

<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 01/01/2009 and ending 12/31/2009	
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>☐ the final return/report;</div><div>☐ an amended 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 LOMBARDI SOFTWARE, INC. RETIREMENT PLAN	1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 07/28/2000
2a	Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) LOMBARDI SOFTWARE, INC. 4516 SETON CENTER PKWY 250 AUSTIN, TX 78759	2b Employer Identification Number (EIN) 74-2932035 2c Sponsor's telephone number 512-382-8200 2d Business code (see instructions) 511210

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.	10/12/2010	CAROL HOWARD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2010	CAROL HOWARD
	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") LOMBARDI SOFTWARE, INC. 4516 SETON CENTER PKWY 250 AUSTIN, TX 78759	3b Administrator's EIN 74-2932035 3c Administrator's telephone number 800-513-7979
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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	184
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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	158
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	28
d Subtotal. Add lines 6a , 6b , and 6c	6d	186
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	186
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	144
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 3D 2T 3H

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)

<div>SCHEDULE C</div> <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>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

<div>A Name of plan</div> <div>LOMBARDI SOFTWARE, INC. RETIREMENT PLAN</div>	<div>B Three-digit plan number (PN)</div> <div>▶</div> <div>001</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>LOMBARDI SOFTWARE, INC.</div>	<div>D Employer Identification Number (EIN)</div> <div>74-2932035</div>

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)..... ☐ 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

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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)

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

(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?
26 28 64	N/A	21376	Yes ☒ No ☐	Yes ☐ No ☒	9436	Yes ☐ No ☒

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

NORTHWESTERN MUTUAL INV SRVCS

720 E WISCONSIN AVE
MILWAUKEE, WI 53202

(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?
28	N/A	0	Yes ☒ No ☐	Yes ☐ No ☒	12929	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 ☐

(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
NATIONWIDE	28	1313
(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.
INVESCO AIM INVESTMENTS	ONE MIDTOWN PLAZA 1360 PEACHTREE ST NE ATLANTA, GA 30309	MUTUAL FUND PAYMENTS
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
NATIONWIDE	28	3408
(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.
OPPENHEIMER FUNDS	498 SEVENTH AVE 10TH FLOOR NEW YORK, NY 10018	MUTUAL FUND PAYMENTS
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
NATIONWIDE	28	1769
(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.
VAN KAMPEN	ONE PARKVIEW PLAZA OAKBROOK, IL 60181-5555	MUTUAL FUND PAYMENTS

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
NORTHWESTERN MUTUAL INV SRVCS	28	12929

(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.
NATIONWIDE ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	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.

(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
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(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 H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2009</div> This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan LOMBARDI SOFTWARE, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 LOMBARDI SOFTWARE, INC.	D Employer Identification Number (EIN) 74-2932035	

Part I	Asset and Liability Statement
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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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)	59707	76460
(3) Other.....	1b(3)	2243	1818
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	264130	339753
(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)	45946	58418
(9) Value of interest in common/collective trusts.....	1c(9)		
(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)	2479680	4494892
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(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	2851706	4971341

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	2851706	4971341
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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)	1212982	
(C) Others (including rollovers)	2a(1)(C)	17732	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1230714
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	-1603	
(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)	2052	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		449
(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)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(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

		(a) Amount	(b) Total
2b (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
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(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)		1024423
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2255586

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	127898	
(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)		127898
f Corrective distributions (see instructions)	2f		7278
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	775	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		775
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		135951

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2119635
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) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: PMB HELIN DONOVAN LLP

(2) EIN: 74-3001153

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 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 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.).....	X		1569
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.).....		X	
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.)		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.).....		X	
e Was this plan covered by a fidelity bond?.....	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.).....	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.).....		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?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		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.			

