Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

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:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
GUNDERSON DETTMER STOUGH VILLENEUVE FRANKLIN & HACHIGIAN, LLP PROFIT SHARING PLAN AND TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/01/1995

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
GUNDERSON DETTMER STOUGH VILLENEUVE FRANKLIN & HACHIGIAN, LLP

1200 SEAPORT BLVD
REDWOOD CITY, CA 94063

2b Employer Identification Number (EIN)
77-0409988

2c Sponsor's telephone number
650-321-2400

2d Business code (see instructions)
541190

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.	10/15/2010	SCOTT F. ARMIENTI
	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")
GUNDERSON DETTMER STOUGH VILLENEUVE FRANKLIN & HACHIGIAN, LLP

1200 SEAPORT BLVD
REDWOOD CITY, CA 94063

3b Administrator's EIN
77-0409988

3c Administrator's telephone number
650-321-2400

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

5	Total number of participants at the beginning of the plan year	**5**	365
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**	225
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	95
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	320
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	320
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	292
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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)	X	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)	X	Trust
(4)		General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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
GUNDERSON DETTMER STOUGH VILLENEUVE FRANKLIN & HACHIGIAN, LLP PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
GUNDERSON DETTMER STOUGH VILLENEUVE FRANKLIN & HACHIGIAN, LLP

D Employer Identification Number (EIN)
77-0409988

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)

MARSHALL & ILSLEY TRUST COMPANY NA

39-1186267

(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?
15 19 21 25 36 37 38 50 57 59 61 62 64 65	NONE	49760	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

MERRILL LYNCH

13-2740599

(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?
55	NONE	34983	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ALLIANCE CAPITAL MANAGEMENT, LP

40-6302077

(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 50 51	NONE	25402	Yes [ ] No [X]	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
(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.	

(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

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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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

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
GUNDERSON DETTMER STOUGH VILLENEUVE FRANKLIN & HACHIGIAN, LLP PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
GUNDERSON DETTMER STOUGH VILLENEUVE FRANKLIN & HACHIGIAN, LLP

D Employer Identification Number (EIN)
77-0409988

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	907826	1104757
(2) Participant contributions	1b(2)	10000	1667
(3) Other	1b(3)	1001097	51133
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	104593	117611
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	264527	416212
(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)	12814150	18645572
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	10897234	13693680

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	25999427	34030632
	Liabilities			
g	Benefit claims payable	1g	2609	
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	996794	12383
k	Total liabilities (add all amounts in lines 1g through1j)	1k	999403	12383
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	25000024	34018249

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)	1601669	
	(B) Participants	2a(1)(B)	1985344	
	(C) Others (including rollovers)	2a(1)(C)	3568	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		3590581
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(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)	18651	
	(F) Other	2b(1)(F)	195	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		18846
	(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)	295278	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		295278
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	7527	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	7319	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		208

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	13287	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		13287
(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)		3807328
c Other income	2c		2465493
d Total income. Add all **income** amounts in column (b) and enter total	2d		10191021
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1097634	
(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)		1097634
f Corrective distributions (see instructions)	2f		
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)		
(3) Investment advisory and management fees	2i(3)	25402	
(4) Other	2i(4)	49760	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		75162
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1172796
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		9018225
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: ODENBERG, ULLAKKO, MURANISHI & CO (2) EIN: 94-2682998

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.)	4a	X		10000
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		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?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year ☐ **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
GUNDERSON DETTMER STOUGH VILLENEUVE FRANKLIN & HACHIGIAN, LLP PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
GUNDERSON DETTMER STOUGH VILLENEUVE FRANKLIN & HACHIGIAN, LLP

D Employer Identification Number (EIN)
77-0409988

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 39-6436442

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

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

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

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

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

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

6 **a** Enter the minimum required contribution for this plan year **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**

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):

---

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):

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October 6, 2010

To the Administrative Committee of

Gunderson Dettmer Stough Villeneuve Franklin & Hachigian, LLP

Profit-Sharing Plan

REPORT OF INDEPENDENT AUDITORS

We were engaged to audit the financial statements and supplemental schedule of the Gunderson Dettmer Stough Villeneuve Franklin & Hachigian, LLP Profit-Sharing Plan (the Plan) as of December 31, 2009 and 2008, and for the year December 31, 2009, as listed in the table of contents. These financial statements and supplemental schedule 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 3, which was certified by Marshall & Ilsley Trust Company N.A., the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator 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 supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Denberg Ullakko Muranishi & Co LLP

