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

Inspection

This Form is Open to Public

OMB Nos. 1210-0110

1210-0089

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

Part I	Annual Report	Identification Information						
For calenda	ar plan year 2013 or fi	scal plan year beginning 01/01/2	014	and ending 0	2/28/2	2014		
A This ret	urn/report is for:	🛚 a single-employer plan	a multiple-employer	olan (not multiemployer)		a one-particip	oant plan	
B This ret	urn/report is:	the first return/report	the final return/report			_		
	·	an amended return/report	a short plan year retu	rn/report (less than 12 mo	onths))		
C Check h	oox if filing under:	☐ Form 5558	automatic extension			☐ DFVC progra	m	
• • • • • • • • • • • • • • • • • • • •	oon ii iiiiig anaon	special extension (enter descrip						
Part II	Basic Plan Info	prmation—enter all requested info	,					
1a Name		enter un requested into	maton		1b	Three-digit		
	FTWARE RETIREME	NT PLAN				plan number		
					4 -	(PN) •	001	
						Effective date of 01/01/	•	
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) SIRANA SOFTWARE, INC.					2b	Employer Identification (EIN) 32-02	fication Number 69839	
1957 LAKEN	MONT BLVD., STE C-	4. #201			2c	Sponsor's telep		
BELLEVUE,	WA 98006				2d	Business code (54151	see instructions)	
3a Plan ad	dministrator's name a	nd address Same as Plan Sponso	r Name Same as Pla	n Sponsor Address	3b	Administrator's I	EIN	
					3с	Administrator's t	elephone number	
		e plan sponsor has changed since th mber from the last return/report.	e last return/report filed	for this plan, enter the	4b	EIN		
a Sponso	or's name				4c PN			
5a Total r	number of participants	at the beginning of the plan year			5a		4	
b Total r	number of participants	at the end of the plan year			5b		0	
		account balances as of the end of th		· ·	5c		0	
		s during the plan year invested in eli	- '				X Yes No	
under	29 CFR 2520.104-46	f the annual examination and report ? (See instructions on waiver eligibili	ty and conditions.)		<u>'</u>		X Yes No	
-		ither line 6a or line 6b, the plan ca			_		1	
C If the p	olan is a defined benef	fit plan, is it covered under the PBG0	; insurance program (see	E ERISA section 4021)?		Yes No	Not determined	
Caution: A	penalty for the late	or incomplete filing of this return/	report will be assessed	unless reasonable cau	se is	established.		
SB or Sche		ther penalties set forth in the instructi nd signed by an enrolled actuary, as plete.						
SIGN	Filed with authorized/	/valid electronic signature.	09/02/2014	JOHN HILLOCK				
HERE	Signature of plan a	administrator	Date	Enter name of individu	ual sig	ıning as plan adn	ninistrator	
SIGN								
HERE	Signature of emplo	oyer/plan sponsor	Date	Enter name of individu	ual sig	ning as employe	r or plan sponsor	
Preparer's	name (including firm r	name, if applicable) and address; inc	lude room or suite numb	er (optional)	Prep	oarer's telephone	number (optional)	

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Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	or.			(b) End (f Voa	r		
	Total plan assets	, , , , ,				(b) End of Year					
	Total plan liabilities	7b	32.00	•							
	·	plan assets (subtract line 7b from line 7a)							0		
8	Income, Expenses, and Transfers for this Plan Year	70		•			(b) Ta	401			
	Contributions received or receivable from:		(a) Amount				(b) To	tai			
	(1) Employers	8a(1)									
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	-369	6							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-3	3696		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	62395	8							
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						623	3958		
i	Net income (loss) (subtract line 8h from line 8c)	8i						-62	7654		
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics	٥٦									
9a		feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instruct	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		1	4		
a	Was there a failure to transmit to the plan any participant contribut			10a	103	X	•	Amou	iiit		
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported			Х					
	·			10b	Χ						
				10c	^					600	000
d	Did the plan have a loss, whether or not reimbursed by the plan's 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				X						
	instructions.)			10e	^					5	504
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	X						0
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		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			10i							
Part											
11	Is this a defined benefit plan subject to minimum funding requirem								Yes	П	No
114	5500) and line 11a below)							Ш_	, 03	Щ	. 10
	Enter the unpaid minimum required contribution for current year fr		,			11a	EDICAC	$\overline{\Box}$	Vec	V	Nic
_12	Is this a defined contribution plan subject to the minimum funding			or se	ection	302 of	EKISA?	Ш.	Yes	۸	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			otions	and	ontor th	o data of th	o lott-	or ruli	nc	
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		, and	Day		e lette Year _	zı IUIII	iig	_
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skin to line 13.								
	Enter the minimum required contribution for this plan year	•			Т	12b					

Page	3 -	. 1	
raye	J		

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 country of the PBGC?	control		X Yes	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)	:0			
1	3c(1) Name of plan(s):	3 c(2) EI	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				
14a Name of trust			ust'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).