- 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 ☐ Yes ☒ No Amount:

- 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)

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
		2009
		This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan <u>LOMBARDI SOFTWARE, INC. RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>LOMBARDI SOFTWARE, INC.</u>	D Employer Identification Number (EIN) <u>74-2932035</u>

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	<u>0</u>
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): <u>31-1592130</u>		
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 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	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 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(es). 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

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

Schedule R (Form 5500) 2009
v.092308.1

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 items 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 items 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 items 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 items 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 items 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 items 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 item 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 items (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% 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 item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

LOMBARDI SOFTWARE, INC. RETIREMENT PLAN

Financial Statements and Supplemental Schedules
December 31, 2009 and 2008

(With Independent Auditors' Report Thereon)

LOMBARDI SOFTWARE, INC. RETIREMENT PLAN
Index to Financial Statements and Supplemental Schedules
December 31, 2009 and 2008

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Independent Auditors' Report

To The Plan Administrator
Lombardi Software, Inc. Retirement Plan:

We were engaged to audit the financial statements of the Lombardi Software, Inc. Retirement Plan ("the Plan") as of December 31, 2009 and 2008, and for the year ended December 31, 2009, and the supplemental schedules as of December 31, 2009 as listed in the accompanying index. These financial statements and supplemental schedules are the responsibility of the Plan's management.

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, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note C, which was certified by Pension Associates, Inc., the trustee of the Plan, with respect to information as of December 31, 2009 and 2008, except for comparing the information with the related information included in the financial statements and supplemental schedule. The Plan Administrator has informed us that the trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the trustee as of December 31, 2009 and 2008 and for the year ended December 31, 2009, that the information provided to the Plan Administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and schedules, other than that derived from the information certified by the trustees, have been audited by us in accordance with generally accepted auditing standards 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 the Employee Retirement Income Security Act of 1974.

PMB HELIN DONOVAN, LLP

PMB Helin Donovan, LLP

Austin, Texas
October 8, 2010

LOMBARDI SOFTWARE, INC. RETIREMENT PLAN

Statements of Net Assets Available for Benefits

December 31, 2009 and 2008

	December 31,	
	2009	2008
ASSETS		
Investments, at fair value		
Money market funds	\$ 339,753	\$ 264,130
Mutual funds	4,494,892	2,479,680
Loans to participants	58,418	50,327
Total investments	<u>4,893,063</u>	<u>2,794,137</u>
Receivables		
Employee contributions receivable	76,460	59,707
Employer receivable	1,818	2,243
Total receivables	<u>78,278</u>	<u>61,950</u>
TOTAL ASSETS	4,971,341	2,856,087
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 4,971,341</u>	<u>\$ 2,856,087</u>

See accompanying notes and independent auditors' report.

LOMBARDI SOFTWARE, INC. RETIREMENT PLAN

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2009

ADDITIONS:

Additions to net assets attributable to:

Investment income

Net appreciation in fair value of investments	\$ 1,020,042
Interest	449
Total investment income	<u>1,020,491</u>

Contributions

Participants	1,212,982
Rollovers	17,732
Total contributions	<u>1,230,714</u>

Total additions	<u>2,251,205</u>
-----------------	------------------

DEDUCTIONS:

Deductions from net assets attributable to:

Benefits paid to participants	135,176
Administrative expenses	775
Total deductions	<u>135,951</u>

NET INCREASE	2,115,254
--------------	-----------

Net Assets Available for Benefits:

BEGINNING OF YEAR	2,856,087
END OF YEAR	<u><u>\$ 4,971,341</u></u>

See accompanying notes and independent auditors' report.

LOMBARDI SOFTWARE, INC. RETIREMENT PLAN

Notes to Financial Statements

December 31, 2009 and 2008

NOTE A-DESCRIPTION OF PLAN

The following description of the Lombardi Software, Inc. Retirement Plan (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

General

The Plan, which was adopted on July 28, 2000, is a contributory, defined contribution plan covering all eligible employees of Lombardi Software, Inc. (“Plan Sponsor”) except employees covered by a collective bargaining agreement for which retirement benefits have been the subject of good faith negotiations. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

Contributions

Each year, participants may contribute the lesser of 25% of their eligible compensation or the maximum amount allowed by law (\$16,500 for 2009) of pretax annual compensation, as defined in the Plan. This Plan also allows for catch-up contributions for participants over 50 years of age. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans.

Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers seventy one mutual funds and one money market fund as investment options for participants. The Plan Sponsor may make discretionary contributions in an amount determined by the Board of Directors. For 2009 the Plan Sponsor elected not to contribute to the Plan.

