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

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

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
GENESYS RETIREMENT SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1997

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
GENESYS TELECOMMUNICATIONS LABORATORIES, INC.

2001 JUNIPERO SERRA BLVD.
DALY CITY, CA 94014

2001 JUNIPERO SERRA BLVD.
DALY CITY, CA 94014

2b Employer Identification Number (EIN)
94-3120525

2c Sponsor's telephone number
415-437-1100

2d Business code (see instructions)
541511

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.	09/23/2011	MICHAEL MONTANO
	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")
GENESYS TELECOMMUNICATIONS LABORATORIES, INC.

2001 JUNIPERO SERRA BLVD.
DALY CITY, CA 94014

3b Administrator's EIN
94-3120525

3c Administrator's telephone number
415-437-1100

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**	1092
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**	772
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	262
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	1034
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	6
f	Total. Add lines **6d** and **6e**	**6f**	1040
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	910
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	2
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:
2F 2G 2J 2K 2R 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)	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)	X	**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.**	**2010** **This Form is Open to Public Inspection.**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
GENESYS RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
GENESYS TELECOMMUNICATIONS LABORATORIES, INC.

D Employer Identification Number (EIN)
94-3120525

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FID.INV.INST.OPS.CO.

04-2647786

(b) Enter name and EIN or address of person who provided you disclosure 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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 37 65 71 60	RECORDKEEPER	11929	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
NB GUARDIAN TRUST - STATE STREET BA P.O. BOX 8403 BOSTON, MA 02266	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
RS PARTNERS A - BOSTON FINANCIAL DA 04-2526037	0.55%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
RS PARTNERS Y - BOSTON FINANCIAL DA 04-2526037	0.10%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
LOOMIS SAYLES BOND RETAIL SHARES 399 BOYLSTON STREET, 8TH FL BOSTON, MA 02116	.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIMCO ALL ASSETS ALL AUTHORITY CL D 1345 AVENUE OF THE AMERICAS, 3RD FL NEW YORK, NY 10105	.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIMCO EMERGING MKTS BOND CLASS D 1345 AVENUE OF THE AMERICAS, 3RD FL NEW YORK, NY 10105	.35%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FBR SMALL CAP FINANCIAL 1001 NINETEENTH STREET NORTH ARLINGTON, VA 22209	.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
SSGA EMERGING MARKETS ONE LINCOLN ST STATE STREET FINAN BOSTON, MA 02111	.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
WORLD PRECIOUS MINERALS FUND 350 PARK AVE 9TH FLOOR NEW YORK, NY 10022	.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TOCQUEVILLE GOLD FUND 40 W 57TH STREET 19TH FL NEW YORK, NY 10019	.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MATTHEWS CHINA FUND 4 EMBARCADERO CENTER SUITE 550 SAN FRANCISCO, CA 94111	.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MATTHEWS PACIFIC TIGER FUND 4 EMBARCADERO CENTER SUITE 550 SAN FRANCISCO, CA 94111	.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DOMINI INTERNATIONAL SOCIAL EQUITY 536 BROADWAY 7TH FLOOR NEW YORK, NY 10012	.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MATTHEWS ASIA SMALL COMPANIES FUND 4 EMBARCADERO CENTER SUITE 550 SAN FRANCISCO, CA 94111	.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MATTHEWS ASIA DIVIDEND FUND 4 EMBARCADERO CENTER SUITE 550 SAN FRANCISCO, CA 94111	.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FPA CRESCENT INSTL 11400 W OLYMPIC BLVD SUITE 1200 LOS ANGELES, CA 90064	6.00

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DOUBLELINE EMERGING MRTKS FIXED INC 333 SOUTH GRAND AVENUE, SUITE 1800 LOS ANGELES, CA 90071	12.00

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
COLUMBIA ACORN CLASS C 1301 SW FIFTH AVE PORTLAND, OR 97201	0.10% + 11.00

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
IVA WORLDWIDE FUND CL A 645 MADISON AVE 12TH FLOOR NEW YORK, NY 10022	0.25% + 12.00

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
GOLD AND PRECIOUS METALS FUND 350 PARK AVE 9TH FLOOR NEW YORK, NY 10022	0.25% + 16.00

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
YACKTMAN FOCUSED FD 6300 BRIDGEPOINT PARKWAY AUSTIN, TX 78730	.40%

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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(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: HOOD & STRONG	**b** EIN:	94-1254756
c	Position: ACCOUNTANT		
d	Address: 100 FIRST STREET, 14TH FLOOR SAN FRANCISCO, CA 94105	**e** Telephone:	415-781-0793

Explanation: COST

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
GENESYS RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
GENESYS TELECOMMUNICATIONS LABORATORIES, INC.

D Employer Identification Number (EIN)
94-3120525

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: FID MGD INC PORT

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-3022712-024	C	5066036

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
GENESYS RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
GENESYS TELECOMMUNICATIONS LABORATORIES, INC.

