Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

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

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

Part II Basic Plan Information—enter all requested information

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

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/01/1995

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

GUNDERSON DETTMER STOUGH VILLENEUVE FRANKLIN & HACHIGIAN, LLP

1200 SEAPORT BLVD
REDWOOD CITY, CA 94063

2b Employer Identification Number (EIN)
77-0409988

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

2d Business code (see instructions)
541190

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2014	SCOTT F. ARMIENTI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number (optional)

3a Plan administrator's name and address [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name	**4c** PN	

5	Total number of participants at the beginning of the plan year	**5**	405
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**	304
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	118
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	422
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	422
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	370
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2013** **This Form is Open to Public Inspection.**

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan	**B** Three-digit plan number (PN) ▶	
GUNDERSON DETTMER STOUGH VILLENEUVE FRANKLIN & HACHIGIAN, LLP PROFIT SHARING PLAN		001
C Plan sponsor's name as shown on line 2a of Form 5500 GUNDERSON DETTMER STOUGH VILLENEUVE FRANKLIN & HACHIGIAN, LLP	**D** Employer Identification Number (EIN) 77-0409988	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

BMO HARRIS BANK NA

36-2085229

(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)

BMO HARRIS BANK NA

36-2085229

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 19 21 25 36 37 38 50 57 59 62 63 64	NONE	75616	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

ALLIANCE BERNSTEIN LP

40-6302077

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	21010	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NORTHWESTERN MUTUAL INVESTMENT

720 EAST WISCONSIN AVENUE
MILWAUKEE, WI 53202

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	12000	Yes [ ] No [X]

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NORTHWESTERN MUTUAL LIFE INSURANCE	28	12000

(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.
NORTHWESTERN MUTUAL LIFE INSURANCE 720 EAST WISCONSIN AVENUE MILWAUKEE, WI 53202	MUTUAL FUND INCOME USED TO PAY INVESTMENT MANAGEMENT EXPENSES

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
GUNDERSON DETTMER STOUGH VILLENEUVE FRANKLIN & HACHIGIAN, LLP PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
77-0409988

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	298	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1446917	1478711
(2) Participant contributions	1b(2)	180293	129067
(3) Other	1b(3)	15580	17254
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	49889	32788
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	461446	674248
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	31709867	43677652
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	13519560	16727859

		(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	47383850	62737579
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	1315974	1341453
k Total liabilities (add all amounts in lines 1g through1j)	1k	1315974	1341453
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	46067876	61396126

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)	2100172	
(B) Participants	2a(1)(B)	2821561	
(C) Others (including rollovers)	2a(1)(C)	86328	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		5008061
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	20160	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		20160
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	570814	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		570814
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	15184	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	16962	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-1778
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-139	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-139

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		8313181
c Other income	2c		2637950
d Total income. Add all **income** amounts in column (b) and enter total	2d		16548249
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1120398	
(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)		1120398
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	23985	
(4) Other	2i(4)	75616	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		99601
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1219999
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		15328250
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: OUM & CO. LLP (2) EIN: 94-2682998

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. (2) [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a	X		300
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

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

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

Part V Trust Information (optional)

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
GUNDERSON DETTMER STOUGH VILLENEUVE FRANKLIN & HACHIGIAN, LLP PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
77-0409988

Part I Distributions

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

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

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

EIN(s): 39-6436442

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

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

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

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

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

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

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

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

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

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

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

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

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

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

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

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

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

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

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

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

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

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

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

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

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

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

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

OUM & CO. LLP
ACCOUNTANTS
& BUSINESS ADVISORS

To the Administrative Committee of

Gunderson Dettmer Stough Villeneuve Franklin & Hachigian, LLP

Profit-Sharing Plan

INDEPENDENT AUDITOR'S REPORT

Report on Financial Statements

We were engaged to audit the accompanying financial statements of Gunderson Dettmer Stough Villeneuve Franklin & Hachigian, LLP Profit-Sharing Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statement of changes in net assets available for benefits for the year ended December 31, 2013, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Notes 3 and 4, which was certified by BMO Harris Bank N.A., the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the custodian as of December 31, 2013 and 2012, and for the year ended December 31, 2013, that the information provided to the Plan Administrator by the custodian is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedules, Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) and Schedule H, Line 4(a) – Schedule of Delinquent Participant Contributions, for the year ended December 31, 2013 are required by the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on these supplemental schedules.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the custodian have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

