

<div>Form 5500</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Annual Return/Report of Employee Benefit Plan</div> <div>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), and 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 01/01/2008 and ending 12/31/2008	
A	This return/report is for: <div><div>☐ a multiemployer plan;</div><div>☒ a single-employer plan;</div><div>☐ a multiple-employer plan; or</div><div>☐ a DFE (specify) ____</div></div>
B	This return/report is: <div><div>☐ the first return/report;</div><div>☒ an amended return/report;</div><div>☐ the final return/report;</div><div>☐ a short plan year return/report (less than 12 months).</div></div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: <div><div>☒ Form 5558;</div><div>☐ automatic extension;</div><div>☐ the DFVC program;</div><div>☐ special extension (enter description)</div></div>

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan COREMETRICS, INC EMPLOYEES' 401K PLAN	1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 04/01/2001
2a	Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) COREMETRICS, INC 1840 GATEWAY DR, SUITE 320 SAN MATEO, CA 94404	2b Employer Identification Number (EIN) 23-3004348 2c Sponsor's telephone number 650-762-1400 2d Business code (see instructions) 541519
	1840 GATEWAY DR, SUITE 320 SAN MATEO, CA 94404	

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.	07/08/2010	BEN VENABLE
	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

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") COREMETRICS, INC 1840 GATEWAY DR, SUITE 320 SAN MATEO, CA 94404	3b Administrator's EIN 23-3004348 3c Administrator's telephone number 650-762-1400
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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: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	251
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	238
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	49
d Subtotal. Add lines 6a , 6b , and 6c	6d	287
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	287
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	180
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	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2E 2F 2G 2J 2K

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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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) ☐ **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) ☐ **H** (Financial Information)
 (2) ☐ **I** (Financial Information – Small Plan)
 (3) ☐ **A** (Insurance Information)
 (4) ☐ **C** (Service Provider Information)
 (5) ☐ **D** (DFE/Participating Plan Information)
 (6) ☐ **G** (Financial Transaction Schedules)

Form 5500

Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee
Retirement Income Security Act of 1974 (ERISA) and sections 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.Official Use Only
OMB Nos. 1210-0110
1210-0089

2008

This Form is Open to
Public Inspection.**Part I** Annual Report Identification Information

For the calendar plan year 2008 or fiscal plan year beginning 01/01/2008, and ending 12/31/2008,

- A This return/report is for: (1) ☐ a multiemployer plan; (3) ☐ a multiple-employer plan; or
(2) ☒ a single-employer plan (other than a (4) ☐ a DFE (specify) _____
multiple-employer plan);

- B This return/report is: (1) ☐ the first return/report filed for the plan; (3) ☐ the final return/report filed for the plan;
(2) ☒ an amended return/report; (4) ☐ a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here ☐D If filing under an extension of time or the DFVC program, check box and attach required information. (see instructions). ☒**Part II** Basic Plan Information — enter all requested information.

1a Name of plan COREMETRICS, INC EMPLOYEES' 401 (K) PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan (mo., day, yr.) 04/01/2000
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) COREMETRICS, INC 1840 GATEWAY DR, SUITE 320 SAN MATEO CA 94404	2b Employer Identification Number (EIN) 23-3004348
	2c Sponsor's telephone number 650-762-1400
	2d Business code (see instructions) 541519

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 if it is being filed electronically, and to the best of my knowledge and belief, it is true, correct and complete.

