Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 08/26/2014

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
- [X] a single-employer plan;
- [ ] a DFE (specify) ___

B This return/report is:
- [ ] the first return/report;
- [X] the final return/report;
- [ ] an amended return/report;
- [X] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
QUEST SOFTWARE INC. 401(K) PROFIT SHARING PLAN TRUST

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/31/1990

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
DELL SOFTWARE INC.

C/O NICKI HUSCHKA

DELL INC.
ONE DELL WAY, RR1-33
ROUND ROCK, TX 78682

2b Employer Identification Number (EIN)
33-0231678

2c Plan Sponsor's telephone number
949-754-8342

2d Business code (see instructions)
541512

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	06/08/2015	JANET B. WRIGHT
	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
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)

Preparer's telephone number (optional)

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
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	

5	Total number of participants at the beginning of the plan year	**5**	2592
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	0
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	0
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	0
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	0
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	0
h	Number of participants that terminated employment during the plan year with accrued benefits that were 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**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 2K 2S 2T 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] 0 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....…… ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ……..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2014** **This Form is Open to Public Inspection.**

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 08/26/2014

A Name of plan
QUEST SOFTWARE INC. 401(K) PROFIT SHARING PLAN TRUST

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
DELL SOFTWARE INC.

D Employer Identification Number (EIN)
33-0231678

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

FIDELITY INV INSTITUTIONAL

04-2647786

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) 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?
37 60 64 65	RECORDKEEPER	73604	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) 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 name and EIN or address (see instructions)

(b) Service Code(s)	(c) 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 [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** 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 name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** 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 name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** 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 ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(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	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ALZGI NFJ INTL IS-BOSTON FINANCIAL 330 W. 9TH STREET KANSAS CITY, MO 66160	0.10%

(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	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
CBA SM CAP GR I-BOSTON FINANCIAL 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	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
COL SM CAP INX Z-COLUMBIA MGT IN 04-3156901	0.10%

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(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	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
LZRD EMRG MKTS EQ IS - BOSTON FINA 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	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MFS VALUE R4-MFS SERVICE CENTER 04-2865649	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	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
NB HIGH INC BONDS IS 0 STATE STREET 04-0025081	0.10%

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(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	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIM ALL A ALL AUTH I-BOSTON FINANAN P.O. BOX 8480 BOSTON, MA 02266	0.03%

(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	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIM COM RELA RET I BOSTON FINANCIAL PO BOX 8480 BOSTON, MA 02266	0.03%

(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	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIM TOTAL RT INST BOSTON FINANCIAL P.O. BOX 8480 BOSTON, MA 02266	0.03%

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(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	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PRU/J MID CAP GR Z-PRUDENTIAL MU 22-3703799	.25%

(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	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TMPL GLOBAL BOND ADV - FRANKLIN TE 94-3167260	.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	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TRP NEW AMERICA GRTH - T ROWE PRICE 52-2269240	.15%

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(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	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VOYA GLOBAL RE I BNY MELLON PO BOX 9793 PROVIDENCE, RI 02940	0.20%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

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

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 08/26/2014

A Name of plan
QUEST SOFTWARE INC. 401(K) PROFIT SHARING PLAN TRUST

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
DELL SOFTWARE INC.

D Employer Identification Number (EIN)
33-0231678

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

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

b Name of sponsor of entity listed in (a): FIDELITY MANAGMENT TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-3022712-024	C	0

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 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):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 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):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 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):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 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):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 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):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 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):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 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):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 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):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 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):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 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):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 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):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 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):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 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):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 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):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 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):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 08/26/2014

A Name of plan
QUEST SOFTWARE INC. 401(K) PROFIT SHARING PLAN TRUST

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
DELL SOFTWARE INC.

D Employer Identification Number (EIN)
33-0231678

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	8201	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(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)	1649969	0
(9) Value of interest in common/collective trusts	1c(9)	15289981	0
(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 (e.g., mutual funds)	1c(13)	148833388	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	165781539	0
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	6313	0
k	Total liabilities (add all amounts in lines 1g through1j)	1k	6313	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	165775226	0

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.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1429	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	39888	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		41317
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	675876	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		675876
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		764
(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)		6410240
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		7128197

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	172794440	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		172794440
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		35243
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	73740	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		73740
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		172903423

Net Income and Reconciliation

k Net income (loss). Subtract line **2j** from line **2d**	2k		-165775226
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: HASKELL & WHITE **(2)** EIN: 33-0310569

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 to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a 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	

			Yes	No	Amount
c	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		X	
e	Was this plan covered by a fidelity bond?	4e	X		5000000
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		X	
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?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k	X		
l	Has the plan failed to provide any benefit when due under the plan?	4l		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			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If "Yes," enter the amount of any plan assets that reverted to the employer this year..... [X] **Yes** [ ] **No** **Amount:** 0

5b 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.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... [ ] Yes [ ] No [ ] Not determined

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 08/26/2014

A Name of plan
QUEST SOFTWARE INC. 401(K) PROFIT SHARING PLAN TRUST

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
DELL SOFTWARE INC.