OMB Nos, 1210-0110 1210-0089

2013

This Form is Open to Public

	SHOW WHAT THE HIBLION	tions to the Form 5500)-SF.				
Part I Annual Report Identification Information		eallowe -	***				
For calendar plan year 2013 or fiscal plan year beginning 01/01/2014		and ending 0	2/28/2	2014			
	an (nol mulliemployer)		a one-partici	pant plan			
	he final return/report						
	short plan year return	Vreport (less than 12 mo	onths)				
C Check box if filing under: Form 5558		DFVC program					
special extension (enter description							
Part II Basic Plan Information—enter all requested information	lion						
1a Name of plan			1b	Three-digit			
SIRANA SOFTWARE RETIREMENT PLAN				plan number	001		
			10	(PN) Effective date of			
			70	01/01/			
2a Plan sponsor's name and address; include from or suite number (em SIRANA SOFTWARE, INC.	ployer, if for a single-	employer plan)	2b	Employer Identi (EIN) 32-026			
			2¢	Sponsor's telep (425) 73			
4957 LAKEMONT BLVD., STE C-4, #201			2d	Business code	(see instructions)		
3a Plan administrator's name and address X Same as Plan Sponsor Na	me Same as Plan	Snonsor Address	3h	54151			
	Почио пот и	Opensor Accides		W. M. British M.			
			3C Administrator's telephone number				
4 If the name and/or EIN of the plan sponsor has changed since the la	st return/report filed fo	r this plan, enter the	4b	EIN			
name, EIN, and the plan number from the last return/report.			-	040400			
a Sponsor's name 5a Total number of participants at the beginning of the plan year			4c	PN			
Da Total number of Danicidants at the dedititing of the Dian Year	*************		5a		4		
b Total number of participants at the end of the plan year			5b		0		
b Total number of participants at the end of the plan year C Number of participants with account balances as of the end of the plan complete this item)	an year (delined bene	lil plans do not	5c		0		
b Total number of participants at the end of the plan year C Number of participants with account balances as of the end of the plan complete this Item)	an year (delined bene assels? (See instruc	lit plans do not	5c		0		
Description of participants at the end of the plan year	an year (delined bene assels? (See instruc n independent qualifie	lit plans do not	5c		0 Yes No		
Description of participants at the end of the plan year	an year (defined bene assels? (See instruc n independent qualifie nd conditions.)	fit plans do not lions.)d public accountant (IQI	5c PA)		0		
Description of participants at the end of the plan year	an year (delined bene assels? (See instruc n independent qualifie nd conditions.) t use Form \$500-SF	fit plans do not iions.) d public accountant (IQI and must instead use	5c PA) Form	6500.	O Yes No		
b Total number of participants at the end of the plan year	an year (delined bene assels? (See instruc n independent qualifie nd conditions.) t use Form 5500-SF urance program (see	lit plans do not lions.)	5c PA) Form	6500. Yes No	0 Yes No		
b Total number of participants at the end of the plan year	an year (delined bene assels? (See instruct in independent qualifie nd conditions.) t use Form 5500-SF urance program (see ort will be assessed in	lit plans do not lions.)	5c PA) Form	6500. Yes No Established.	Yes No Yes No Not determined		
b Total number of participants at the end of the plan year	an year (defined bene assets? (See instruct in independent qualifier nd conditions.)	fit plans do not ilions.)	Form	6500. Yes No Cestablished.	Yes No Yes No Not determined		
b Total number of participants at the end of the plan year	an year (defined bene assets? (See instruct in independent qualifier nd conditions.)	fit plans do not ilions.)	Form	6500. Yes No Cestablished.	Yes No Yes No Not determined		
b Total number of participants at the end of the plan year	an year (defined bene assets? (See instruct in independent qualifier nd conditions.)	lit plans do not dions.)	Form	6500. Yes No Cestablished.	Yes No Yes No Not determined		
b Total number of participants at the end of the plan year	an year (defined bene assets? (See instruct in independent qualifier nd conditions.)	lit plans do not lions.)	Form Form Se is	5500. Yes No cestablished. Including, if application the best of my	Yes No Yes No Not determined Table, a Schedule		
b Total number of participants at the end of the plan year	an year (defined bene assets? (See instruct in independent qualifier nd conditions.)	lit plans do not dions.)	Form Form Se is	5500. Yes No cestablished. Including, if application the best of my	Yes No Yes No Not determined Table, a Schedule		
b Total number of participants at the end of the plan year	an year (defined bene assels? (See instruct in independent qualifier ind conditions.)	lit plans do not lions.)	Form Form Se is	5500. Yes No established. cluding, if applic to the best of my	Yes No Yes No Not determined Table, a Schedule knowledge and		
b Total number of participants at the end of the plan year	an year (defined bene assets? (See instruct in independent qualifier ind conditions.)	fit plans do not iions.)	Form se is serial significant	5500. Yes No sestablished. cluding, if applic to the best of my	Yes No Yes No Not determined able, a Schedule knowledge and		
Description: C. Number of participants with account balances as of the end of the place complete this Item)	an year (defined bene assets? (See instruct in independent qualifier ind conditions.)	fit plans do not iions.)	Form Form see is sort, in, and it	5500. Yes No sestablished. cluding, if applic to the best of my ning as plan admits the company of the compan	Yes No Yes No Not determined able, a Schedule knowledge and		
b Total number of participants at the end of the plan year	an year (defined bene assets? (See instruct in independent qualifier ind conditions.)	fit plans do not iions.)	Form Form see is sort, in, and it	5500. Yes No sestablished. cluding, if applic to the best of my ning as plan admits the company of the compan	Yes No Yes No Not determined able, a Schedule knowledge and		
b Total number of participants at the end of the plan year	an year (defined bene assets? (See instruct in independent qualifier ind conditions.)	fit plans do not iions.)	Form Form see is sort, in, and it	5500. Yes No sestablished. cluding, if applic to the best of my ning as plan admits the company of the compan	Yes No Yes No Not determined able, a Schedule knowledge and		
b Total number of participants at the end of the plan year	an year (defined bene assets? (See instruct in independent qualifier ind conditions.)	fit plans do not iions.)	Form Form see is sort, in, and it	5500. Yes No sestablished. cluding, if applic to the best of my ning as plan admits the company of the compan	Yes No Yes No Not determined able, a Schedule knowledge and		

