) (subtract line 8h from line 8c)	81	igi ingellangstande				Wester Services 1872	1	59252	Comme.
j Transfers to (from) the plan (see instructions)	8)	ngd = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 =					110		T UK
Part IV Plan Characteristics							- T. M. I.	-9218	aligno -
9a If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3D 2T b If the plan provides welfare benefits, enter the applicable welfare for the plan provides welf									
Part V Compliance Questions						·	-		
10 During the plan year: a Was there a fallure to transmit to the plan any participant contribu	Hone within I	7.11-7.1-7.1-11.2-7.1-2.1-2.1-2.1-2.1-2.1-2.1-2.1-2.1-2.1-2		Yes	No		Amo	unt	
29 CFR 2510.3-1027 (See Instructions and DOL's Voluntary Fide	ciary Correc	tion Program)	10a		х				
b Were there any nonexempt transactions with any party-in-interest on line 10a.)	7 (Do not Inc	lude transactions reported	10b	5 ·	x				
C Was the plan covered by a fidelity bond?	**********		10c	X	1	4			danna
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bond.	that was caused by fraud	10d		x				60000
Were any fees or commissions paid to any brokers, agents, or old insurance service, or other organization that provides some or all instructions.)	ner persons b of the benefit	y an insurance carrier, is under the plan? (See	10e	x					1576
f Has the plan falled to provide any benefit when due under the pla	n?	THE RESIDENCE OF THE SECOND	101		x	1	***************************************	***************************************	
g Did the plan have any participant loans? (If "Yes," enter amount a				х			+		ALTERNATION OF
h If this is an individual account plan, was there a blackout period? 2520,101-3.)	(See instructi	ons and 29 CFR	10g 10h	•	×				
If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	he required n	otice or one of the	101	10 m			T STATE		
Part VI Pension Funding Compliance	miles w		101	4.				- des	
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "Ye	s," see instructions and com	plete	Sched	ule Si	B (Form	П	Yes	∏ No
11a Enter the unpaid minimum required contribution for current year for		THE RESERVE THE PROPERTY OF TH		T	11a		111		11 110
12 is this a defined contribution plan subject to the minimum funding				_		CDICAG	П	V	CI w
(If "Yes," complete line 12s or lines 12b, 12c, 12d, and 12e below			. U1 BC	. non .	OZ OI	ENSA/	Ш	Yes	X No
a if a walver of the minimum funding standard for a prior year is being a granting the walver.	ng amortized	in this plan year, see instru	th	and e	nier ti Day		the let		ing
If you completed line 12a, complete lines 3, 9, and 10 of Schedul			·	441	Alfrance Augusta		1714007	e de la lace	HIPT:
b Enter the minimum required contribution for this plan year	·*************************************			17 1	12b			-	

·	Form 5500-SF 2013 Page 3 - 1					
CE	nter the amount contributed by the employer to the plan for this plan year	12c	T			
d s	ubtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign (o the left of a egative amount)	12d			61 5	
e_v	All the minimum funding amount reported on line 12d be met by the funding deadline?		ΠY	es 🗍	No	□ N/A
Part V					15 -	
13a F	as a resolution to terminate the plan been adopted in any plan year?	.Ix	Yes	No		7 11 11
	"Yes," enter the amount of any plan assets that reverted to the employer this year		Т	165/6		
b v	ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the [the PBGC?	control			Пуе	s 🕅 No
CI	during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) hich assets or liabilities were transferred. (See instructions.)	to			9 1	
130	(1) Name of plan(s):	3c(2) E	EIN(s)		13c(3) PN(s)
					7-10-7	
Part V	II Trust Information (optional)		***************************************		17.1	
14a Na	me of Irusl	14b T	rust's	EIN	959	