D Employer Identification Number (EIN)
33-0231678

Part I Distributions

All 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 during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

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 plan year **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 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:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

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.

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 other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part 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. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt 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 "back-to-back" loan? (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**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a 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 _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a 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 _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a 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 _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a 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 _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a 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 _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a 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 _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 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 make an employer contribution during the current plan year to:

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 line 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, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: 0.0% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b 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 ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Financial Statements (Modified-Cash Basis)
(with Independent Auditors' Report Thereon)



401(k) Profit Sharing Plan

As of August 31, 2014 and December 31, 2013
and for the Period Ended August 31, 2014

QUEST SOFTWARE, INC.
401(K) PROFIT SHARING PLAN

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Notes to Financial Statements 5

Certain schedules required pursuant to the Department of Labor's Rules and Regulations are omitted due to the absence of the conditions under which they are required.

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INDEPENDENT AUDITORS' REPORT

To the 401(k) Profit Sharing Plan Committee
Quest Software, Inc. 401(k) Profit Sharing Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Quest Software, Inc. 401(k) Profit Sharing Plan (the "Plan"), which comprise the statements of net assets available for plan benefits (modified-cash basis) as of August 31, 2014 and December 31, 2013, and the related statement of changes in net assets available for plan benefits (modified-cash basis) for the period ended August 31, 2014, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified-cash basis of accounting described in Note 2; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

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"), the 401(k) Profit Sharing Plan Committee instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Notes 4 and 5, which was certified by Fidelity Management Trust Company, the trustee and asset custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the 401(k) Profit

Basis for Disclaimer of Opinion (continued)

Sharing Plan Committee that the trustee and asset custodian hold the Plan's investment assets and execute investment transactions. The 401(k) Profit Sharing Plan Committee has obtained certifications from the trustee and asset custodian as of August 31, 2014 and December 31, 2013, and for the period ended August 31, 2014, that the information provided to the 401(k) Profit Sharing Plan Committee by the trustee and asset custodian is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matters

As described in Note 2 to the accompanying financial statements, the Plan's financial statements were prepared on a modified-cash basis, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

As described in Note 1 to the accompanying financial statements, Quest Software, Inc., the Plan's sponsor, was acquired in September 2012 and terminated the Plan in August 2014. The Plan received a favorable determination letter from the Internal Revenue Service in May 2014 regarding its termination.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements, other than that derived from the information certified by the trustee and asset custodian, 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.

Haskell & White LLP

HASKELL & WHITE LLP

June 8, 2015
Irvine, California

QUEST SOFTWARE, INC.
401(K) PROFIT SHARING PLAN

Statements of Net Assets Available for Plan Benefits
As of August 31, 2014 and December 31, 2013 (Modified-Cash Basis)

	2014	2013
Investments, at fair value (Notes 4 and 5)		
Registered investment companies	**$** -	$ 148,833,388
Interests in common/collective trust	-	15,523,975
Total investments	-	164,357,363
Receivables		
Notes receivable from participants	-	1,649,969
Net Assets		
Net assets available for plan benefits, at fair value	-	166,007,332
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	-	(232,106)
Net assets available for plan benefits	**$** -	$ 165,775,226

See accompanying notes to the financial statements
and independent auditors' report.

QUEST SOFTWARE, INC.
401(K) PROFIT SHARING PLAN

Statement of Changes in Net Assets Available for Plan Benefits
For the Period Ended August 31, 2014 (Modified-Cash Basis)

Additions to net assets attributed to:		
Investments:		
Net appreciation in investments	$	6,410,240
Interest and dividends from registered investment companies		675,876
Interest and dividends from interests in common/collective trust		764
Other interest		1,429
Total investment income		7,088,309
Interest income from notes receivable from participants		39,888
Total additions		7,128,197
Deductions to net assets attributed to:		
Benefits paid to participants		172,829,683
Investment and administrative expenses		73,740
Total deductions		172,903,423
Decrease in net assets available for plan benefits		(165,775,226)
Net assets available for plan benefits, beginning of year		165,775,226
Net assets available for plan benefits, end of year	$	-

See accompanying notes to the financial statements
and independent auditors' report.

QUEST SOFTWARE, INC.
401(k) PROFIT SHARING PLAN

Notes to Financial Statements
August 31, 2014

1. Plan Description

The following description of the Quest Software, Inc. 401(k) Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the Plan's agreement for a complete description of the Plan's provisions.

General

The Plan commenced activity on January 1, 1995, and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Plan was a defined contribution plan covering substantially all employees of Quest Software, Inc., the Plan's sponsor (the "Company"), who were age 21 or older. There is no minimum service requirement.

The Company was acquired in September 2012 by Dell Inc. (the "Acquisition"). Subsequent to the Acquisition, the Plan entered a blackout period. Eligible participants of the Company were eligible to enroll in the acquirer's defined contribution plan. The blackout period ended in May 2014 and participants were eligible to withdraw their funds from the Plan through the date of termination.