SIGN
HERE

Signature of plan administrator

Date

SUE ANGUARD
Type or print name of individual signing as plan administratorSIGN
HERE

Signature of employer/plan sponsor/DFE

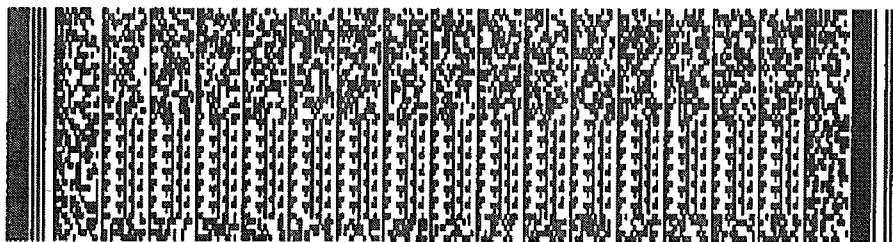
Date

Type or print name of individual signing as employer, plan sponsor or DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

v11.3

Form 5500 (2008)



3a Plan administrator's name and address (If same as plan sponsor, enter "Same")
SAME

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 below:

a Sponsor's name

b EIN

c PN

5 Preparer information (optional) **a** Name (including firm name, if applicable) and address

b EIN

c Telephone number

6 Total number of participants at the beginning of the plan year	6	251
7 Number of participants as of the end of the plan year (welfare plans complete only lines 7a, 7b, 7c, and 7d)		
a Active participants	7a	238
b Retired or separated participants receiving benefits	7b	0
c Other retired or separated participants entitled to future benefits	7c	49
d Subtotal. Add lines 7a, 7b, and 7c	7d	287
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	7e	0
f Total. Add lines 7d and 7e	7f	287
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	7g	180
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	7h	0
i If any participant(s) separated from service with a deferred vested benefit, enter the number of separated participants required to be reported on a Schedule SSA (Form 5500)	7i	23

8 Benefits provided under the plan (complete 8a and 8b, as applicable)

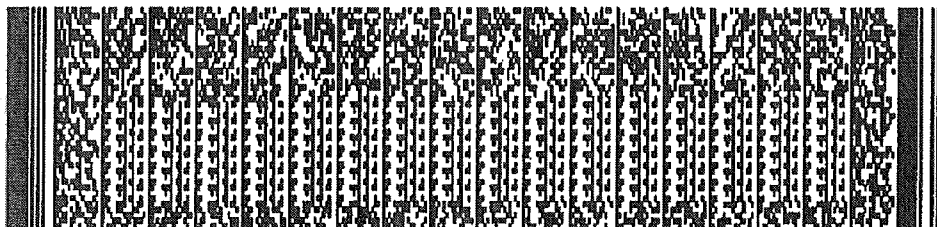
- a** ☒ Pension benefits (check this box if the plan provides pension benefits and enter the applicable pension feature codes from the List of Plan Characteristics Codes printed in the instructions): 2E 2F 2G 2J 2K ☐ ☐ ☐ ☐ ☐
- b** ☐ Welfare benefits (check this box if the plan provides welfare benefits and enter the applicable welfare feature codes from the List of Plan Characteristics Codes printed in the instructions): ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

9a Plan funding arrangement (check all that apply)

- (1) ☒ Insurance
- (2) ☐ Code section 412(e)(3) Insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☒ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

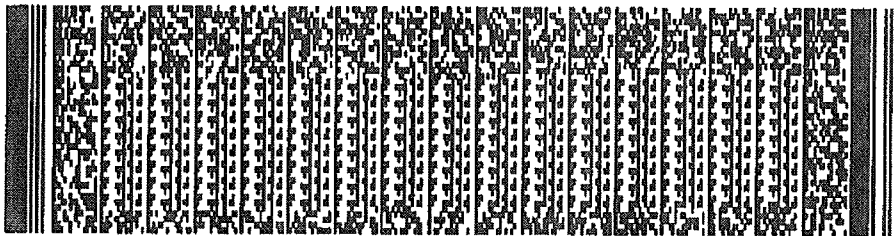


10 Schedules attached (Check all applicable boxes and, where indicated, enter the number attached. See instructions.)**a Pension Benefit Schedules**