D Employer Identification Number (EIN)
94-3120525

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)	12971	12891
(2) Participant contributions	1b(2)	173914	188556
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3249442	3943713
(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)	293687	993347
(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)	1139914	1429143
(9) Value of interest in common/collective trusts	1c(9)	4661325	5066036
(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)	62745850	75339764
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	72277103	86973450
	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 through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	72277103	86973450

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)	1766687	
	(B) Participants	2a(1)(B)	7777828	
	(C) Others (including rollovers)	2a(1)(C)	745905	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		10290420
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1056	
	(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)	63674	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		64730
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	9628	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1193679	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1203307
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	1118245	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1080314	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		37931

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	126793	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		126793
(6) Net investment gain (loss) from common/collective trusts	2b(6)		190562
(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)		8614917
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		20528660
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5781506	
(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)		5781506
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		40251
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)	3983	
(4) Other	2i(4)	6573	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		10556
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		5832313
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		14696347
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: SENSIBA SAN FILIPPO LLP (2) EIN: 94-2370906

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	
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		10000000
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		X	

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

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
GENESYS RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
GENESYS TELECOMMUNICATIONS LABORATORIES, INC.

D Employer Identification Number (EIN)
94-3120525

Part I Distributions

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

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

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

EIN(s): 04-6568107

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

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

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

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

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

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

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

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

- Compliance Overview

Get Started with 5500

- Guided Tour of 5500
- Checklist
- Compliance Calendar

Complete the 5500

Form 5500 Activities

Resources

- Form 5500 Instructions
- Glossary

Obtain an Audit Opinion

Plan: 42679 Change Plan

Please enter your Auditor's Opinion Learn More

Fidelity has prepared a draft of your Form 5500 based on information that y and plan information kept at Fidelity. You must now obtain and enter the au the plan.

a. Print the draft Form 5500

Print a copy of your draft Form 5500 and forward it to your accountant:

Draft Form 5500 (.pdf)
Form 5500 notes (.pdf)
Form 8955-SSA (.pdf)

b. Enter the audit opinion

Once you have obtained the audit opinion from your accountant, return and enter the opinion below:

The audit for the plan will be attached to the 5500 and the opinion is: Disclaimer

Did the accountant perform a limited scope audit pursuant to 29 CFR and / or 2520.103-12(d)?

◉ Yes ○ No

OR select the following:

The audit for the plan will be attached to the next Form pursuant to 29 CFR 2520.104-50.
Note: Please consult with your accountant before checl option. There are specific regulations for this exception

c. Confirm the information you provided above and submit it to Fidelit

The information provided above is complete and accurate:

PSW® provided by Fidelity

© 19

SUMMARY OF NET TRUST ASSETS

Total Plan Assets as of 12/31/2010

Fund Name (Cusip #)	Share Balance 12/31/2010	Historical Cost	Price	Total Market Value
BROKERAGELINK				$0.00
EXTERNAL FUND	0.000	$412,902.22	$0.00	$452,911.88
COMMON STOCK	0.000	$888,827.59	$0.00	$993,346.77
UNIT	0.000	$43,624.31	$0.00	$51,437.52
FIDELITY FUND	0.000	$1,925,123.80	$0.00	$2,111,893.48
CASH	0.000	$1,182,141.36	$0.00	$1,182,141.36
NB GUARDIAN TRUST	96,484.641	$763,624.73	$11.60	$1,119,221.84
RS PARTNERS Y	42,430.681	$1,372,991.15	$33.31	$1,413,365.98
RS PARTNERS A	0.000	$0.00	$33.09	$0.00
FID FIDELITY	0.000	$0.00	$32.15	$0.00
FID PURITAN	238,734.775	$4,150,888.48	$17.91	$4,275,739.82
FID TREND	0.000	$0.00	$67.38	$0.00
FID VALUE STRATEGIES	0.000	$0.00	$27.85	$0.00
FID GNMA	0.000	$0.00	$11.47	$0.00
FID CONTRAFUND	138,582.935	$7,841,529.49	$67.73	$9,386,222.19
FID EQUITY INCOME	34,584.634	$1,539,068.54	$44.26	$1,530,715.90
FID GROWTH COMPANY	0.000	$0.00	$83.15	$0.00
FIDELITY INVST GR BD	740,019.082	$5,328,704.11	$7.39	$5,468,741.02
FID GROWTH & INCOME	0.000	$0.00	$18.30	$0.00
FID INTERMED BOND	0.000	$0.00	$10.55	$0.00
FID CAPITAL & INCOME	0.000	$0.00	$9.43	$0.00
FID VALUE	50,876.369	$3,256,946.15	$68.69	$3,494,697.79
FID MORTGAGE SEC	0.000	$0.00	$10.83	$0.00
FIDELITY GOVT INCOME	0.000	$0.00	$10.43	$0.00
FID INDEPENDENCE	0.000	$0.00	$24.35	$0.00
FID OTC PORTFOLIO	67,615.974	$2,569,805.88	$54.93	$3,714,145.45
FID OVERSEAS	0.000	$0.00	$32.48	$0.00