GUNDERSON DETTMER STOUGH VILLENEUVE FRANKLIN & HACHIGIAN, LLP

PROFIT-SHARING PLAN

FINANCIAL STATEMENTS

AND SUPPLEMENTAL SCHEDULE

WITH REPORT OF INDEPENDENT AUDITORS

* * * * *

AS OF DECEMBER 31, 2009 AND 2008
AND FOR THE YEAR ENDED DECEMBER 31, 2009

GUNDERSON DETTMER STOUGH VILLENEUVE FRANKLIN & HACHIGIAN, LLP

PROFIT-SHARING PLAN

DECEMBER 31, 2009

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October 6, 2010

To the Administrative Committee of

Gunderson Dettmer Stough Villeneuve Franklin & Hachigian, LLP

Profit-Sharing Plan

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Denberg Ullakko Muranishi & Co LLP

GUNDERSON DETTMER STOUGH VILLENEUVE FRANKLIN & HACHIGIAN, LLP
PROFIT-SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2009	2008
ASSETS		
Investments:		
Mutual funds	$ 18,645,572	$ 12,814,150
Individually directed accounts	13,693,680	10,897,234
Limited partnership interests	117,611	104,593
Participant loans	416,212	264,527
Total investments	32,873,075	24,080,504
Receivables:		
Employer contributions	1,104,757	907,826
Participants contributions	1,667	10,000
Accrued interest and dividends	46,882	23,571
Amounts due from broker for securities sold	4,251	977,526
Total receivables	1,157,557	1,918,923
Total assets	34,030,632	25,999,427
LIABILITIES		
Amounts due to broker for securities purchased	12,383	993,007
Other	-	3,787
Total liabilities	12,383	996,794
Net assets available for benefits	$ 34,018,249	$ 25,002,633

See accompanying notes to financial statements.

GUNDERSON DETTMER STOUGH VILLENEUVE FRANKLIN & HACHIGIAN, LLP
PROFIT-SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED DECEMBER 31, 2009

ADDITIONS

Investment income:		
Interest and dividends	$	613,485
Net realized and unrealized gain on mutual funds		5,989,792
Net realized and unrealized loss on individually directed accounts		(15,855)
Net realized and unrealized gain on limited partnership interests		13,018
Total investment income		6,600,440
Contributions:		
Employer		1,601,669
Participants		1,985,344
Rollover		3,568
Total contributions		3,590,581
Total additions		10,191,021

DEDUCTIONS

Benefits paid to participants		1,100,243
Administrative expenses		75,162
Total deductions		1,175,405
Net increase		9,015,616
Net assets available for benefits:		
Beginning of year		25,002,633
End of year	$	34,018,249

See accompanying notes to financial statements.

GUNDERSON DETTMER STOUGH VILLENEUVE FRANKLIN & HACHIGIAN, LLP
PROFIT-SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 1 - Description of the Plan:

The following description of the Gunderson Dettmer Stough Villeneuve Franklin & Hachigian, LLP Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a profit-sharing and salary deferral plan covering all eligible employees of Gunderson Dettmer Stough Villeneuve Franklin & Hachigian, LLP (the sponsoring Company). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Contributions

Each year, attorney participants may contribute up to 15% of their eligible compensation, as defined by the Plan, and non-attorney participants may contribute up to 50% of their eligible compensation, as defined by the Plan. Contributions are further subject to annual limits specified under the Internal Revenue Code (the Code). The annual limitation is $16,500 for the year ended December 31, 2009, except for employees age 50 or over, who may make additional catch-up contributions of up to $5,500. Participants may also contribute amounts representing distributions from other qualified employer-sponsored retirement plans and individual retirement accounts.

The sponsoring Company may make profit sharing contributions if the participant is still employed on the last day of the Plan year. Eligible participants will receive a profit-sharing contribution as follows:

a) if the participant is classified as a non-attorney (staff) employee and earns less than $350,000 per year in pay, the participant will receive a profit-sharing contribution equal to a percentage of pay that is determined each year. Participation begins on the next January 1 or July 1 on or following the date on which the participant completes two years of eligibility service, as defined under the Plan.

b) if the participant is classified as a partner, the participating partner will receive a profit-sharing contribution based upon age and determined each year.