Participant Accounts

Each participant’s account is credited with the participant’s contribution and allocations of (a) the Plan Sponsor’s contribution and, (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

Participant Loans

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum of \$50,000 or 50% of their account balance, whichever is less. The loans are secured by the balance in the participant’s account and bear interest at which are commensurate with prevailing rates as determined by the Plan administrator. All Plan loans must be repaid in 5 years, except those that are used for the purchase of a principal residence in which case the loan can be extended for a longer term with the approval of the Plan administrator. In most cases, repayment of the loan will be made through after-tax payroll deductions.

LOMBARDI SOFTWARE, INC. RETIREMENT PLAN

Notes to Financial Statements

December 31, 2009 and 2008

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Plan Sponsor's contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 100% vested after four years of credited service as summarized as follows:

<u>Years of Service</u>	<u>Vested Percentage</u>
Less than one year	0%
One year	25%
Two years	50%
Three years	75%
Four years	100%

Payment of Benefits

Benefits become available to participants on the earliest of four events: (1) termination of employment, (2) death of the participant (benefits are payable to the participants spouse or beneficiary), (3) upon the participant's retirement, or (4) disability. Benefits are payable as lump sums, rollover distributions, or installment distributions.

Terminating employees with vested account balances below \$1,000 will automatically be paid out.

On termination of service due to death prior to retirement, the full value of the participant's account becomes 100% vested, and the balance is paid to the participant's spouse or beneficiary.

On termination of service due to retirement after age 65, the full value of the participant's account becomes 100% vested, and the balance is paid to the participant. However, should a participant reach age 65 and not elect to terminate employment, the participant is required to begin taking minimum distributions no later than April 1 of the calendar year following the calendar year the participant turns 70½ or terminates employment, whichever is later.

If the participant becomes disabled and is eligible for Social Security disability benefits, or is determined disabled by a physician selected by the Plan Administrator, the full value of the participant's account becomes 100% vested.

Forfeited Accounts

Forfeitures result from termination of employment before full vesting has occurred. Forfeited balances are available for payment of plan expenses, reduction of future employer contributions or distribution to remaining participants. There were no significant balances for forfeited non-vested accounts at December 31, 2009 and 2008.

LOMBARDI SOFTWARE, INC. RETIREMENT PLAN

Notes to Financial Statements

December 31, 2009 and 2008

Distributions During Employment

As a general rule, participant's contributions will remain in the Plan as long as the participant remains employed by the Plan Sponsor. The Plan does provide exceptions to this rule for hardship withdrawals of the participant's contributions under certain circumstances (subject to the satisfaction of the Plan Administrator) that include the following:

- Medical expenses,
- Purchase of a principal residence,
- Post secondary education for participant or their dependents,
- To prevent eviction from or foreclosure on the participants principal residence,
- To make payments for burial or funeral expenses,
- To pay expenses for the repair of damage to principal residence that would qualify for the casualty deduction under Section 165 of the Internal Revenue Code.

Plan Expenses

The expenses of operating and maintaining the Plan have been paid by the Plan Sponsor and through utilization of forfeited accounts, when available. In the event the Plan Sponsor does not continue to pay the Plan expenses, the Plan expenses will be paid by the Plan and charged on a pro-rata basis to the value of the participants account balances.

NOTE B-SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP"). Investments are presented at fair value in accordance with GAAP as prescribed for defined contribution plans.

Estimates

The preparation of financial statements in conformity with GAAP requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Income Recognition

The Plan presents in the statement of changes in net assets available for benefits the net appreciation or depreciation in the fair value of its investments, which consists of realized gains or losses and the unrealized appreciation or depreciation on those investments. Purchases and sales of securities are recorded on a settlement date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Investment Valuation

Investments are reflected in the accompanying statements of net assets available for benefits at their estimated fair values. Fair value at December 31, 2009 and 2008, as determined by the Trustee, is based primarily on the quoted market prices of the underlying securities. Money market investments are valued at cost plus accrued earnings, which approximates fair value, as determined by the Trustee. The estimated fair value of participant loans is determined by discounting future expected cash flows using rates currently being offered by the Plan administrator for similar loans. Because of the inherent uncertainty of these valuations, the estimated values may differ from the actual fair values that may or may not be ultimately realized.