SUMMARY OF NET TRUST ASSETS

Total Plan Assets as of 12/31/2010

Fund Name (Cusip #)	Share Balance 12/31/2010	Historical Cost	Price	Total Market Value
FID LEVERAGED CO STK	0.000	$0.00	$28.42	$0.00
FID EUROPE	0.000	$0.00	$31.32	$0.00
FID PACIFIC BASIN	0.000	$0.00	$26.07	$0.00
FID REAL ESTATE INVS	0.000	$0.00	$25.69	$0.00
FID BALANCED	0.000	$0.00	$18.23	$0.00
FID INTL DISCOVERY	0.000	$0.00	$33.04	$0.00
FID CAP APPRECIATION	0.000	$0.00	$25.34	$0.00
FID CONVERTIBLE SEC	0.000	$0.00	$25.45	$0.00
FID CANADA	0.000	$0.00	$58.15	$0.00
FID TELECOM & UTIL	0.000	$0.00	$15.95	$0.00
FID BLUE CHIP GROWTH	0.000	$0.00	$45.35	$0.00
FID ASSET MGR 50%	0.000	$0.00	$15.42	$0.00
FID DISCIPLINED EQTY	0.000	$0.00	$22.53	$0.00
FIDELITY LOW PR STK	99,275.453	$3,355,803.33	$38.38	$3,810,191.89
FID WORLDWIDE	0.000	$0.00	$18.66	$0.00
FID EQUITY INCOME II	0.000	$0.00	$18.25	$0.00
FID STK SEL ALL CAP	0.000	$0.00	$25.74	$0.00
FID ASSET MGR 70%	0.000	$0.00	$16.33	$0.00
FIDELITY EMERG MRKTS	0.000	$0.00	$26.35	$0.00
FID GR STRATEGIES	0.000	$0.00	$20.44	$0.00
FID DIVERSIFIED INTL	272,179.191	$7,742,163.43	$30.15	$8,206,202.61
FID ASSET MGR 20%	0.000	$0.00	$12.79	$0.00
FID DIVIDEND GROWTH	0.000	$0.00	$28.43	$0.00
FID NEW MARKETS INC	0.000	$0.00	$15.65	$0.00

SUMMARY OF NET TRUST ASSETS

Total Plan Assets as of 12/31/2010

Fund Name (Cusip #)	Share Balance 12/31/2010	Historical Cost	Price	Total Market Value
FID EXP & MULTINATL	0.000	$0.00	$21.81	$0.00
FID FOCUSED STOCK	0.000	$0.00	$13.65	$0.00
FID GLOBAL BALANCED	0.000	$0.00	$22.30	$0.00
FID INTL CAP APPREC	0.000	$0.00	$12.89	$0.00
FID STK SEL SM CAP	0.000	$0.00	$18.51	$0.00
FID MID CAP STOCK	169,243.084	$4,069,022.83	$28.85	$4,882,662.97
FID LARGE CAP STOCK	0.000	$0.00	$17.61	$0.00
FID SMALL CAP STOCK	0.000	$0.00	$19.60	$0.00
FID EUROPE CAP APP	0.000	$0.00	$19.04	$0.00
FID ASSET MGR 85%	0.000	$0.00	$13.40	$0.00
FID LATIN AMERICA	0.000	$0.00	$59.03	$0.00
FID JAPAN	0.000	$0.00	$11.18	$0.00
FID EMERGING ASIA	0.000	$0.00	$30.62	$0.00
FID MEGA CAP STOCK	0.000	$0.00	$9.99	$0.00
FID STRATEGIC INCOME	0.000	$0.00	$11.09	$0.00
FID FREEDOM INCOME	27,715.013	$302,334.31	$11.28	$312,625.35
FID FREEDOM 2000	15,744.512	$184,305.50	$11.94	$187,989.47
FID FREEDOM 2010	31,837.111	$412,301.30	$13.59	$432,666.34
FID FREEDOM 2020	238,527.769	$3,088,474.90	$13.79	$3,289,297.93
FID FREEDOM 2030	327,775.738	$4,268,445.74	$13.77	$4,513,471.91
FID SM CAP DISCOVERY	0.000	$0.00	$20.47	$0.00
SPTN TOTAL MKT INDEX	0.000	$0.00	$36.43	$0.00
SPTN EXTND MKT INDEX	0.000	$0.00	$38.17	$0.00
FID SHORT TERM BOND	0.000	$0.00	$8.46	$0.00

Plan: 42679 Genesys Retirement Savings Plan Run Date: 01/31/2011

SUMMARY OF NET TRUST ASSETS

Total Plan Assets as of 12/31/2010

Fund Name (Cusip #)	Share Balance 12/31/2010	Historical Cost	Price	Total Market Value
FID INTM GOVT INCOME	0.000	$0.00	$10.71	$0.00
FID FIFTY	0.000	$0.00	$17.63	$0.00
FIDELITY RETIRE MMKT	2,761,571.940	$2,761,571.94	$1.00	$2,761,571.94
FIDELITY RET GOVT MM	0.000	$0.00	$1.00	$0.00
FID MGD INC PORT	5,024,844.680	$5,024,844.68	$1.00	$5,024,844.68
SPARTAN 500 INDEX	141,138.416	$5,795,424.70	$44.48	$6,277,836.74
FIDELITY US BD INDEX	0.000	$0.00	$11.33	$0.00
FID INST SH INT GOVT	0.000	$0.00	$10.08	$0.00
FID LARGE CAP VALUE	0.000	$0.00	$10.52	$0.00
FID FREEDOM 2040	271,251.776	$2,018,745.00	$8.01	$2,172,726.73
FID MID CAP VALUE	0.000	$0.00	$15.95	$0.00
FID LARGE CAP GROWTH	0.000	$0.00	$9.74	$0.00
FID MID CAP GROWTH	0.000	$0.00	$12.44	$0.00
FID INFLAT PROT BOND	0.000	$0.00	$11.64	$0.00
FID ULTRASHORT BOND	0.000	$0.00	$8.17	$0.00
FID INTL SMALL CAP	0.000	$0.00	$21.26	$0.00
FID TOTAL BOND	0.000	$0.00	$10.72	$0.00
FID REAL ESTATE INC	0.000	$0.00	$10.40	$0.00
FID BLUE CHIP VALUE	0.000	$0.00	$10.81	$0.00
FID NASDAQ COMP INDX	0.000	$0.00	$35.20	$0.00
FID FREEDOM 2005	4,982.710	$54,506.35	$10.81	$53,863.10
FID FREEDOM 2015	70,163.177	$764,123.91	$11.34	$795,650.43
FID FREEDOM 2025	309,938.747	$3,262,971.21	$11.52	$3,570,494.37
FID FREEDOM 2035	280,890.440	$2,929,121.10	$11.47	$3,221,813.35