Additionally, the sponsoring Company and participating partners may make matching contributions to the Plan. The participant's matching account will be credited

with a percentage of every $1.00 the participant contributes, which is not in excess of 8% of pay. The amount of the matching contribution may vary from year to year as it is based upon business considerations. For 2009, it was $ 0.50 for every $ 1.00 the participant contributed which was not in excess of 8% of pay. The sponsoring Company reserves the right to make a non-elective contribution for any year in which the non-discrimination tests would not be met. Any amounts allocated to the participant's account will be 100% vested. Generally, these amounts will be allocated, in accordance with a non-discriminatory formula, to the accounts of participants who are not highly compensated, as defined by the Plan.

Participant Accounts

Each participant's account is credited with the participant's contributions, rollovers, sponsoring Company's contributions and allocation of Plan earnings and losses. Allocations are determined in accordance with the provisions of the Plan. The benefit to which a participant is entitled is the benefit that may be provided from the vested portion of the participant's account.

Vesting

Participants are immediately and fully vested in their accounts.

Investment Options

Upon enrollment in the Plan, a participant may direct their contributions in 1% increments in any of nineteen investment options available to them as of December 31, 2009:

- *AIM International Growth Fund*
- *AIM Real Estate Fund*
- *American Growth Fund of America*
- *Dodge & Cox Balanced Fund*
- *Dodge & Cox International Stock Fund*
- *Dodge & Cox Stock Fund*
- *Harbor International Fund*
- *Marshal Prime Money Market Fund*
- *T. Rowe Price Retirement 2015 Fund*
- *T. Rowe Price Retirement 2025 Fund*
- *T. Rowe Price Retirement 2035 Fund*
- *T. Rowe Price Retirement 2045 Fund*
- *T. Rowe Price Retirement 2055 Fund*
- *Vanguard 500 Index Fund*
- *Vanguard GNMA Fund*
- *Vanguard Inflation-Protected Fund*
- *Vanguard Mid-Cap Index Fund*
- *Vanguard Small Cap Index Fund*

Additionally, participants may instead elect to direct their contributions to Individually Directed Accounts (IDA's), which allow the participants to invest in mutual funds, individual stocks, individual bonds and limited partnerships.

Participant Loans

Participants may borrow from their Plan accounts amounts up to a maximum equal to the lesser of $50,000 or 50% of the participant's vested account balance. Loan terms generally range from one to five years unless the loan is used for the purchase of a participant's principal residence, in which case longer loan terms are provided. On February 10, 2003, the plan sponsor amended the Plan to allow participants to borrow from his or her account for any purpose and to have up to three loans outstanding at the same time. Loans are secured by the participant's account and bear interest at a rate commensurate with local prevailing lending rates determined by the plan administrator. Principal and interest are paid ratably through payroll deductions.

Payment of Benefits

On termination of service for reasons other than death, a participant will generally receive an amount equal to the value of the participant's vested interest in his or her account in a lump-sum payment in cash if the benefit amount is less than $5,000. If the benefit is greater than $5,000, the participant may elect to defer payment until the latter of age 70-1/2 or the year of retirement. The normal retirement age of Plan participants is 65. For termination of service due to death, the participant or his or her beneficiary will generally receive the value of the vested interest in his or her account in a lump sum cash distribution if the benefit is $5,000 or less. If the balance in a participant's Plan account is $5,000 or less, the participant's beneficiary will generally receive payment in a lump sum as soon as administratively feasible. If the balance in the account is more than $5,000, benefits must either be paid within five years of the participant's death or begin within one year of the participant's death and be paid over the life expectancy of the participant's beneficiary. If the participant's spouse is the beneficiary, he or she may elect to defer receipt of payments until the April 1 following the calendar year in which the participant would have reached age 70-1/2.

Administrative Expenses

Certain administrative expenses were paid by the sponsoring Company for the year ended December 31, 2009; however, the participants pay fees associated with loans and managing assets from their individually-directed accounts.