- | | | | |
|-----|--------------------------|-----|--|
| (1) | ☐ | R | (Retirement Plan Information) |
| (2) | ☐ | B | (Actuarial Information) |
| (3) | ☐ | E | (ESOP Annual Information) |
| (4) | ☐ | SSA | (Separated Vested Participant Information) |

b Financial Schedules

- | | | | |
|-----|--------------------------|---|---------------------------------------|
| (1) | ☐ | H | (Financial Information) |
| (2) | ☐ | I | (Financial Information -- Small Plan) |
| (3) | ☐ | A | (Insurance Information) |
| (4) | ☐ | C | (Service Provider Information) |
| (5) | ☐ | D | (DFE/Participating Plan Information) |
| (6) | ☐ | G | (Financial Transaction Schedules) |



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

IRS
Ogden, UT 84201

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

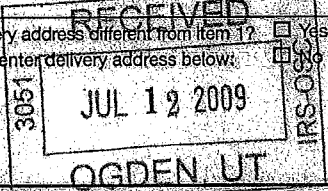
C. Date of Delivery

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No



3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7009 0820 0001 3646 1849

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

IRS
Ogden, Utah 84201

2. Article Number

(Transfer from service label)

7009 0820 0001 3646 1894

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

RECIPIENT: COMPLETE THIS SECTION

X

- ☐ Agent
- ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?
If YES, enter delivery address below:

- ☐ Yes
- ☒ No

3052

JUL 23 2009

IRS-OSC

OGDEN, UT

3. Service Type

- ☒ Certified Mail
- ☐ Express Mail
- ☐ Registered
- ☐ Return Receipt for Merchandise
- ☐ Insured Mail
- ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

- ☐ Yes

R65775

LM3

233004348



Department of the Treasury
Internal Revenue Service
OGDEN UT 84201-0073

Date of this notice: June 21, 2010
Notice Number: CP-283
Taxpayer Identification Number:
23-3004348
Tax Form: 5500
Tax Period: December 31, 2008
Plan Number: 001

073646.740060.0327.009 2 SP 0.610 1480

For assistance, call:
1-877-829-5500



COREMETRICS INC
1840 GATEWAY DR SUITE 320
SAN MATEO CA 94404

073646

Penalty Charged on Your Form 5500 Return

Why Are You Getting This Notice?

We charged a penalty under Internal Revenue Code (IRC) sections listed in the table below because your Form 5500 was filed late. For more details of your account, see the How We Calculated the Amount You Owe shown below.

- According to our records, we previously sent you a proposed penalty notice (CP213) with reference to a late filing or incomplete/missing information pertaining to the Form 5500 identified above. Penalties can be paid by following the Payment Instructions on the following page.

How We Calculated the Amount You Owe

IRC Section	+Penalties / - Credits	Due by
Late Filing Penalty - § 6652(e)	\$300.00	
Schedule SSA, missing or incomplete - § 6652(d)(1)	\$.00	
Schedule B, missing or incomplete - § 6692	\$.00	
Payments/Credits	\$.00	
Total Amount Owed	\$300.00	July 12, 2010

**Reminder! Interest will be charged if the account is not paid in full by the due date above. Interest will accrue until the account is paid in full.*

For Form 5500 and Form 5500-EZ, the penalties are:

- Late Filing Penalty - \$25 a day (up to \$15,000) for not filing returns for certain plans of deferred compensation, trusts and annuities, and bond purchase plans by the due date(s). See Code section 6652(e).
- Schedule SSA, missing or incomplete - \$1 a day (up to \$5,000) for each participant for whom a registration statement (Schedule SSA for Form 5500) is required but not filed. See Code section 6652(d)(1).
- Schedule B, missing or incomplete - \$1,000 for not filing an actuarial statement. See Code section 6692.

What Steps Should You Take?

1. You need to provide the missing or incomplete items indicated in the table above, unless it was determined that your return was incomplete or had missing information due to circumstances beyond your control. If so, send us a detailed letter explaining why you are unable to provide the missing/incomplete information. Attach your explanation to the Payment and Response Stub at the end of this notice.
2. If your return was filed late, you need to provide a detailed letter explaining why you could not file your return timely. Attach your letter to the Payment and Response Stub at the end of the notice.
3. If number 1 or 2 does not apply, attach your payment to the Payment and Response Stub at the end of this notice.