SUMMARY OF NET TRUST ASSETS

Total Plan Assets as of 12/31/2010

Fund Name (Cusip #)	Share Balance 12/31/2010	Historical Cost	Price	Total Market Value
FID STRAT DIV & INC	0.000	$0.00	$10.55	$0.00
FID FOCUSED HIGH INC	0.000	$0.00	$9.21	$0.00
FID INTL REAL ESTATE	0.000	$0.00	$9.38	$0.00
FID SMALL CAP GROWTH	0.000	$0.00	$15.69	$0.00
FID SMALL CAP VALUE	0.000	$0.00	$15.61	$0.00
FID FREEDOM 2045	40,974.218	$349,300.26	$9.49	$388,845.33
FID FREEDOM 2050	21,783.881	$194,352.24	$9.38	$204,332.80
OUTSTANDING LOAN BALANCE				$1,429,143.16
		NET ASSETS 12/31/2010:		$86,730,812.10

Assets are presented at fair value with the exception to fully benefit responsive investment contracts which are presented at contract value as in previous years. See chapter 7 of the Fidelity auditor's guide for financial statement presentation and disclosure information.

GENESYS RETIREMENT SAVINGS PLAN

Financial Statements
December 31, 2010 and 2009

Together with
Independent Auditors' Report

SENSIBA SAN FILIPPO LLP

CERTIFIED PUBLIC ACCOUNTANTS AND BUSINESS ADVISORS

INDEPENDENT AUDITORS' REPORT

To the Investment Committee of
Genesys Retirement Savings Plan

We were engaged to audit the statement of net assets available for benefits of the Genesys Retirement Savings Plan as of December 31, 2010, and the related statement of changes in net assets available for benefits for the year then ended, and the supplemental schedule of assets (held at end of year) as of December 31, 2010. These financial statements and schedule are the responsibility of the Plan's management. The financial statements of the Plan as of December 31, 2009, were audited by other auditors. 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 ("ERISA") of 1974, the Plan Administrator instructed the other auditors not to perform, and they did not perform, any auditing procedures with respect to the information which was certified by the trustee of the Plan, Fidelity Management Trust Company. Their report, dated October 6, 2010, indicated that (a) because of the significance of the information that they did not audit, they were unable to, and did not, express an opinion on the financial statements taken as a whole, and (b) the form and content of the information included in the financial statements, other than that derived from the information certified by the trustee, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by the trustee of the Plan, Fidelity Management Trust Company, except for comparing the 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 and for the years ended December 31, 2010 and 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 schedule taken as a whole. The form and content of the information included in the financial statements and schedule, 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.

Sensiba San Filippo LLP

San Mateo, California
September 20, 2011

GENESYS RETIREMENT SAVINGS PLAN

Statement of Net Assets Available for Benefits

	December 31, 2010	December 31, 2009
Investments, at fair value:		
Mutual funds	$ 75,485,093	$ 64,056,058
Collective investment trust	5,066,036	4,661,325
Self-directed brokerage accounts	4,791,731	2,232,921
	85,342,860	70,950,304
Other assets:		
Notes receivable from participants	1,429,143	1,139,914
Participant contribution receivable	188,556	173,914
Employer match receivable	12,891	12,971
Net assets available for benefits, at fair value	86,973,450	72,277,103
Adjustment from fair value to contract value for interest in collective investment trust relating to fully benefit-responsive investment contract	(41,192)	86,678
Net assets available for benefits	$ 86,932,258	$ 72,363,781

The accompanying notes are an integral part of these financial statements

GENESYS RETIREMENT SAVINGS PLAN

Statement of Changes in Net Assets Available for Benefits

	For the Year Ended December 31,	
	2010	2009
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	$ 8,854,807	$ 14,070,415
Interest and dividends	1,190,610	1,297,373
Total investment income	10,045,417	15,367,788
Contributions:		
Participants	7,777,828	8,802,073
Employer matching	1,766,687	1,996,588
Rollovers	745,905	312,370
Total contributions	10,290,420	11,111,031
Other income:		
Interest on notes receivable from participants	64,955	71,595
Total additions	20,400,792	26,550,414
Deductions from net assets attributed to:		
Benefits paid to participants	5,821,759	4,412,350
Administrative expenses	10,556	8,706
Total deductions	5,832,315	4,421,056
Net increase in net assets	14,568,477	22,129,358
Net assets available for benefits:		
Balance, beginning of year	72,363,781	50,234,423
Balance, end of year	$ 86,932,258	$ 72,363,781

The accompanying notes are an integral part of these financial statements

GENESYS RETIREMENT SAVINGS PLAN

Notes to Financial Statements

December 31, 2010

Note 1 - Description of plan:

The following description of the Genesys Retirement Savings Plan, (the "Plan"), provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General - The Plan is a defined contribution plan established in 1997, and is subject to the provisions of the Employee Retirement Income Security Act of 1974, ("ERISA"). The Plan provides benefits for all eligible employees of Genesys Telecommunications Laboratories, Inc., (the "Company"), as defined in the Plan document. The Plan Sponsor is Genesys Telecommunications Laboratories, Inc. (the "Plan Sponsor").