Par	t III Financial Information				Marini (1944)		
7	Plan Assets and Liabilities		(a) Beginning of Yea	r	T		(b) End of Year
а	Total plan assets	7a	62765	-		***************************************	0
Ь	Total plan liabilities	7b					
C	Net plan assets (subtract line 7b from line 7a)	7c	62765	4			0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	155		non-	(b) Total
а	Contributions received or receivable from:						
	(1) Employers	8a(1)		-	-		
-	(2) Parlicipants	Ba(2)			+		
Harris II	(3) Others (including rollovers)	a diameter			-	***************************************	
***************************************	Other Income (loss)	8b	-369	0			
	Total income (add ilnes 8a(1), 8a(2), 8a(3), and 8b)	8c			+		-3696
u	to provide benefits)	8d	62395	8			
8	Certain deemed and/or corrective distributions (see instructions)	Be					
*	Administrative service providers (salaries, fees, commissions)	8f			1		
q	Other expenses	8g	0. 30.000-00 A			***************************************	
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		*************	1		623958
i	Net income (loss) (subtract line 8h from line 8c)	81			1		-627654
j	Transfers to (from) the plan (see instructions)	81		*****			
Pai	t IV Plan Characteristics			··			
	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	tic Co	des in	the instructions:
ь	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	clerist	c Cod	les in t	he instructions:
						<u>y:</u>	
Par	t V Compliance Questions					1000	
10	During the plan year:				Yes	No	Amount
100	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	uclary Con	ection Program)	10a		х	
b	Were there any nonexempt transactions with any party-in-inlerest on line 10a.)			106		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		х	
е	Were any fees or commissions paid to any brokers, agents, or of insurance service, or other organization that provides some or all	ar person	s by an insurance carrier,				
	Instructions.)			10e	х		504
f	Has the plan falled to provide any benefit when due under the pla			101		х	
g				10g	X	<u> </u>	
-	If this is an individual account plan, was there a blackout period?	(See Instru	uctions and 29 CFR	าบg	**	15270	0
- T	2520.101-3.)			10h		Х	
	exceptions to providing the notice applied under 29 CFR 2520.10			101			
Part						بنقت سب	
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ienis? (if "	Yes," see instructions and con	piele	Sched	iule St	(Form Yes No
_11a	Enter the unpaid minimum required contribution for current year for	rom Sched	lule SB (Form 5500) line 39	******		11a	
12	Is this a defined contribution plan subject to the minimum funding	100 (100) C CON-20-22/00		or 58	ction :	302 of	ERISA? Yes X No
	(If "Yes." complete line 12a or lines 12b, 12c, 12d, and 12e below						
	If a waiver of the minimum funding standard for a prior year is being ranking the waiver.	***********		lh_	and e	nier il Day	ne date of the letter ruling Year
	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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1 990	J	1	

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c	Enter the amount contributed by the employer to the plan for this plan year	12c			-
þ	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			
é	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No No	VΑ
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?	X	res N	lo	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13m			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?				
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.)	lo -			22.55.5.7
	3c(1) Name of plan(s):	3¢(2) E	N(s)	13c(3) PN	(s)
Pari	VIII Trust Information (optional)	anno aconto	-		
14a Name of trust		14b T	rust's EIN		1000000