In May 2014, the Plan received a favorable determination letter from the Internal Revenue Service with respect to its termination. Subsequently, the Plan disbursed all of the Plan's remaining net assets to participants in accordance with their individual instructions.

Participant Contributions

Prior to the Acquisition, participants could elect to contribute up to 100% of annual compensation, not to exceed the maximum allowed under the Internal Revenue Code (the "IRC"). Participants are fully vested in their contributions to the Plan, and as a result of the Acquisition, participants were not allowed to contribute any additional amounts to the Plan.

Effective January 2, 2009, automatic enrollment in the Plan was implemented for all new hires in the United States who meet eligibility requirements. Subsequent to the Acquisition, no new participants were allowed to enter the Plan.

Company Contributions

Prior to the Acquisition, the Company made matching contributions up to 50% of the participants' contributions, up to a maximum of $3,000. Company contributions fully vest and are non-forfeitable after the participant has completed three years of service pursuant to the terms of the Plan. As a result of the Acquisition, participants became fully vested in the Company's contributions. There were no contributions made to the Plan by the Company in 2014 or 2013.

1. Plan Description (continued)

Participant Accounts and Forfeitures

Each participant's account is credited with the participant's contributions and allocations of (a) Company contributions and (b) individual investment earnings, less withdrawals and an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The Plan provides that forfeited balances of terminated participants' nonvested accounts may be used to reduce Company contributions or pay Plan expenses. Total forfeited balances included in investments in the accompanying financial statements at August 31, 2014 and December 31, 2013 are $0 and $66,141, respectively.

Vesting

Participants are immediately vested in their contributions, plus actual earnings thereon. Prior to the Acquisition, Company contributions and related earnings vest after three years at the rate of 50% after the second year and 100% after the third year in the Plan. If a participant's employment is terminated before full vesting of Company contributions and related earnings are attained, the amount not vested is forfeited. Company contributions and related earnings also become fully vested if the participant reaches age 65, dies, or becomes disabled. All participants became fully vested in Company contributions as a result of the Acquisition.

Benefits Paid to Participants

Participants may withdraw all or a portion of their contributions for reason of retirement, death, disability or financial hardship (as defined by the Plan's agreement), or if they terminate employment with the Company. Participants generally receive withdrawals in a lump-sum payment. Any withdrawals by participants prior to terminating employment with the Company and prior to age 59½ are subject to ordinary personal income taxes and penalty. Additionally, withdrawals by terminated participants, prior to the attainment of age 59½, which are not rolled over into another qualified investment vehicle, are also subject to ordinary income taxes. As a result of the Acquisition, participants were not permitted to withdraw funds, except as required by law, until May 2014 when the Plan received a favorable determination letter from the IRS. After that time, participants were able to withdraw their funds through the Plan's termination in August 2014.

1. Plan Description (continued)

Notes Receivable from Participants

Participants may borrow the lesser of a cumulative $50,000 or 50% of the value of their total vested benefits.

Loans bear interest at prime plus 1%, have scheduled repayment terms, and are collateralized by the participant's vested balance in the Plan. As a result of the Acquisition, there were no additional loans made during 2014 or 2013. The interest rates for loans outstanding as of December 31, 2013 and prior to August 31, 2014 ranged from 4.25% to 10.25%. Under the terms of the Plan agreement, when an employee is terminated, all outstanding loan balances become payable upon demand. After the blackout period ended in May 2014, participants could roll their outstanding loan balances into the acquirer's defined contribution plan or repay the outstanding loan balance.

Plan Termination Provisions

The Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth by ERISA. In the event of any termination of the Plan or upon complete or partial discontinuance of contributions, the accounts of each affected participant become fully vested. As described above, the Company terminated the Plan as a result of the Acquisition and all contributions became fully vested.

Investment Options

Upon enrollment in the Plan, a participant may direct employee contributions into any of 30 investment options. Participants may change their investment options any time, but may change their contribution amount only at the start of each payroll period.

Plan Administration

The Plan is administered by the 401(k) Profit Sharing Plan Committee of the Company. The trustee and asset custodian for the Plan was Fidelity Management Trust Company ("Fidelity") for each of the periods ended August 31, 2014 and December 31, 2013.

2. Summary of Significant Accounting Policies

Basis of Accounting

The Plan prepares its financial statements on a modified-cash basis of accounting; consequently, certain investment income and contributions and related assets are recognized when received, rather than when earned and certain expenses are recognized when paid, rather than when obligations are incurred. Investments, however, are stated at fair value. Because of these differences, the accompanying financial statements are not intended to be presented in conformity with accounting principles generally accepted in the United States of America.

Although the Plan has been terminated as a result of the Acquisition, the accompanying financial statements have not been prepared on the liquidation basis of accounting, as there are no significant differences between the liquidation basis of accounting and the modified-cash basis of accounting.