The Company is the Plan Administrator and retains the services of Fidelity Management Trust Company ("Fidelity") to serve as the Custodian for the Plan's assets.

Eligibility - Prior to September 1, 2005, all employees who reached 19 years of age were eligible to enter the Plan on the first day of each Plan year and the first day of the fourth, seventh, and tenth months of each Plan year. Effective September 1, 2005, except for excluded employees, all employees who have reached nineteen years of age enter the plan immediately.

Participant contributions - Participants may elect to contribute, on a tax-deferred basis, up to 60% of their eligible compensation up to the maximum allowed under section 401(k) of the Internal Revenue Code. Effective January 2, 2009, participants may designate some or all of their deferral contributions as a Roth deferral contribution. Participants are allowed to make voluntary after-tax contributions in an amount not less than one percent of the Participant's compensation and rollover contributions of amounts received from other tax-qualified employer-sponsored retirement plans. A participant may elect to increase or decrease the percentage contribution within defined limits upon notice to the Plan Administrator.

Employer matching contributions - The Plan provides for the Company to match employee contributions up to 50% of the employee's deferral contributions, but not to exceed $3,000 in a Plan year. Additionally, the employer matching is limited on a per pay-period basis to 9% of eligible compensation. The matching contributions for the years ended December 31, 2010 and 2009 were $1,766,687 and $1,996,588, respectively.

GENESYS RETIREMENT SAVINGS PLAN

Notes to Financial Statements

December 31, 2010

Note 1 - Description of plan (continued):

Employer matching contributions (continued) - In 2009, it was discovered that the Company failed to defer employee contributions from commission pay within two and a half months following the termination of certain employees in 2008. In 2009, the Company resolved the matter by calculating corrective contributions and lost earnings thereon and allocating such amounts to the affected participants. The corrective contributions and lost earnings were deposited. Notification letters were mailed to participants in July 2009. During 2010, the Plan correctly deferred all employee contributions within Department of Labor requirements.

Participant accounts - Each participant's account is credited with the participant's contribution and allocations of: (a) the Company's matching contribution, and (b) Plan earnings. Allocations are based on participant compensation 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. Earnings of each investment fund are allocated to participant's accounts in proportion to each participant's share of that fund.

Investment options - Upon enrollment in the Plan, a participant must direct employee and Company matching non-discretionary contributions in any of the selected investments, including the self-directed brokerage accounts, as made available and determined by the Plan Adminstrator. Participants may change their investment options any time throughout the year (subject to specific limitations placed by certain investment funds) via the Fidelity Management Trust Company's telephone system or Internet website.

Vesting - Participants become immediately vested in their employee contributions, including rollovers of funds from other qualified retirement plans and earnings thereon. Company contributions vest after one year of credited service as defined in the Plan.

Notes receivable from participants - The Plan allows participants to borrow not less than $1,000 and up to the lesser of $50,000 or 50% of their account balance. The loans are secured by the participant's balance. Such loans bear interest at the available market financing rates and must be repaid to the Plan within a five-year period, unless the loan is used for the purchase of a principal residence in which case the maximum repayment period is 10 years. The Plan Administrator establishes the specific terms and conditions of such loans. Outstanding loans at December 31, 2010 carry interest rates ranging from 4.25% to 9.25%.

As a result of the adoption of the Financial Accounting Standards Board's ("FASB") Accounting Standards Update 2010-25, *Plan Accounting – Defined Contribution Plans*, the Plan retrospectively classified participant loans as notes receivable from participants in the statement of net assets available for benefits and are measured at their unpaid balance plus any accrued but unpaid interest.

GENESYS RETIREMENT SAVINGS PLAN

Notes to Financial Statements

December 31, 2010

Note 1 - Description of plan (continued):

Payment of benefits - On termination of service due to normal retirement age, disability, death, or termination of employment, the entire balance in the participant's deferral account as well as the participant's vested balance in the Company's match may be distributed to the participant in a lump sum payment, rolled over into another qualified plan, or left in the Plan (subject to minimum balance requirements).

As an active participant in the Plan, an employee may, upon attaining age 59 ½, request the distribution of his or her balance. In addition, a participant may apply for a hardship withdrawal in excess of $1,000, if he or she is experiencing an immediate and heavy financial need as defined by the specific criteria in the Plan document.

Investment management fees and operating expenses - Investment management fees and operating expenses charged to the Plan for investments in the mutual funds are deducted from income earned on a daily basis and are reflected as a component of net appreciation in fair value of investments.

Administrative expenses - Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. Certain other administrative expenses are paid directly by the Company.

Forfeited accounts - Forfeitures are retained in the Plan and will first be used to pay administrative expenses. Any remaining forfeitures are then used to reduce employer contributions.