NOTE 2 - Summary of Accounting Policies:

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Shares of registered investment companies are valued at quoted market prices, which represent the net asset values of shares held by the Plan at year-end. Shares of non-public companies are valued at cost. Fair values of investments in limited partnerships are obtained by the trustee directly from the limited partnerships. Participant loans are valued at their outstanding balances, which approximates fair value.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Reporting on Individually Directed Accounts

The Plan allows participants to choose their own investments through Individually Directed Accounts (IDA's) (see Note 1). Effective January 1, 2009, the Plan implemented Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 962 *Plan Accounting – Defined Contribution Pension Plan*, which allows presentation of participant-directed investments as a one-line item in the statement of net assets available for benefits.

Risks and Uncertainties

Investment securities are exposed to various risks, such as interest rate, market fluctuations and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statement of changes in net assets available for benefits.

NOTE 3 - Investments

The trustee of the Plan has certified the investments and related transactions of the Plan, except for the limited partnership interest investments. Investment information certified by the trustee has not been audited by independent auditors. Investment information is summarized as follows:

	December 31,	
	2009	2008
Investments certified by trustee	$ 32,755,464	$23,975,911
Limited partnership interests	117,611	104,593
Total investments	$ 32,873,075	$24,080,504

Investments that represent 5% or more of the fair value of the Plan's net assets are as follows:

	December 31,	
	2009	2008
Dodge & Cox Balanced Fund	$ 3,014,063	$ 2,455,647
Dodge & Cox Stock Fund	2,659,038	1,890,223
Vanguard 500 Index Fund	2,632,348	1,717,117
American Growth Fund of America	2,330,117	1,536,324
Individually Directed Accounts	13,693,680	10,897,234
Harbor International Fund	2,032,241	1,447,597

During the year ended December 31, 2009, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value as follows:

Investments certified by trustee:	$ 5,973,937
Limited partnership interests	13,018
Total	$ 5,986,955

NOTE 4 – Fair Value Measurements:

Effective January 1, 2008, the Plan adopted ASC 820, *Fair Value Measurements and Disclosures* (previously known as Statement of Financial Accounting Standards No. 157, *Fair Value Measurements*, or SFAS 157), which defines fair value, establishes a framework for measuring fair value, and requires enhanced disclosures about fair value measurements. Under ASC 820-10, fair value is designed as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants on the measurement date.

ASC 820-10 establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under ASC 820-10 are described below:

Basis of Fair Value Measurement

- Level 1 Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities;

- Level 2 Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly;

- Level 3 Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

The following table sets forth by level within the fair value hierarchy the Plan investment assets and investment liabilities at fair value, as of December 31, 2009. As required by ASC 820, assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

	Investment Assets at Fair Value as of December 31, 2009			
	Level 1	**Level 2**	**Level 3**	**Total**
Mutual funds	$17,566,718	$ 1,078,854	$ -	$ 18,645,572
Individually directed accounts	12,119,042	1,574,638	-	13,693,680
Limited partnership interests	-	-	117,611	117,611
Participant loans	-	416,212	-	416,212
Total investments at fair value	$29,685,760	$ 3,069,704	$ 117,611	$ 32,873,075

The table below sets forth a summary of changes in the fair value of the Plan's level 3 investment assets for the year ended December 31, 2009.

	Limited partnership interests
Balance, beginning of year	$ 104,593
Net realized and unrealized gain	13,018
Balance, end of year	$ 117,611

NOTE 5 - Plan Termination:

Although it has not expressed any intent to do so, the sponsoring Company has the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would remain fully vested in their accounts. The sponsoring Company may direct that either (a) benefits be distributed to the participants in any manner permitted by the Plan as soon as practicable, or (b) the trust created by the Plan be continued and benefits be distributed to the participants or their beneficiaries as if the Plan had not terminated. Benefits under the Plan are not insured by the Pension Benefit Guaranty Corporation (PBGC), as that insurance does not apply to profit-sharing plans or salary deferral plans.