Use of Estimates

In preparing financial statements in conformity with accounting principles generally accepted in the United States of America, management is required to make estimates and assumptions that affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

Valuation of Investments

Investments are stated at fair value. Investment gains and losses (realized and unrealized) are included in net appreciation in fair value of investments in the accompanying financial statements.

Shares of registered investment companies are valued at the underlying net asset value of shares held by the Plan at year-end. The Fidelity Stable Value Fund primarily invests in benefit-responsive investment contracts. These investment contracts are entered into with insurance companies, banks and other financial institutions and they represent investments that have fixed income securities paired with benefit-responsive wrap contracts. Wrap contracts are issued by high-quality financial institutions and they provide a fixed rate of interest for a specified period of time and enable the fund to pay participant-initiated withdrawals at book value.

2. Summary of Significant Accounting Policies (continued)

Valuation of Investments (continued)

The 2013 statement of net assets available for plan benefits presents investment contracts at fair value, as well as an additional line showing an adjustment of the fully benefit-responsive investment contract from fair value to contract value. The fair value of the Fidelity Stable Value Fund represents the Plan's share of the fair value of the underlying net assets of the fund. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses for the fund's investments in insurance contracts and fair value for the fund investments in externally managed affiliated collective investment funds and other investments (primarily debt obligations).

The adjustment from fair value to contact value for fully benefit-responsive investment contracts was $(232,106) as of December 31, 2013. The Plan liquidated the Stable Value Fund at contract value in January 2014. Participants invested in the Stable Value Fund had their funds reallocated to the Fidelity US Government Reserves Fund.

Benefit Payments

Benefit payments are recognized when paid.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid balance plus any accrued but unpaid interest.

Administrative Expenses

The Plan's expenses are paid by the Company or the Plan, as provided by the Plan's agreement. The Plan incurred $73,740 of investment and administrative expenses during the period ended August 31, 2014.

Subsequent Events

The Company evaluated events occurring between September 1, 2014, and June 8, 2015, the date the financial statements were issued.

Recent Accounting Pronouncements

There are no recent accounting pronouncements that the Company expects to materially impact the Plan's financial reporting.

3. Income Taxes

The Plan was established using a prototype 401(k) plan designed by Fidelity. The Internal Revenue Service determined, and informed Fidelity by letter dated December 5, 2001, that the prototype 401(k) plan was designed in accordance with applicable sections of the IRC. Subsequently, the Plan has been amended and restated several times, including an amendment and restatement onto Fidelity's Volume Submitter Defined Contribution Plan effective April 15, 2010. The Company believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the accompanying financial statements.

The Company's management has analyzed the tax positions taken by the Plan and has concluded that as of August 31, 2014, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, management believes the Plan is no longer subject to income tax examinations for years prior to 2011.

4. Information Certified by the Trustee and Asset Custodian (unaudited)

In accordance with the 401(k) Profit Sharing Plan Committee's instructions, and as permitted by Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, certain investment information, which the trustee and asset custodian of the Plan has certified as complete and accurate, was not audited. Information certified as complete and accurate and not audited consists of the following:

a. Statements of Net Assets Available for Plan Benefits as of August 31, 2014 and December 31, 2013.

b. Investment activities per the Statement of Changes in Net Assets Available for Plan Benefits for the period ended August 31, 2014.

5. Investments (unaudited)

Fair value is defined as the price that the Plan would receive to sell an asset, or pay to transfer a liability, in an orderly transaction between market participants at the measurement date. The Plan utilizes a framework for measuring fair value and a three-level hierarchy for fair value measurements based upon the transparency of inputs to the valuation of an asset or liability. Inputs may be observable or unobservable and refer broadly to the assumptions that market participants would use in pricing the asset or liability. Observable inputs reflect the assumptions market participants would use in

5. Investments (unaudited) (continued)

pricing the asset or liability based on market data obtained from sources independent of the reporting entity. Unobservable inputs reflect the reporting entity's own assumptions about the assumptions that market participants would use in pricing the asset or liability developed based on the best information available under the circumstances.

The Plan's investments are assigned a level based upon the observability of the inputs which are significant to the overall valuation. The three-tier hierarchy of inputs is summarized below.

Level 1: Valuation for assets and liabilities traded in active exchange markets. Valuations are obtained from readily available pricing sources for market transactions involving identical assets or liabilities.

Level 2: Valuations for assets and liabilities traded in less active dealer or broker markets. Valuations are obtained from third party pricing services for identical or comparable assets or liabilities.

Level 3: Valuations for assets and liabilities that are derived from other valuation methodologies, including option pricing models, discounted cash flow models, and similar techniques, and not based on market exchange, dealer, or broker traded transactions. These valuations incorporate certain assumptions and projections in determining the fair value assigned to such assets or liabilities.

Investments in the Plan are measured and reported at fair value on a recurring basis using the Market Approach, which uses prices and other relevant information generated by market transactions involving identical or comparable assets or liabilities.