Note 2 - Significant accounting policies:

Basis of accounting - The accompanying financial statements of the Plan have been prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP"). Contributions from participants are recorded when withheld from the participant. Benefit payments to participants are recorded when paid.

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for plan benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan.

Note 2 - Significant accounting policies (continued):

Basis of accounting (continued) - The Plan invests in an investment contract through a collective trust. Contract value for this collective trust is based on the net asset value of the fund as reported by the investment advisor. The Statement of Net Assets Available for Benefits presents the fair value of the investment in the collective trust as well as the adjustment of the investment in the collective trust from fair value to contract value relating to the investment contracts. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

Use of estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Investment valuation and income recognition - The Plan's investments are stated at their fair values with the exception of Fidelity Managed Income Portfolio (a common/collective trust fund investment), which is stated at its fair value with the related adjustment amount from its contract value in the statement of net assets available for benefits at December 31, 2010 and 2009. The statement of changes in net assets available for benefits is prepared on a contract value basis. The shares of registered investment companies are valued at quoted market prices. The money market funds are valued at cost plus accrued interest, which approximated fair values. Common stock, is traded on a national securities exchange and is valued at the last reported sales price on the last day of the Plan year. The valuation techniques used to measure the fair values of the separately-managed account fund investment and common/collective trust funds are included in Note 3 below.

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

Fair value measurements - The Plan performs fair value measurements in accordance with FASB Accounting Standards Codification ("ASC") 820, *Fair Value Measurements and Disclosures*. Refer to Note 3 for the fair value measurement disclosures associated with the Plan's investments.

Net appreciation in fair value of investments - The earnings, expenses, realized gains and losses, and unrealized appreciation (depreciation) in registered investments companies and other investments are recorded in the accompanying financial statements as net appreciation in fair value of investments.

Note 2 - Significant accounting policies (continued):

Subsequent event - The Plan has evaluated subsequent events through the date that the financial statements are available to be issued which is the date of the independent auditors' report.

Recent accounting pronouncements - In January 2010, the FASB issued Accounting Standards Codification ("ASC") *Update No. 2010-06, Fair Value Measurements and Disclosures (Topic 820) - Improving Disclosures about Fair Value Measurements*. This guidance requires: (i) separate disclosure of significant transfers between Level 1 and Level 2 and reasons for the transfers; (ii) separate disclosure of significant sales, issuances, and net settlements within Level 3; (iii) disclosures by class of assets and liabilities; and (iv) a description of the valuation techniques and inputs used to measure fair value for both recurring and nonrecurring fair value measurements. The Plan has adopted this new accounting standards update in the year ended December 31, 2010 except for the provisions of this update that will be effective in the year ending December 31, 2011. The Plan is currently evaluating the impact of its pending adoption on the Plan's financial statements.

In May 2011, the FASB issued Accounting Standards Update ("ASU") No. 2011-04, *Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. GAAP and International Financial Reporting Standards (Topic 8220) – Fair Value Measurement* (ASU 2011-04), to provide a consistent definition of fair value and common requirements for measurement of and disclosure about fair value between U.S. GAAP and International Financial Reporting Standards. ASU 2011-04 changes some fair value measurement principles, adds disclosure requirements for the use of nonfinancial assets measured or disclosed at fair value and enhances the disclosures about the recurring level 3 fair value measurements (as defined in Note 3 below). The Plan will adopt this new accounting standards update in the year ending December 31, 2012. The Plan is currently evaluating the impact of its pending adoption on the Plan's financial statements.

GENESYS RETIREMENT SAVINGS PLAN

Notes to Financial Statements

December 31, 2010

Note 3 - Fair value:

The Plan performs fair value measurement in accordance with ASC 820. ASC 820 defines fair value as the price that would be received from selling an asset in an orderly transaction between market participants at the measurement date. The accounting guidance for fair value measurement requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The standard establishes a fair value hierarchy based on the level of independent, objective evidence surrounding the inputs used to measure fair value. A financial instrument's categorization within the fair value hierarchy is based upon the lowest level of input that is significant to the fair value measurement. The fair value hierarchy is as follows:

- Level 1: quoted prices in active markets for identical assets or liabilities;

- Level 2: inputs other than Level 1 that are observable, either directly or indirectly, such as quoted prices in active markets for similar assets or liabilities, quoted prices for identical or similar assets or liabilities in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities; or

- Level 3: unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Following is a description of the valuation methodologies used for assets measured at fair value.

Registered Investment Companies - Mutual Funds: Valued at the net asset value of shares held by the Plan at year end.

Fidelity Common Collective Trust - Valued at a blended rate, composed of the underlying liquidity component's daily value and the contract rate of return. The blended rate is calculated on a daily basis for the shares held by the plan at year end. Incorporated into this rate, are certain investments in wrap contracts that are fair valued using a discounted cash flow that incorporates recent fee bids, discount rates and the duration of the underlying securities.

Note 3 - Fair value (continued):

Money Market Funds - Valued at the net asset value of shares. The Fund's assets are valued on the basis of amortized cost.

Common Stock - Valued at the closing price reported on the active market on which the individual securities are traded.