LOMBARDI SOFTWARE, INC. RETIREMENT PLAN

Notes to Financial Statements

December 31, 2009 and 2008

For investments that are remeasured at fair value on a recurring basis, the Company discloses the hierarchy of the valuation as follows:

Level 1 inputs are when the values are determined using quoted prices in active markets for identical assets that the reporting entity has the ability to access at the measurement date.

Level 2 inputs are inputs other than quoted prices included within Level 1, such as quoted prices for similar assets in active or inactive markets, inputs other than quoted prices that are observable for the asset, or inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Level 3 inputs are when the values are determined using pricing models, discounted cash flow methodologies or similar techniques and at least one significant model assumption or input is unobservable. Level 3 financial instruments also include those for which the determination of fair value requires significant management judgment or estimation.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Certain administrative expenses, including legal and accounting, are paid by the Plan Sponsor and, accordingly, are not reflected in the accompanying financial statements of the Plan. Certain transaction processing fees are charged to the participants and, therefore, are reflected in the accompanying statement of changes in net assets available for benefits as administrative expenses.

Subsequent Events

The Plan Sponsor evaluates events that occur subsequent to the balance sheet date of periodic reports, but before financial statements are issued for periods ending on such balance sheet dates, for possible adjustment to such financial statements or other disclosure. This evaluation generally occurs through the date at which the Company's financial statements are issued. For the financial statements as of and for the year ending December 31, 2009, this date was October 8, 2010.

LOMBARDI SOFTWARE, INC. RETIREMENT PLAN

Notes to Financial Statements

December 31, 2009 and 2008

NOTE C-INVESTMENTS (UNAUDITED)

The following presents investments that are 5% or more of the Plan's net assets at December 31, 2009 and 2008:

	December 31,	
	2009	2008
<i>Money Market Funds, at Fair Value</i>		
Nationwide Money Market Fund	\$ 339,753	\$ 264,130
<i>Mutual Funds, at Fair Value</i>		
Nationwide S&P 500 Index Fund	\$ 403,555	\$ 252,366
Nationwide Investor Destinations Aggressive Service Fund	\$ 383,312	\$ 182,639
Nationwide Investor Destinations Moderate Aggressive Service Fund	\$ 276,704	\$ 219,352
Oppenheimer Developing Market Fund	\$ 548,804	\$ 251,612
Oppenheimer International Growth Fund	\$ 256,107	\$ 131,793
Van Kampen Growth & Income Fund	\$ 488,001	\$ 161,498

During 2009, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) increased in value by \$1,020,042 as follows:

Mutual funds	\$ 1,020,042
---------------------	---------------------

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Pension Associates, Inc. ("Plan Trustee"), has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate:

- Investments, as shown in the Statements of Net Assets Available for Benefits, as of December 31, 2009 and 2008.
- Interest and net depreciation in fair value of investments, as shown in the Statement of Changes in Net Assets Available for Benefits, for the year ended December 31, 2009.
- The Schedule of Assets Held for Investment Purposes at End of Year as of December 31, 2009, as shown in the attached schedule at pages 10-11.

The Plan's independent public accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

LOMBARDI SOFTWARE, INC. RETIREMENT PLAN

Notes to Financial Statements

December 31, 2009 and 2008

NOTE D-FAIR VALUE OF FINANCIAL INSTRUMENTS (UNAUDITED)

The following table represents the Plan's fair value hierarchy for its investments measured at fair value on a recurring basis as of December 31, 2009:

	Quoted Prices for Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Total
Money market funds	\$ 339,753	\$ -	\$ 339,753
Mutual funds	4,494,892	-	4,494,892
Loans to participants	-	58,418	58,418
Total investments	<u>\$ 4,834,645</u>	<u>\$ 58,418</u>	<u>\$ 4,893,063</u>

The Plan has no financial instruments which were valued using Level 3 inputs as of December 31, 2009 and 2008.

NOTE E-NON-PARTICIPANT DIRECTED INVESTMENTS

The Plan's participants direct all investments. There are no non-participant directed investments as of December 31, 2009 and 2008.

NOTE F-RELATED PARTY TRANSACTIONS

The Plan Sponsor paid certain Plan expenses totaling approximately \$5,800 during 2009 for administrative fees and other charges from the Plan Trustee.

The Plan Trustee receives fees from administration and investment management. The investments of the Plan are maintained in the general accounts and separate accounts of the Plan Trustee.