The following table represents the fair value hierarchy for investments measured at fair value on a recurring basis as of December 31, 2013.

	December 31, 2013			
	Total	Level 1	Level 2	Level 3
Registered investment companies	$ 148,833,388	$ 148,833,388	$ -	$ -
Interests in common/collective trust	15,523,975	-	15,523,975	-
Total	$ 164,357,363	$ 148,833,388	$ 15,523,975	$ -

5. Investments (unaudited) (continued)

The following summary of the Plan's individual investments, whose fair value exceeded 5% of net assets available for Plan benefits as of December 31, 2013, was derived from unaudited information certified by the Plan's trustee and asset custodian and furnished to the 401(k) Profit Sharing Plan Committee.

SPTN 500 INDEX INST	$ 17,999,024
TRP New America Growth	16,628,941
Stable Value Fund	15,523,975
ClearBridge Small Cap Growth	12,265,128
Victory ESTB Value I	12,225,474
Vanguard Target Return 2035	11,431,256
Vanguard Target Return 2055	11,126,278
Lazard Emerging Markets IS	9,364,715
Vanguard Target Return 2045	8,311,630
PIMCO Total Return Adm	8,297,658
All other investments individually less than 5%	41,183,284
	$ 164,357,363

6. Risks and Uncertainties

The Plan provides for various investment options offering various allocations of stocks, bonds, fixed income securities and other investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the accompanying financial statements.

The Plan did not perform nondiscrimination testing during the 2014 Plan year, as there were no contributions to the Plan during the year ended August 31, 2014.

While the outcome of any future litigation or regulatory matter cannot be predicted, management of the Company does not believe that any future litigation or regulatory matter will have a material adverse effect on the Plan's net assets available for plan benefits. The outcome of such matters is always uncertain, and unforeseen results can occur. It is possible that such outcomes could materially affect net assets available for plan benefits in a particular year.

7. Party-In-Interest Transactions

Certain Plan investments held during 2014 (prior to plan termination) and 2013 were held in investments managed by the Plan's trustee and asset custodian, and therefore, these transactions qualify as permitted party-in-interest transactions. Fees paid by the Plan for investment management services were included as a reduction of investment returns on the related investment. In addition, certain administrative functions were performed by officers and employees of the Company. No such officer or employee receives compensation from the Plan, nor does the Company allocate any costs to the Plan for such services.

8. Reconciliation of IRS Form 5500 to the Financial Statements

Net assets available for benefits are reported on the 2013 Form 5500 exceed the amount reported in the accompanying financial statements by $1,888 as a result of certain miscellaneous receivables reported on the 2013 Form 5500, but excluded from the accompanying financial statements. Total income and net income reported on the 2013 Form 5500 exceed the amount reported in the accompanying financial statements by the same amount.

Financial Statements (Modified-Cash Basis)
(with Independent Auditors' Report Thereon)



401(k) Profit Sharing Plan

As of August 31, 2014 and December 31, 2013
and for the Period Ended August 31, 2014

QUEST SOFTWARE, INC.
401(K) PROFIT SHARING PLAN

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Certain schedules required pursuant to the Department of Labor's Rules and Regulations are omitted due to the absence of the conditions under which they are required.

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INDEPENDENT AUDITORS' REPORT

To the 401(k) Profit Sharing Plan Committee
Quest Software, Inc. 401(k) Profit Sharing Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Quest Software, Inc. 401(k) Profit Sharing Plan (the "Plan"), which comprise the statements of net assets available for plan benefits (modified-cash basis) as of August 31, 2014 and December 31, 2013, and the related statement of changes in net assets available for plan benefits (modified-cash basis) for the period ended August 31, 2014, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified-cash basis of accounting described in Note 2; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

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"), the 401(k) Profit Sharing Plan Committee instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Notes 4 and 5, which was certified by Fidelity Management Trust Company, the trustee and asset custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the 401(k) Profit

Basis for Disclaimer of Opinion (continued)

Sharing Plan Committee that the trustee and asset custodian hold the Plan's investment assets and execute investment transactions. The 401(k) Profit Sharing Plan Committee has obtained certifications from the trustee and asset custodian as of August 31, 2014 and December 31, 2013, and for the period ended August 31, 2014, that the information provided to the 401(k) Profit Sharing Plan Committee by the trustee and asset custodian is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matters

As described in Note 2 to the accompanying financial statements, the Plan's financial statements were prepared on a modified-cash basis, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

As described in Note 1 to the accompanying financial statements, Quest Software, Inc., the Plan's sponsor, was acquired in September 2012 and terminated the Plan in August 2014. The Plan received a favorable determination letter from the Internal Revenue Service in May 2014 regarding its termination.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements, other than that derived from the information certified by the trustee and asset custodian, 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.