Removal of Penalties - Reasonable Cause

The law allows us to remove or reduce the penalties explained in this notice if you have an acceptable reason. If you believe you have an acceptable reason, send us a signed statement explaining your reason and attach it to the Payment and Response Stub at the end of this notice. We will review your request and let you know if we accept your explanation as reasonable cause to remove or reduce the penalty.

We'll also remove your penalty if you received erroneous advice from IRS. Please refer to the procedures outlined below.

If You Received Erroneous Written Advice From the IRS,

- a. You must meet the following criteria:
 - You wrote to the IRS and asked for advice on a specific issue,
 - You gave IRS complete and accurate information,
 - IRS wrote back to you and gave you a specific course of action to take or explained what actions not to take,
 - You followed our written advice in the manner we outlined, and
 - You were penalized for the written advice we gave you.
- b. What should you do?
 - Complete Form 843, Claim for Refund and Request for Abatement.
 - Request that IRS remove the penalty for the year(s) you relied on the erroneous advice from the IRS.
 - Send Form 843 to:
 - Internal Revenue Service
 - EP Accounts M/S 6270
 - Ogden, UT 84201-0073
- c. Attach the following documents to your Form 843:
 - A copy of your original request for advice from IRS,
 - A copy of the erroneous written advice from IRS, and
 - A notice (if any) showing the penalty we charged that you now wish us to remove.

How To Contact Us?

For Retirement Plan information (including tax forms and publications) visit www.irs.gov/ep. Once at the *Retirement Plans Community* page, click on "EP Forms & Publications" and then "Form 5500 Corner." Information pertaining to this notice will appear under "Notices from IRS."

If you need to talk to us concerning general information about your Form 5500 account, call 1-877-829-5500.

Enclosures and Additional Information

See the enclosed **Publication 594, What You Should Know About The IRS Collection Process** that explains your rights and responsibilities as a filer and **Notice 509A, Explanation of Penalty Charges on Form 5500 Series Returns.**

Corrections to Your Retirement Plan or Address

If there are any errors in your name, address, Taxpayer Identification Number, or Plan Number, please provide corrected information in the space below, and return a copy of this information with the Payment and Response Stub provided at the end of this notice.

Please Enter Your Corrected Information Below

Name: _____

Taxpayer Identification Number: _____ Plan Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Best Time to Call: _____

Payment Instructions

1. Make your check or money order payable to the "United States Treasury".
2. Write your Taxpayer Identification Number, type of form and tax period on your payment.
3. Complete and return the Payment and Response Stub section of this notice.
4. Send the Payment and Response Stub and your payment to:
Internal Revenue Service
Ogden, UT 84201-0073

Payment And Response Stub

1. Complete and return the Payment and Response Stub by **July 12, 2010**.
2. To avoid interest, please allow enough mailing time so we receive your payment by the due date.
3. Request for "Reasonable Cause Consideration" may be faxed to (801) 620-5670.

When responding, please detach this stub and place in the envelope
so that the IRS return address appears in the envelope window.

CUT HERE

Return this stub with your payment or correspondence.

Your Telephone Number:
() _____ - _____Best Time To Call:
_____ AM _____ PM**Amount you owe:** \$300.00

- You will avoid additional penalties and/or interest if we receive your full payment by **July 12, 2010**

☐ **Amount enclosed:**

- Make payable to United States Treasury
- Write your Taxpayer Identification Number, tax period and tax form number on your inquiry or correspondence.

☐ **Correspondence enclosed**

201023

84037-040-24554-0

Internal Revenue Service
OGDEN UT 84201-0073283
LMCOREMETRICS INC
1840 GATEWAY DR SUITE 320
SAN MATEO CA

94404

(Rev. 01/2006)

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