The following table represents the fair value hierarchy for the Plan's financial assets measured at fair market value on a recurring basis as of December 31, 2010 (Level 1, 2, and 3 inputs are defined above):

	Fair Value Measurements Using Input Type			
	Level 1	Level 2	Level 3	Total
Mutual Funds				
Money Market Funds	$ -	$ 2,761,572	$ -	$ 2,761,572
Balanced Funds	4,275,740	-	-	4,275,740
Bond Funds	5,468,741	-	-	5,468,741
Domestic Equity Funds	35,629,061	-	-	35,629,061
International Equity Funds	8,206,203	-	-	8,206,203
Asset Allocation Funds	19,143,776	-	-	19,143,776
Common Collective Trust	-	5,066,036	-	5,066,036
Self-Directed Brokerage Accounts:				
Money Market Funds	-	1,182,141	-	1,182,141
Mutual Funds	2,616,243	-	-	2,616,243
Common Stock	993,347	-	-	993,347
	$76,333,111	$9,009,749	$ -	$ 85,342,860

Note 3 - Fair value (continued):

The following table represents the fair value hierarchy for the Plan's financial assets measured at fair market value on a recurring basis as of December 31, 2009 (Level 1, 2, and 3 inputs are defined above):

	Fair Value Measurements Using Input Type			
	Level 1	Level 2	Level 3	Total
Mutual Funds				
Money Market Funds	$ -	$ 2,745,403	$ -	$ 2,745,403
Balanced Funds	3,591,294	-	-	3,591,294
Bond Funds	4,019,665	-	-	4,019,665
Domestic Equity Funds	27,771,913	-	-	27,771,913
International Equity Funds	7,661,774	-	-	7,661,774
Asset Allocation Funds	18,266,009	-	-	18,266,009
Common Collective Trust	-	4,661,325	-	4,661,325
Self-Directed Brokerage Accounts:				
Money Market Funds	-	504,040	-	504,040
Mutual Funds	1,435,194	-	-	1,435,194
Common Stock	293,687	-	-	293,687
	$63,039,536	$7,910,768	$ -	$ 70,950,304

Note 4 - Investments:

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. The Plan's independent accountants did not perform any auditing procedures with respect to this information certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing such information to the related information included in the financial statements and supplemental schedule.

The following information included in the financial statements and supplemental schedule was provided by and certified by the Plan's trustee as complete and accurate:

- Investments as shown in the Statement of Net Assets Available for Benefits as of December 31, 2010 and 2009.

- Notes receivable from participants as of December 31, 2010 and 2009.

Note 4 - Investments (continued):

- Investment income, as shown in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2010 and 2009.

- Interest income on notes receivable from participants for the year ended December 31, 2010 and 2009

- Schedule H, Line 4i - Schedule of Assets (Held at End of Year).

Investments that represent five percent or more of the Plan's net assets are as follows:

	2010	2009
Investments, at fair value:		
Fidelity Contra Fund	$ 9,386,222	$ 7,694,334
Fidelity Diversified International Fund	8,206,203	7,661,774
Spartan 500 Index	6,277,837	5,461,614
Fidelity Investment Grade Bond Fund	5,468,741	Less than 5%
Fidelity Managed Income Portfolio	5,066,036	4,661,325
Fidelity Mid-Cap Stock Fund	4,882,663	Less than 5%
Fidelity Freedom 2030	4,513,472	4,575,944

Note 5 - Fidelity Managed Income Portfolio Fund:

During the year ended December 31, 2010 and 2009, the Plan also held investments in Fidelity Managed Income Portfolio Fund ("MIP"), which is a common/collective trust fund managed by Fidelity Investments. The MIP is a commingled pool of the Fidelity Group Trust for Employee Benefit Plans and is dedicated exclusively to the active management of assets of employee benefit plans. The MIP invests in underlying assets, typically fixed income securities or bond funds, future contracts and swap agreements and enters into liquidity agreements, commonly referred to as wrap contracts, issued by insurance companies and other financial institutions for a fee.

Note 5 - Fidelity Managed Income Portfolio Fund (continued):

The MIP is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The issuer of the wrap contract guarantees a minimum rate of return and provides full benefit responsiveness, provided that all terms of the wrap contract have been met. Wrap contracts are normally purchased from issuers rated in the top three long-term rating categories (equaling A- or above). The fair value of the MIP equals the total of the fair value of the underlying assets plus the total wrap contract rebid value, which is calculated by discounting the annual rebid fee, due to rebid, over the duration of the contract's assets.

As of December 31, 2010, there were no reserves against the wrap contracts' carrying values due to credit risks of the issuers. Certain events limit the ability of the Plan to transact at contract value with the wrap issuer. However, the Plan's management is not aware of the occurrence or likely occurrence of any such events, which would limit the Plan's ability to transact at contract value with participants. The issuer may terminate a wrap contract at any time.

The fair value of underlying assets of the MIP other than the wrap contracts, which included investments in money market funds and various debt and fixed income securities, is determined by the trustees of the MIP using a combination of readily available most recent market bid prices in the principal markets where such funds and securities are traded, pricing services that use valuation matrices incorporating dealer supplied valuations and valuation models, valuation inputs such as market or security specific events, changes in interest rates, and credit quality. The fair value of the wrap contracts is determined using a discounted cash flow model using market data and considers recent fee bids as determined by recognized dealers.

The average yields earned by all wrap contracts held by the MIP and attributable to the Plan were approximately 2.68% and 3.16% for the years ended December 31, 2010 and 2009, respectively. The average yields earned by the Plan for these wrap contracts based on the actual interest rates credited to participants were approximately 1.44% and 1.20% for the years ended December 31, 2010 and 2009, respectively.