NOTE 6 – Income Tax Status:

The Plan received a determination letter dated September 26, 2002, 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 determination letter. However, the sponsoring Company believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code; therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE 7 – Reconciliation of Financial Statements to Form 5500:

The following is a reconciliation of net assets available for benefits per the accompanying financial statements to the Plan's Form 5500:

	December 31	
	2009	2008
Net assets available for benefits per financial statements	$ 34,018,249	$ 25,002,633
Less: Benefit claims payable at year-end per Form 5500	-	(2,609)
Net assets available for benefits per Form 5500	$ 34,018,249	$ 25,000,024

The following is a reconciliation of benefits paid to participants per the accompanying financial statements to the Form 5500:

	Year ended December 31, 2009
Benefits paid to participants per financial statements	$ 1,100,243
Less: Benefit claims payable per Form 5500 at December 31, 2008	(2,609)
Benefits paid to participants per Form 5500	$ 1,097,634

NOTE 8 – Subsequent Events:

Subsequent to year-end, the Plan obtained its latest determination letter dated September 20, 2010, in which the Internal Revenue Service stated that the Plan was in compliance with the applicable requirements of the Internal Revenue Code. The Plan Sponsor has evaluated events and transactions that have occurred after December 31, 2009 through October 6, 2010 and has determined that there were no other material events to disclose.

SUPPLEMENTAL SCHEDULES

GUNDERSON DETTMER STOUGH VILLENEUVE FRANKLIN & HACHIGIAN, LLP
PROFIT SHARING PLAN
EIN 77-0409988, PLAN #001
SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2009

(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	(e) Current Value
	Mutual funds:		
	AIM International Growth Fund	4,478 shares	$ 110,885
	AIM Real Estate Fund	1,410 shares	25,059
	American Growth Fund of America	86,525 shares	2,330,117
	Dodge & Cox Balanced Fund	50,950 shares	3,014,063
	Dodge & Cox International Stock Fund	10,405 shares	331,406
	Dodge & Cox Stock Fund	27,658 shares	2,659,038
	Harbor International Fund	37,255 shares	2,032,241
*	Marshall Prime Money Market Fund	1,078,854 shares	1,078,854
	T Rowe Price Retirement 2015 Fund	1,135 shares	12,114
	T Rowe Price Retirement 2025 Fund	14,440 shares	153,205
	T Rowe Price Retirement 2035 Fund	6,005 shares	63,950
	T Rowe Price Retirement 2045 Fund	3,766 shares	38,037
	T Rowe Price Retirement 2055 Fund	719 shares	6,021
	Vanguard 500 Index Fund	31,038 shares	2,632,348
	Vanguard GNMA Fund	75,059 shares	491,322
	Vanguard Inflation-Protected	3,277 shares	41,132
	Vanguard Mid Cap Index Fund	42,911 shares	1,005,414
	Vanguard Small Cap Index Fund	66,980 shares	1,660,428
	Vanguard Total Bond Market Index Fund	92,748 shares	959,938
			18,645,572
	Individually directed accounts		13,693,680
	Limited partnership interests		117,611
*	Participant loans	Interest rates range from 3.25% to 9.50% maturing through August 2024	416,212
			$ 32,873,075

* Indicates party-in-interest to the Plan.

Column (d), cost, has been omitted as investments are all participant-directed.

SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2009

SPONSOR: GUNDERSON DETTMER STOUGH ET AL
EIN: 77-0409988
PLAN NUMBER: 001
NAME: GUNDERSON DETTMER STOUGH VILLENEUVE
FRANKLIN & HACHIGAN PROFIT SHARING PLAN & TRUST