NOTE G-PLAN TERMINATION

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

NOTE H-RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of total investment income per the financial statements for the year ended December 31, 2009 to Schedule H of Form 5500:

Total investment income per Schedule H of Form 5500	\$ (1,024,872)
Add: Unrealized gains on participant loans at December 31, 2008	<u>4,381</u>
Total investment income per the financial statements	<u>\$ (1,020,491)</u>

LOMBARDI SOFTWARE, INC. RETIREMENT PLAN

Notes to Financial Statements

December 31, 2009 and 2008

NOTE I-TAX STATUS

The Plan obtained its latest determination letter in 2001, in which the Internal Revenue Service stated that the plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the opinion letter; however the Plan Administrator is not aware of any course of action or series of events that might adversely affect the Plan's qualified tax exempt status. Therefore, no provision for income taxes has been included in the plan's financial statements.

NOTE J-FIDELITY BOND

The Plan was covered by a \$250,000 fidelity bond during the beginning of 2008, which was increased to \$1,000,000 in May 2008. ERISA, Title I, Section 412, requires that every fiduciary and every person who handles funds or other property of a plan be bonded, and that the amount of the bond must be at least to equal the lesser of 10% of the funds handled or \$500,000. This requirement was not met during the first four months of 2008.

NOTE K-PROHIBITED TRANSACTIONS

During 2009, the Plan Sponsor did not remit certain participant contributions in a timely manner. The Plan Sponsor identified three instances for a total of \$1,569 where participant contributions were remitted to the Plan late, based on Department of Labor (DOL) regulations. The Plan Sponsor estimated the amount of corrective payments due to the Plan and determined that the amount is immaterial to the financial statements as a whole.

NOTE L-SUBSEQUENT EVENTS

Pursuant to the acquisition of the Plan Sponsor by IBM on January 26, 2010, the Plan trustees agreed to merge the assets of the Plan with the IBM 401k Plan during 2010. The Plan was frozen after the pay period ending January 29, 2010. Effective May 24, 2010, the net assets of the Plan were transferred to the IBM 401k Plan.

LOMBARDI SOFTWARE, INC. RETIREMENT PLAN
Supplemental Schedule-Assets Held for Investment Purposes at End of Year
December 31, 2009
(Unaudited)

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value	
Money Market Funds				
* Nationwide Trust FSB	Nationwide Money Market Fund	** \$	339,753	
Mutual Funds				
* Nationwide Trust FSB	Aberdeen International Equity Fund	**	11,099	
	AIM Mid Cap Core Equity Fund	**	183,229	
	AIM Small Cap Growth Fund	**	133,366	
	Allegiant Multi-Factor Small Cap Fund	**	45,415	
	Alliance Bernstein International Value Fund	**	13,728	
	American Century Inc & Growth Advantage Fund	**	9,335	
	American Century Inflation Protected Bond Fund	**	2,203	
	American Funds Capital World Bond Fund	**	4,079	
	American Funds Capital World Growth & Income Fund	**	667	
	American Funds EuroPacific Growth Fund	**	92,232	
	American Funds New Perspective Fund	**	32	
	American Funds Washington Mutual Fund	**	12,026	
	Baron Asset Fund	**	9,810	
	BlackRock Large Cap Growth Equity Investment Fund	**	9,454	
	BlackRock Large Cap Value Equity Investment Fund	**	12,774	
	BlackRock Small/Mid Cap Investment Fund	**	212	
	Buffalo Small Cap Fund	**	8,392	
	Delaware Group Value Fund	**	1,167	
	Fidelity Advisor Leveraged Common Stock Fund	**	12,375	
	Fidelity Advisor Mid Cap II Fund	**	822	
	Fidelity Advisor New Insights Fund	**	16,096	
	Franklin Templeton Growth Allocation Fund	**	61,643	
	Goldman Sachs Large Cap Value Fund	**	8,889	
	Goldman Sachs Small Cap Value Fund	**	5,208	
	Goldman Sachs Structured Large Cap Value Fund	**	5,964	
	Janus Advisor Balanced Fund	**	209,024	
	Janus Advisor Perkins Mid Cap Value Fund	**	10,863	
	JPMorgan Dynamic Small Cap Fund	**	7,352	
	JPMorgan Small Cap Value Fund	**	1,218	
	Lazard Emerging Markets Equity Open Fund	**	3,562	
	Legg Mason Western Asset Core Plus Bond Fund	**	95	
	Legg Mason Western Asset Inflation Intermediate Plus Bond Fund	**	3,201	
	Legg Mason Western Asset Non-U.S. Opportunity Bond Fund	**	2,108	
	MFS Mid Cap Growth Fund	**	32,784	
	MFS Value Fund	**	10,515	
	MainStay Epoch Global Equity Yield Fund	**	11,457	
	Nationwide Investor Destinations Aggressive Service Fund	**	383,312	
	Nationwide Investor Destinations Conservative Service Fund	**	35,729	