Haskell & White LLP

HASKELL & WHITE LLP

June 8, 2015
Irvine, California

QUEST SOFTWARE, INC.
401(K) PROFIT SHARING PLAN

Statements of Net Assets Available for Plan Benefits
As of August 31, 2014 and December 31, 2013 (Modified-Cash Basis)

	2014	2013
Investments, at fair value (Notes 4 and 5)		
Registered investment companies	**$** -	$ 148,833,388
Interests in common/collective trust	-	15,523,975
Total investments	-	164,357,363
Receivables		
Notes receivable from participants	-	1,649,969
Net Assets		
Net assets available for plan benefits, at fair value	-	166,007,332
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	-	(232,106)
Net assets available for plan benefits	**$** -	$ 165,775,226

See accompanying notes to the financial statements
and independent auditors' report.

QUEST SOFTWARE, INC.
401(K) PROFIT SHARING PLAN

Statement of Changes in Net Assets Available for Plan Benefits
For the Period Ended August 31, 2014 (Modified-Cash Basis)

Additions to net assets attributed to:		
Investments:		
Net appreciation in investments	$	6,410,240
Interest and dividends from registered investment companies		675,876
Interest and dividends from interests in common/collective trust		764
Other interest		1,429
Total investment income		7,088,309
Interest income from notes receivable from participants		39,888
Total additions		7,128,197
Deductions to net assets attributed to:		
Benefits paid to participants		172,829,683
Investment and administrative expenses		73,740
Total deductions		172,903,423
Decrease in net assets available for plan benefits		(165,775,226)
Net assets available for plan benefits, beginning of year		165,775,226
Net assets available for plan benefits, end of year	$	-

See accompanying notes to the financial statements
and independent auditors' report.

QUEST SOFTWARE, INC.
401(k) PROFIT SHARING PLAN

Notes to Financial Statements
August 31, 2014

1. Plan Description

The following description of the Quest Software, Inc. 401(k) Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the Plan's agreement for a complete description of the Plan's provisions.

General

The Plan commenced activity on January 1, 1995, and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Plan was a defined contribution plan covering substantially all employees of Quest Software, Inc., the Plan's sponsor (the "Company"), who were age 21 or older. There is no minimum service requirement.

The Company was acquired in September 2012 by Dell Inc. (the "Acquisition"). Subsequent to the Acquisition, the Plan entered a blackout period. Eligible participants of the Company were eligible to enroll in the acquirer's defined contribution plan. The blackout period ended in May 2014 and participants were eligible to withdraw their funds from the Plan through the date of termination.

In May 2014, the Plan received a favorable determination letter from the Internal Revenue Service with respect to its termination. Subsequently, the Plan disbursed all of the Plan's remaining net assets to participants in accordance with their individual instructions.

Participant Contributions

Prior to the Acquisition, participants could elect to contribute up to 100% of annual compensation, not to exceed the maximum allowed under the Internal Revenue Code (the "IRC"). Participants are fully vested in their contributions to the Plan, and as a result of the Acquisition, participants were not allowed to contribute any additional amounts to the Plan.

Effective January 2, 2009, automatic enrollment in the Plan was implemented for all new hires in the United States who meet eligibility requirements. Subsequent to the Acquisition, no new participants were allowed to enter the Plan.

Company Contributions

Prior to the Acquisition, the Company made matching contributions up to 50% of the participants' contributions, up to a maximum of $3,000. Company contributions fully vest and are non-forfeitable after the participant has completed three years of service pursuant to the terms of the Plan. As a result of the Acquisition, participants became fully vested in the Company's contributions. There were no contributions made to the Plan by the Company in 2014 or 2013.

1. Plan Description (continued)

Participant Accounts and Forfeitures

Each participant's account is credited with the participant's contributions and allocations of (a) Company contributions and (b) individual investment earnings, less withdrawals and an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The Plan provides that forfeited balances of terminated participants' nonvested accounts may be used to reduce Company contributions or pay Plan expenses. Total forfeited balances included in investments in the accompanying financial statements at August 31, 2014 and December 31, 2013 are $0 and $66,141, respectively.

Vesting

Participants are immediately vested in their contributions, plus actual earnings thereon. Prior to the Acquisition, Company contributions and related earnings vest after three years at the rate of 50% after the second year and 100% after the third year in the Plan. If a participant's employment is terminated before full vesting of Company contributions and related earnings are attained, the amount not vested is forfeited. Company contributions and related earnings also become fully vested if the participant reaches age 65, dies, or becomes disabled. All participants became fully vested in Company contributions as a result of the Acquisition.

Benefits Paid to Participants

Participants may withdraw all or a portion of their contributions for reason of retirement, death, disability or financial hardship (as defined by the Plan's agreement), or if they terminate employment with the Company. Participants generally receive withdrawals in a lump-sum payment. Any withdrawals by participants prior to terminating employment with the Company and prior to age 59½ are subject to ordinary personal income taxes and penalty. Additionally, withdrawals by terminated participants, prior to the attainment of age 59½, which are not rolled over into another qualified investment vehicle, are also subject to ordinary income taxes. As a result of the Acquisition, participants were not permitted to withdraw funds, except as required by law, until May 2014 when the Plan received a favorable determination letter from the IRS. After that time, participants were able to withdraw their funds through the Plan's termination in August 2014.