GENESYS RETIREMENT SAVINGS PLAN

Notes to Financial Statements

December 31, 2010

Note 6 - Party-in-interest transactions:

The Plan investments in registered investment companies, collective investment fund, and certain investments in self-directed brokerage accounts are managed by an affiliate of Fidelity Management Trust Company, who is also the trustee of the Plan. Any purchase and sales of these funds are open market transactions at fair market value. Such transactions, while considered party-in-interest transactions under ERISA regulations, are permitted under the provisions of the Plan and are specifically exempt from the prohibition of party-in-interest transactions under ERISA. At December 31, 2010 and 2009, the Plan held for investment a total of $82,663,022 and $69,809,872, respectively, in Fidelity's mutual funds, collective investments, and self-directed brokerage accounts.

Note 7 - Plan termination:

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

Note 8 - Income tax status:

The Plan obtained its latest determination letter on March 31, 2008, in which the Internal Revenue Service stated that the Plan, as designed, was in compliance with the applicable requirements of the Internal Revenue Code. Subsequent to receiving this determination letter the prototype plan was amended. The Plan Administrator believes that the amended prototype plan, as adopted by the sponsor, is operating in compliance with the requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2008.

Note 9 - Risks and uncertainties:

The Plan provides for investments in various investment securities which, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits and participant account balances.

GENESYS RETIREMENT SAVINGS PLAN

Notes to Financial Statements

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Note 10 - Reconciliation of Financial Statements to Schedule H of Form 5500:

The following is a reconciliation of net assets for plan benefits per the financial statements to Schedule H of the Form 5500 at December 31, 2010 and 2009:

	2010	2009
Net assets available for benefits	$ 86,932,258	$ 72,363,781
Less: Adjustment from contract value to fair value for fully benefit-responsive investment contract	41,192	(86,678)
Net assets per Form 5500	$ 86,973,450	$ 72,277,103

The following is a reconciliation of total investment income recorded in the financial statements to the Form 5500 for the year ended December 31, 2010:

Balance per financial statements	$ 10,045,417
2010 Adjustment from contract value to fair value for fully benefit-responsive investment contracts	41,192
2009 Adjustment from contract value to fair value for fully benefit-responsive investment contracts	86,678
Balance per Form 5500	$ 10,173,287

As noted in Note 1, fully benefit-responsive investment contracts are reported at fair value in the Form 5500 and are reported at contract value in the financial statements.

GENESYS RETIREMENT SAVINGS PLAN

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2010

	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par of Maturity Value	Current Value
	Registered Investment Companies:		
*	Fidelity Contra Fund	Mutual Fund	$ 9,386,222
*	Fidelity Diversified International Fund	Mutual Fund	8,206,203
*	Spartan 500 Index	Mutual Fund	6,277,837
*	Fidelity Investment Grade Bond Fund	Mutual Fund	5,468,741
*	Fidelity Mid-Cap Stock Fund	Mutual Fund	4,882,663
*	Fidelity Freedom 2030	Mutual Fund	4,513,472
*	Fidelity Puritan Fund	Mutual Fund	4,275,740
*	Fidelity Low Price Stock	Mutual Fund	3,810,192
*	Fidelity OTC Portfolio	Mutual Fund	3,714,145
*	Fidelity Freedom 2025	Mutual Fund	3,570,494
*	Fidelity Value Fund	Mutual Fund	3,494,698
*	Fidelity Freedom 2020	Mutual Fund	3,289,298
*	Fidelity Freedom 2035	Mutual Fund	3,221,813
*	Fidelity Retirement Market Fund	Mutual Fund	2,761,572
*	Fidelity Freedom 2040	Mutual Fund	2,172,727
*	Fidelity Equity Income	Mutual Fund	1,530,716
*	RS Partners Fund	Mutual Fund	1,413,366
*	Nueberger Berman Guardian Fund Trust	Mutual Fund	1,119,223
*	Fidelity Freedom 2015	Mutual Fund	795,650
*	Fidelity Freedom 2010	Mutual Fund	432,666
*	Fidelity Freedom 2045	Mutual Fund	388,845
*	Fidelity Freedom Income	Mutual Fund	312,625
*	Fidelity Freedom 2050	Mutual Fund	204,333
*	Fidelity Freedom 2000	Mutual Fund	187,989
*	Fidelity Freedom 2005	Mutual Fund	53,863
		Total Mutual Funds	75,485,093
	Collective Investment Fund:		
***	Fidelity Managed Income Portfolio	Collective Investment Fund	5,066,036
	Self-Directed Brokerage Accounts:		
*	Fidelity Mutual Funds	Mutual Fund	2,111,893
	Non-Fidelity Mutual Funds	Mutual Fund	452,912
	Common Stock	Common Stock	993,347
	Unit		51,438
	Money Market	Money Market	1,182,141
		Total Brokerage Accounts	4,791,731
		Total Investments	$ 85,342,860
**	**Notes receivable from participants**	4.25% - 9.25%, maturing through 2019	$ 1,429,143

* Managed by party-in-interest

** Party-in-interest as defined by ERISA

*** Managed by party-in-interest, stated at fair value, contract value $5,024,844, at December 31, 2010

In accordance with 29 CFR 2520.103-11, cost information for participant directed investments has been omitted.