LOMBARDI SOFTWARE, INC. RETIREMENT PLAN
Supplemental Schedule-Assets Held for Investment Purposes at End of Year
December 31, 2009
(Unaudited)

Nationwide Investor Destinations Moderate Aggressive Service Fund	**	\$	276,704
Nationwide Investor Destinations Moderate Conservative Service Fund	**		14,812
Nationwide Investor Destinations Moderate Service Fund	**		198,553
Nationwide Mid Cap Market Index Fund	**		2,600
Nationwide S&P 500 Index Fund	**		403,555
Nationwide Small Index Fund	**		81,602
Oppenheimer Developing Market Fund	**		548,804
Oppenheimer Global Fund	**		126,644
Oppenheimer International Growth Fund	**		256,107
PIMCO Allianz NFJ Small Cap Value Fund	**		7,934
PIMCO Real Return Fund	**		16,351
PIMCO Real Return Institutional Fund	**		5,543
PIMCO Total Return Fund	**		134,276
Pioneer Emerging Markets Fund	**		3,666
Principal High Yield Institutional Fund	**		3,243
Principal Large Cap Growth Institutional Fund	**		7,477
Scout International Fund	**		24,748
Sntnl Sm Co ASentinel Small Company Fund	**		6,308
T. Rowe Price Equity Income Fund	**		9,484
Thornburg International Value Fund	**		19,767
Vanguard Balanced Index Institutional Fund	**		47,161
Vanguard GNMA Institutional Fund	**		178,574
Vanguard REIT Index Fund	**		13,204
Vanguard Small Cap Value Index Institutional Fund	**		8,441
Vanguard Small Cap Growth Index Fund	**		3,313
Vanguard Short-Term Bond Index Institutional Fund			16,217
Van Kampen Comstock Fund	**		4,490
Van Kampen Growth and Income Fund	**		488,001
Prncpl Inv High Yield Fund	**		-
Victory Diversified Stock Fund	**		2,162
Victory Special Value Fund	**		1,964
Vanguard PRIMECAP Core Fund	**		2,908
Wells Fargo Advantage Asia Pacific Fund	**		10,552
Wells Fargo Advantage Endeavor Select Fund	**		6,260
Wells Fargo Advantage Small Cap Value Fund	**		192,030
			<u>4,494,892</u>
 * Participant Loans	4.25% - 9.25%	**	 58,418
 Total Investments		\$	 <u><u>4,893,603</u></u>

* Party-in-interest
** Self-directed investment

LOMBARDI SOFTWARE, INC. RETIREMENT PLAN
Supplemental Schedule – Delinquent Participant Contributions
Year Ended December 31, 2009

	Total that Constitute Nonexempt Prohibited Transactions				
Participant Contributions Transferred Late to the Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Interest Funded	Total Fully Corrected Under VFCP and PTE 2002-51
\$ 1,317	\$ 1,317	-	-	-	-
\$ 124	\$ 124	-	-	-	-
\$ 128	\$ 128	-	-	-	-

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Lombardi Software, Inc. Retirement Plan

EIN: 74-2932035

Plan Sponsor's Name Lombardi Software, Inc.

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Nationwide Trust FSB	Mutual Fund JPM SmCap Val A		1,218
	Nationwide Trust FSB	Mutual Fund Abrden Intl Eq A		11,099
	Nationwide Trust FSB	Mutual Fund GdmScs SmCap Val A		5,208
	Nationwide Trust FSB	Mutual Fund GdmnScs LgCap Val A		8,889
	Nationwide Trust FSB	Mutual Fund JPM Dynmc SmCap Gr A		7,352
	Nationwide Trust FSB	Mutual Fund Lazard Emrg Mkt Eq Open		3,562
	Nationwide Trust FSB	Mutual Fund BlkRk Lg Cap Val Inv A		12,773

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Lombardi Software, Inc. Retirement Plan

EIN: 74-2932035

Plan Sponsor's Name Lombardi Software, Inc.