1. Plan Description (continued)

Notes Receivable from Participants

Participants may borrow the lesser of a cumulative $50,000 or 50% of the value of their total vested benefits.

Loans bear interest at prime plus 1%, have scheduled repayment terms, and are collateralized by the participant's vested balance in the Plan. As a result of the Acquisition, there were no additional loans made during 2014 or 2013. The interest rates for loans outstanding as of December 31, 2013 and prior to August 31, 2014 ranged from 4.25% to 10.25%. Under the terms of the Plan agreement, when an employee is terminated, all outstanding loan balances become payable upon demand. After the blackout period ended in May 2014, participants could roll their outstanding loan balances into the acquirer's defined contribution plan or repay the outstanding loan balance.

Plan Termination Provisions

The Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth by ERISA. In the event of any termination of the Plan or upon complete or partial discontinuance of contributions, the accounts of each affected participant become fully vested. As described above, the Company terminated the Plan as a result of the Acquisition and all contributions became fully vested.

Investment Options

Upon enrollment in the Plan, a participant may direct employee contributions into any of 30 investment options. Participants may change their investment options any time, but may change their contribution amount only at the start of each payroll period.

Plan Administration

The Plan is administered by the 401(k) Profit Sharing Plan Committee of the Company. The trustee and asset custodian for the Plan was Fidelity Management Trust Company ("Fidelity") for each of the periods ended August 31, 2014 and December 31, 2013.

2. Summary of Significant Accounting Policies

Basis of Accounting

The Plan prepares its financial statements on a modified-cash basis of accounting; consequently, certain investment income and contributions and related assets are recognized when received, rather than when earned and certain expenses are recognized when paid, rather than when obligations are incurred. Investments, however, are stated at fair value. Because of these differences, the accompanying financial statements are not intended to be presented in conformity with accounting principles generally accepted in the United States of America.

Although the Plan has been terminated as a result of the Acquisition, the accompanying financial statements have not been prepared on the liquidation basis of accounting, as there are no significant differences between the liquidation basis of accounting and the modified-cash basis of accounting.

Use of Estimates

In preparing financial statements in conformity with accounting principles generally accepted in the United States of America, management is required to make estimates and assumptions that affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

Valuation of Investments

Investments are stated at fair value. Investment gains and losses (realized and unrealized) are included in net appreciation in fair value of investments in the accompanying financial statements.

Shares of registered investment companies are valued at the underlying net asset value of shares held by the Plan at year-end. The Fidelity Stable Value Fund primarily invests in benefit-responsive investment contracts. These investment contracts are entered into with insurance companies, banks and other financial institutions and they represent investments that have fixed income securities paired with benefit-responsive wrap contracts. Wrap contracts are issued by high-quality financial institutions and they provide a fixed rate of interest for a specified period of time and enable the fund to pay participant-initiated withdrawals at book value.

2. Summary of Significant Accounting Policies (continued)

Valuation of Investments (continued)

The 2013 statement of net assets available for plan benefits presents investment contracts at fair value, as well as an additional line showing an adjustment of the fully benefit-responsive investment contract from fair value to contract value. The fair value of the Fidelity Stable Value Fund represents the Plan's share of the fair value of the underlying net assets of the fund. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses for the fund's investments in insurance contracts and fair value for the fund investments in externally managed affiliated collective investment funds and other investments (primarily debt obligations).

The adjustment from fair value to contact value for fully benefit-responsive investment contracts was $(232,106) as of December 31, 2013. The Plan liquidated the Stable Value Fund at contract value in January 2014. Participants invested in the Stable Value Fund had their funds reallocated to the Fidelity US Government Reserves Fund.

Benefit Payments

Benefit payments are recognized when paid.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid balance plus any accrued but unpaid interest.

Administrative Expenses

The Plan's expenses are paid by the Company or the Plan, as provided by the Plan's agreement. The Plan incurred $73,740 of investment and administrative expenses during the period ended August 31, 2014.

Subsequent Events

The Company evaluated events occurring between September 1, 2014, and June 8, 2015, the date the financial statements were issued.

Recent Accounting Pronouncements

There are no recent accounting pronouncements that the Company expects to materially impact the Plan's financial reporting.

3. Income Taxes

The Plan was established using a prototype 401(k) plan designed by Fidelity. The Internal Revenue Service determined, and informed Fidelity by letter dated December 5, 2001, that the prototype 401(k) plan was designed in accordance with applicable sections of the IRC. Subsequently, the Plan has been amended and restated several times, including an amendment and restatement onto Fidelity's Volume Submitter Defined Contribution Plan effective April 15, 2010. The Company believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the accompanying financial statements.

The Company's management has analyzed the tax positions taken by the Plan and has concluded that as of August 31, 2014, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, management believes the Plan is no longer subject to income tax examinations for years prior to 2011.