	(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
		AIM DISTRIBUTORS, INC.	AIM INTERNATIONAL GROWTH FD A		**	$ 110,885
		AIM DISTRIBUTORS, INC.	AIM REAL ESTATE FD CL A		**	$ 25,059
		AMERICAN FUNDS DISTRIBUTOR, INC.	AMERICAN GROWTH FD OF AMERICA	CL R-3 SHARES NO. 2305	**	$ 2,330,117
		DODGE & COX FUNDS	DODGE & COX BALANCED FD COM NO. 146		**	$ 3,014,063
		DODGE & COX FUNDS	DODGE & COX INTERNATIONAL STOCK FD		**	$ 331,406
		DODGE & COX FUNDS	DODGE & COX STK FD COM NO. 145		**	$ 2,659,038
		HCA SECURITIES/HARBOR FUNDS	HARBOR INTERNATIONAL FD		**	$ 2,032,241
*		MARSHALL FUNDS	MARSHALL PRIME MONEY MARKET Y NO. 200		**	$ 1,078,854
		T. ROWE PRICE INVESTMENT SERVICES INC.	T ROWE PRICE RETIREMENT 2015 FUND		**	$ 12,114
		T. ROWE PRICE INVESTMENT SERVICES INC.	T ROWE PRICE RETIREMENT 2025 FUND		**	$ 153,205
		T. ROWE PRICE INVESTMENT SERVICES INC.	T ROWE PRICE RETIREMENT 2035 FUND		**	$ 63,950
		T. ROWE PRICE INVESTMENT SERVICES INC.	T ROWE PRICE RETIREMENT 2045 FUND		**	$ 38,037
		T. ROWE PRICE INVESTMENT SERVICES INC.	T ROWE PRICE RETIREMENT 2055 FUND		**	$ 6,021
		VANGUARD MARKETING CORP.	VANGUARD 500 INDEX FUND - SIGN	NO. 1340	**	$ 2,632,348
		VANGUARD MARKETING CORP.	VANGUARD GNMA FUND NO. 36		**	$ 491,322
		VANGUARD MARKETING CORP.	VANGUARD INFLATION-PROTECTED	SECURITIES FUND-IV NO. 119	**	$ 41,132
		VANGUARD MARKETING CORP.	VANGUARD MID-CAP INDEX FUND - SIGN	NO. 1344	**	$ 1,005,414
		VANGUARD MARKETING CORP.	VANGUARD SMALL-CAP INDEX	FUND - SIG NO. 1345	**	$ 1,660,428
		VANGUARD MARKETING CORP.	VANGUARD TOTAL BOND MARKET INDEX	FUND - SIG NO. 1351	**	$ 959,938
		LOANS TO VARIOUS PARTICIPANTS	INTEREST RATE RANGE 3.25% - 9.50%		**	$ 416,212
		LIMITED PARTNERSHIP INTEREST	ATV ENTERPRENEURS V, L.P.	A 10.64% OF.5333% UNDIVIDED INTEREST	**	$ 1,563
		LIMITED PARTNERSHIP INTEREST	ATV ENTERPRENEURS V, L.P.	A 12.766%OF.5333% UNDIVIDED INTEREST	**	$ 937
		LIMITED PARTNERSHIP INTEREST	ATV ENTERPRENEURS V, L.P.	A 19.15% OF.5333% UNDIVIDED INTEREST	**	$ 1,407
		LIMITED PARTNERSHIP INTEREST	ATV ENTERPRENEURS V, L.P.	A 23.405%OF.5333% UNDIVIDED INTEREST	**	$ 3,438
		LIMITED PARTNERSHIP INTEREST	AUSTIN VENTURES V AFFILIATES FUND LP	A 12.1946% IN A .383776% INTEREST IN	**	$ 807
		LIMITED PARTNERSHIP INTEREST	AUSTIN VENTURES V AFFILIATES FUND LP	A 19.5129% OF A .383776% INTEREST IN	**	$ 1,291
		LIMITED PARTNERSHIP INTEREST	AUSTIN VENTURES V AFFILIATES FUND LP	A 26.8294% OF A .383776% INTEREST IN	**	$ 1,776
		LIMITED PARTNERSHIP INTEREST	AUSTIN VENTURES V AFFILIATES FUND LP	A 31.7066% OF A .383776% INTEREST IN	**	$ 2,098
		LIMITED PARTNERSHIP INTEREST	AUSTIN VENTURES V AFFILIATES FUND LP	A 9.7575% OF A .383776% INTEREST IN	**	$ 646
		LIMITED PARTNERSHIP INTEREST	BENCHMARK FOUNDERS FUND II-A, L.P.	A .0178345% UNDIVIDED INTEREST IN	**	$ 294
		LIMITED PARTNERSHIP INTEREST	BENCHMARK FOUNDERS FUND II-A, L.P.	A .0222923% UNDIVIDED INTEREST IN	**	$ 371
		LIMITED PARTNERSHIP INTEREST	BENCHMARK FOUNDERS FUND II-A, L.P.	A .049049% UNDIVIDED INTEREST IN	**	$ 840
		LIMITED PARTNERSHIP INTEREST	BENCHMARK FOUNDERS FUND II-A, L.P.	A .0579643% UNDIVIDED INTEREST IN	**	$ 974
		LIMITED PARTNERSHIP INTEREST	BENCHMARK FOUNDERS' FUND, L.P.	A .4166667% UNDIVIDED INTEREST IN	**	$ 20,206
		LIMITED PARTNERSHIP INTEREST	DELPHI BIOINVESTMENTS III, L.P.	A 3.5587% UNDIVIDED INTEREST IN	**	$ 2,765

SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2009

SPONSOR: GUNDERSON DETTMER STOUGH ET AL
EIN: 77-0409988
PLAN NUMBER: 001
NAME: GUNDERSON DETTMER STOUGH VILLENEUVE
FRANKLIN & HACHIGAN PROFIT SHARING PLAN & TRUST

(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
	LIMITED PARTNERSHIP INTEREST	DELPHI BIOINVESTMENTS IV, L.P.	A 0.12% UNDIVIDED INTEREST IN	**	$ 978
	LIMITED PARTNERSHIP INTEREST	DELPHI BIOINVESTMENTS IV, L.P.	A 0.15% UNDIVIDED INTEREST IN	**	$ 3,319
	LIMITED PARTNERSHIP INTEREST	DELPHI BIOINVESTMENTS IV, L.P.	A 0.34% UNDIVIDED INTEREST IN	**	$ 4,134
	LIMITED PARTNERSHIP INTEREST	DELPHI BIOINVESTMENTS IV, L.P.	A 0.40% UNDIVIDED INTEREST IN	**	$ 4,949
	LIMITED PARTNERSHIP INTEREST	DYNAFUND, L.P.	A 10.9414% SHARE OF A 0.293967	**	$ 5,960
	LIMITED PARTNERSHIP INTEREST	DYNAFUND, L.P.	A 27.3535% SHARE OF A 0.293967	**	$ 3,725
	LIMITED PARTNERSHIP INTEREST	DYNAFUND, L.P.	A 28.88091% SHARE OF A 0.293967	**	$ 3,933
	LIMITED PARTNERSHIP INTEREST	KPCB VIII FOUNDERS FUND L.P.	A 30.5554% OF A .72% UNDIVIDED	**	$ 19,917
	LIMITED PARTNERSHIP INTEREST	KPCB VIII FOUNDERS FUND, L.P.	A 11.1108% OF A .72% UNDIVIDED	**	$ 3,621
	LIMITED PARTNERSHIP INTEREST	KPCB VIII FOUNDERS FUND, L.P.	A 13.8892% OF A .72% UNDIVIDED	**	$ 9,054
	LIMITED PARTNERSHIP INTEREST	ML-LEE ACQUISITION FUND	(RETIREMENT) II, L.P.	**	$ 1,656
	LIMITED PARTNERSHIP INTEREST	WORLDVIEW STRATEGIC PARTNERS II,L.P.	A 10.204% OF A .69504% UNDIVIDED	**	$ 3,461
	LIMITED PARTNERSHIP INTEREST	WORLDVIEW STRATEGIC PARTNERS II,L.P.	A 12.244% OF A .69504% UNDIVIDED	**	$ 2,077
	LIMITED PARTNERSHIP INTEREST	WORLDVIEW STRATEGIC PARTNERS II,L.P.	A 18.368% OF A .69504% UNDIVIDED	**	$ 3,115
	LIMITED PARTNERSHIP INTEREST	WORLDVIEW STRATEGIC PARTNERS II,L.P.	A 22.449% OF A .69504% UNDIVIDED	**	$ 3,799
	LIMITED PARTNERSHIP INTEREST	WORLDVIEW STRATEGIC PARTNERS II,L.P.	A 26.531% OF A .69504% UNDIVIDED	**	$ 4,500
	MISCELLANEOUS	PARTICIPANT DIRECTED	BROKERGE ACCOUNTS	**	$ 13,693,680

* A party-in-interest as defined by ERISA
** Cost ommitted for participant directed accounts

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

Plan Name GUNDERSON DETTMER STOUGH VILLENEUVE FRANKLIN & HACHIGIAN, LLP 401(k) **EIN:** 770430988
Plan Sponsor's Name GUNDERSON DETTMER STOUGH VILLENEUVE FRANKLIN & HACHIGIAN, LLP **PN:** 001

	Total that Constitute Nonexempt Prohibitied Transactions			
Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: ☐	0	10,000	0	0