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Nationwide Trust FSB	Mutual Fund NW Inv Dest Mod SC		198,553
	Nationwide Trust FSB	Mutual Fund MFS Md Cap Gr A		32,784
	Nationwide Trust FSB	Mutual Fund NW S&P 500 Indx SC		403,555
	Nationwide Trust FSB	Mutual Fund NW SmCap Indx A		81,602
	Nationwide Trust FSB	Mutual Fund Opp Devl Mkt A		548,803
	Nationwide Trust FSB	Mutual Fund Opp Glbl A		126,644
	Nationwide Trust FSB	Mutual Fund FnklnTmp Gr A		61,643

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Lombardi Software, Inc. Retirement Plan

EIN: 74-2932035

Plan Sponsor's Name Lombardi Software, Inc.

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Nationwide Trust FSB	Mutual Fund VanKamp Comstock Fd A		4,490
	Nationwide Trust FSB	Mutual Fund VanKamp Growth & Inc Fd A		488,001
	Nationwide Trust FSB	Mutual Fund NW Mny Mkt Inst		339,753
	Nationwide Trust FSB	Mutual Fund Opp Intl Gr A		250,610
	Nationwide Trust FSB	Mutual Fund WFAF Small Cap Value Inv		192,030
	Nationwide Trust FSB	Mutual Fund AmFds Cap Wld Gr Inc R3		667
	Nationwide Trust FSB	Mutual Fund AmFds EuroPacfc Gr R3		92,232

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Lombardi Software, Inc. Retirement Plan

EIN: 74-2932035

Plan Sponsor's Name Lombardi Software, Inc.

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Nationwide Trust FSB	Mutual Fund AmFds New Prspct R3		32
	Nationwide Trust FSB	Mutual Fund Am Fds Wshngtn Mut Inv R3		12,026
	Participant Loans	Mutual Fund PIMCO Allnz NFJ SmCp Val A		7,933
	Nationwide Trust FSB	Mutual Fund Baron Asst		9,810
	Nationwide Trust FSB	Mutual Fund Buf SmCap		8,392
	Nationwide Trust FSB	Mutual Fund Fid Adv Levr Co Stk A		12,375
	Nationwide Trust FSB	Mutual Fund FidAdv MdCap II A		822

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Lombardi Software, Inc. Retirement Plan

EIN: 74-2932035

Plan Sponsor's Name Lombardi Software, Inc.

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Nationwide Trust FSB	Mutual Fund Fidelity Adv New Insights		16,096
	Nationwide Trust FSB	Mutual Fund NW MdCap Mkt Indx A		2,600
	Nationwide Trust FSB	Mutual Fund PIMCO Real Rtn A		16,351
	Nationwide Trust FSB	Mutual Fund Sntnl Sm Co A		6,308
	Nationwide Trust FSB	Mutual Fund T Rowe Pr Eq Inc Fnd R Shs		9,484
	Nationwide Trust FSB	Mutual Fund Scout Intl		24,748
	Nationwide Trust FSB	Mutual Fund Vanguard Bal Index Fd IS		47,161

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Lombardi Software, Inc. Retirement Plan

EIN: 74-2932035

Plan Sponsor's Name Lombardi Software, Inc.

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Nationwide Trust FSB	Mutual Fund Vanguard GNMA Fd IS		178,574
	Nationwide Trust FSB	Mutual Fund Vanguard Reit Indx Fd IS		13,204
	Nationwide Trust FSB	Mutual Fund Vanguard SMCap Val Indx IS		8,441
	Nationwide Trust FSB	Mutual Fund Vanguard St Bond Indx Fd IS		16,217
	Nationwide Trust FSB	Mutual Fund Vanguard SmCp Grth Indx IS		3,313
	Nationwide Trust FSB	Mutual Fund Victory Port Div Stk Fd A		2,162
	Nationwide Trust FSB	Mutual Fund Victory Special Valu Cls A		1,964

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Lombardi Software, Inc. Retirement Plan

EIN: 74-2932035

Plan Sponsor's Name Lombardi Software, Inc.