4. Information Certified by the Trustee and Asset Custodian (unaudited)

In accordance with the 401(k) Profit Sharing Plan Committee's instructions, and as permitted by Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, certain investment information, which the trustee and asset custodian of the Plan has certified as complete and accurate, was not audited. Information certified as complete and accurate and not audited consists of the following:

a. Statements of Net Assets Available for Plan Benefits as of August 31, 2014 and December 31, 2013.

b. Investment activities per the Statement of Changes in Net Assets Available for Plan Benefits for the period ended August 31, 2014.

5. Investments (unaudited)

Fair value is defined as the price that the Plan would receive to sell an asset, or pay to transfer a liability, in an orderly transaction between market participants at the measurement date. The Plan utilizes a framework for measuring fair value and a three-level hierarchy for fair value measurements based upon the transparency of inputs to the valuation of an asset or liability. Inputs may be observable or unobservable and refer broadly to the assumptions that market participants would use in pricing the asset or liability. Observable inputs reflect the assumptions market participants would use in

5. Investments (unaudited) (continued)

pricing the asset or liability based on market data obtained from sources independent of the reporting entity. Unobservable inputs reflect the reporting entity's own assumptions about the assumptions that market participants would use in pricing the asset or liability developed based on the best information available under the circumstances.

The Plan's investments are assigned a level based upon the observability of the inputs which are significant to the overall valuation. The three-tier hierarchy of inputs is summarized below.

Level 1: Valuation for assets and liabilities traded in active exchange markets. Valuations are obtained from readily available pricing sources for market transactions involving identical assets or liabilities.

Level 2: Valuations for assets and liabilities traded in less active dealer or broker markets. Valuations are obtained from third party pricing services for identical or comparable assets or liabilities.

Level 3: Valuations for assets and liabilities that are derived from other valuation methodologies, including option pricing models, discounted cash flow models, and similar techniques, and not based on market exchange, dealer, or broker traded transactions. These valuations incorporate certain assumptions and projections in determining the fair value assigned to such assets or liabilities.

Investments in the Plan are measured and reported at fair value on a recurring basis using the Market Approach, which uses prices and other relevant information generated by market transactions involving identical or comparable assets or liabilities.

The following table represents the fair value hierarchy for investments measured at fair value on a recurring basis as of December 31, 2013.

	December 31, 2013			
	Total	Level 1	Level 2	Level 3
Registered investment companies	$ 148,833,388	$ 148,833,388	$ -	$ -
Interests in common/collective trust	15,523,975	-	15,523,975	-
Total	$ 164,357,363	$ 148,833,388	$ 15,523,975	$ -

5. Investments (unaudited) (continued)

The following summary of the Plan's individual investments, whose fair value exceeded 5% of net assets available for Plan benefits as of December 31, 2013, was derived from unaudited information certified by the Plan's trustee and asset custodian and furnished to the 401(k) Profit Sharing Plan Committee.

SPTN 500 INDEX INST	$ 17,999,024
TRP New America Growth	16,628,941
Stable Value Fund	15,523,975
ClearBridge Small Cap Growth	12,265,128
Victory ESTB Value I	12,225,474
Vanguard Target Return 2035	11,431,256
Vanguard Target Return 2055	11,126,278
Lazard Emerging Markets IS	9,364,715
Vanguard Target Return 2045	8,311,630
PIMCO Total Return Adm	8,297,658
All other investments individually less than 5%	41,183,284
	$ 164,357,363

6. Risks and Uncertainties

The Plan provides for various investment options offering various allocations of stocks, bonds, fixed income securities and other investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the accompanying financial statements.

The Plan did not perform nondiscrimination testing during the 2014 Plan year, as there were no contributions to the Plan during the year ended August 31, 2014.

While the outcome of any future litigation or regulatory matter cannot be predicted, management of the Company does not believe that any future litigation or regulatory matter will have a material adverse effect on the Plan's net assets available for plan benefits. The outcome of such matters is always uncertain, and unforeseen results can occur. It is possible that such outcomes could materially affect net assets available for plan benefits in a particular year.

7. Party-In-Interest Transactions

Certain Plan investments held during 2014 (prior to plan termination) and 2013 were held in investments managed by the Plan's trustee and asset custodian, and therefore, these transactions qualify as permitted party-in-interest transactions. Fees paid by the Plan for investment management services were included as a reduction of investment returns on the related investment. In addition, certain administrative functions were performed by officers and employees of the Company. No such officer or employee receives compensation from the Plan, nor does the Company allocate any costs to the Plan for such services.

8. Reconciliation of IRS Form 5500 to the Financial Statements

Net assets available for benefits are reported on the 2013 Form 5500 exceed the amount reported in the accompanying financial statements by $1,888 as a result of certain miscellaneous receivables reported on the 2013 Form 5500, but excluded from the accompanying financial statements. Total income and net income reported on the 2013 Form 5500 exceed the amount reported in the accompanying financial statements by the same amount.