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Nationwide Trust FSB	Mutual Fund Vngrd Primecap Cor Inv		2,908
	Nationwide Trust FSB	Mutual Fund Thornburg Intl Value Fd I		19,767
	Nationwide Trust FSB	Mutual Fund Jns Bal S		209,024
	Nationwide Trust FSB	Mutual Fund Jns Prkns MdCap Val S		10,863
	Nationwide Trust FSB	Mutual Fund AllBer Intl Val K		13,728
	Nationwide Trust FSB	Mutual Fund AmCent Gr A		9,335
	Nationwide Trust FSB	Mutual Fund AmCent Infl Adj Bd Inst		2,203

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Lombardi Software, Inc. Retirement Plan

EIN: 74-2932035

Plan Sponsor's Name Lombardi Software, Inc.

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Nationwide Trust FSB	Mutual Fund JPM SmCap Val A		1,218
	Nationwide Trust FSB	Mutual Fund Abrden Intl Eq A		11,099
	Nationwide Trust FSB	Mutual Fund GdmScs SmCap Val A		5,208
	Nationwide Trust FSB	Mutual Fund GdmnScs LgCap Val A		8,889
	Nationwide Trust FSB	Mutual Fund JPM Dynmc SmCap Gr A		7,352
	Nationwide Trust FSB	Mutual Fund Lazard Emrg Mkt Eq Open		3,562
	Nationwide Trust FSB	Mutual Fund BlkRk Lg Cap Val Inv A		12,773

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Lombardi Software, Inc. Retirement Plan

EIN: 74-2932035

Plan Sponsor's Name Lombardi Software, Inc.

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Nationwide Trust FSB	Mutual Fund BlkRk Lg Cap Gr Inv A		9,454
	Nationwide Trust FSB	Mutual Fund MFS Val A		10,515
	Nationwide Trust FSB	Mutual Fund Pionr Emrg Mkt A		3,666
	Nationwide Trust FSB	Mutual Fund Prncpl Inv LgCap Gr Inst		7,477
	Nationwide Trust FSB	Mutual Fund Opp Intl Bd A		5,497
	Nationwide Trust FSB	Mutual Fund PIMCO Real Rtn Inst		5,543
	Nationwide Trust FSB	Mutual Fund LeggMWstrAsNonUSOpprBdInst		2,108

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Lombardi Software, Inc. Retirement Plan

EIN: 74-2932035

Plan Sponsor's Name Lombardi Software, Inc.

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Nationwide Trust FSB	Mutual Fund LeggMwstrAsInfIndPlsBdInst		3,201
	Nationwide Trust FSB	Mutual Fund WFAF Asia Pacfc Inv		10,552
	Nationwide Trust FSB	Mutual Fund WFAF Endvr Sel A		6,262
	Nationwide Trust FSB	Mutual Fund DE Val A		1,167
	Nationwide Trust FSB	Mutual Fund GdmnScs Strcd LgCap Val A		5,964
	Nationwide Trust FSB	Mutual Fund Prncpl Hi Yld Inst		3,243
	Nationwide Trust FSB	Mutual Fund BlkRk SmMdCap Gr Inv A		212

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Lombardi Software, Inc. Retirement Plan

EIN: 74-2932035

Plan Sponsor's Name Lombardi Software, Inc.

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Nationwide Trust FSB	Mutual Fund MnSty Epoch Glbl Eq Yld A		11,457
	Nationwide Trust FSB	Mutual Fund LeggM WstrAs CorPlsBd Inst		95
	Nationwide Trust FSB	Mutual Fund AmFds Cap Wld Bd R1		4,079
	Nationwide Trust FSB	Mutual Fund PIMCO Ttl Rtn Inst		134,276
	Participant Loans	4.25% & 6.00%		58,418

Attachment to 2009 Form 5500
Schedule H, line 4a - Schedule of Delinquent Participant Contributions

Plan Name Lombardi Software, Inc. Retirement Plan

EIN: 74-2932035

Plan Sponsor's Name Lombardi Software, Inc.

PN: 001

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Check here if Late Participant Loan Repayments are included: ☐	0	1,569	0	0