OUM & Co. LLP

San Francisco, California
October 14, 2014

SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2013

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

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	AIM DISTRIBUTORS, INC.	INVESCO INTERNATIONAL GROWTH FUND CLASS A #1516	**	$382,396
	AIM DISTRIBUTORS, INC.	INVESCO REAL ESTATE FD CLASS A #1525	**	$370,614
*	BMO FUNDS	BMO PRIME MONEY MARKET FUND CL Y #200	**	$1,455,854
	DODGE & COX FUNDS	DODGE & COX BALANCED FUND #146	**	$7,159,397
	DODGE & COX FUNDS	DODGE & COX INTERNATIONAL STOCK FUND #1048	**	$964,295
	DODGE & COX FUNDS	DODGE & COX STOCK FUND #145	**	$5,145,095
	HARBOR FUNDS	HARBOR INTERNATIONAL FUND #2211	**	$3,287,977
	T. ROWE PRICE .	T ROWE PRICE RETIREMENT 2015 FUND #156	**	$943,485
	T. ROWE PRICE .	T ROWE PRICE RETIREMENT 2025 FUND #157	**	$767,793
	T. ROWE PRICE .	T ROWE PRICE RETIREMENT 2035 FUND #158	**	$694,766
	T. ROWE PRICE .	T ROWE PRICE RETIREMENT 2045 FUND #159	**	$1,629,548
	T. ROWE PRICE .	T ROWE PRICE RETIREMENT 2055 FUND #164	**	$737,589
	T. ROWE PRICE .	T ROWE PRICE BLUE CHIP GROWTH FUND #93	**	$4,035,959
	T. ROWE PRICE .	T ROWE PRICE EMERGING MARKETS STOCK FUND #111	**	$223,120
	VANGUARD FUNDS	VANGUARD 500 INDEX FUND - SIGN #1340	**	$6,665,973
	VANGUARD FUNDS	VANGUARD GNMA FUND #36	**	$370,718
	VANGUARD FUNDS	VANGUARD INFLATION-PROTECTED SECURITIES FUND-IV #119	**	$283,902
	VANGUARD FUNDS	VANGUARD MID-CAP INDEX FUND - SIGN #1344	**	$2,976,692
	VANGUARD FUNDS	VANGUARD SMALL-CAP INDEX FUND - SIG #1345	**	$3,711,744
	VANGUARD FUNDS	VANGUARD TOTAL BOND MARKET INDEX FUND - SIG #1351	**	$1,576,917
	VANGUARD FUNDS	VANGUARD TOTAL INTERNATIONAL STOCK INDEX FUND SIGNAL #1769	**	$293,818
	LIMITED PARTNERSHIP INTEREST	AUSTIN VENTURES V AFFILIATES FUND LP A 12.1946% IN A .383776% INTEREST IN A DELAWARE LIMITED PARTNERSHII	**	$467
	LIMITED PARTNERSHIP INTEREST	AUSTIN VENTURES V AFFILIATES FUND LP A 19.5129% OF A .383776% INTEREST IN A DELAWARE LIMITED PARTNERSHI	**	$748
	LIMITED PARTNERSHIP INTEREST	AUSTIN VENTURES V AFFILIATES FUND LP A 26.8294% OF A .383776% INTEREST IN A DELAWARE LIMITED PARTNERSHI	**	$1,028
	LIMITED PARTNERSHIP INTEREST	AUSTIN VENTURES V AFFILIATES FUND LP A 31.7066% OF A .383776% INTEREST IN A DELAWARE LIMITED PARTNERSHI	**	$1,215
	LIMITED PARTNERSHIP INTEREST	AUSTIN VENTURES V AFFILIATES FUND LP A 9.7575% OF A .383776% INTEREST IN A DELAWARE LIMITED PARTNERSHIP	**	$374
	LIMITED PARTNERSHIP INTEREST	DELPHI BIOINVESTMENTS III, L.P. A 3.5587% UNDIVIDED INTEREST IN A DELAWARE LIMITED PARTNERSHIP	**	$43
	LIMITED PARTNERSHIP INTEREST	DELPHI BIOINVESTMENTS IV, L.P. A 0.12% UNDIVIDED INTEREST IN A DELAWARE LIMITED PARTNERSHIP	**	$158
	LIMITED PARTNERSHIP INTEREST	DELPHI BIOINVESTMENTS IV, L.P. A 0.15% UNDIVIDED INTEREST IN A DELAWARE LIMITED PARTNERSHIP	**	$400
	LIMITED PARTNERSHIP INTEREST	DELPHI BIOINVESTMENTS IV, L.P. A 0.34% UNDIVIDED INTEREST IN A DELAWARE LIMITED PARTNERSHIP	**	$359
	LIMITED PARTNERSHIP INTEREST	DELPHI BIOINVESTMENTS IV, L.P. A 0.40% UNDIVIDED INTEREST IN A DELAWARE LIMITED PARTNERSHIP	**	$443
	LIMITED PARTNERSHIP INTEREST	KPCB VIII FOUNDERS FUND L.P. A 30.5554% OF A .72% UNDIVIDED INTEREST IN A CALIFORNIA LIMITED PARTNERSHIP	**	$15,826
	LIMITED PARTNERSHIP INTEREST	KPCB VIII FOUNDERS FUND, L.P. A 11.1108% OF A .72% UNDIVIDED INTEREST IN A CALIFORNIA LIMITED PARTNERSHIP	**	$2,877
	LIMITED PARTNERSHIP INTEREST	KPCB VIII FOUNDERS FUND, L.P. A 13.8892% OF A .72% UNDIVIDED INTEREST IN A CALIFORNIA LIMITED PARTNERSHIP	**	$7,194
	LIMITED PARTNERSHIP INTEREST	ML-LEE ACQUISITION FUND (RETIREMENT) II, L.P. A DELAWARE LIMITED PARTNERSHIP	**	$1,656
	LOANS TO VARIOUS PARTICIPANTS	INTEREST RATE RANGE 3.25% - 9.50%	**	$674,248
	PARTICIPANT DIRECTED	BROKERAGE ACCOUNTS	**	$16,727,859

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

GUNDERSON DETTMER STOUGH VILLENEUVE FRANKLIN & HACHIGIAN, LLP

PROFIT-SHARING PLAN

FINANCIAL STATEMENTS

AND SUPPLEMENTAL SCHEDULES

WITH INDEPENDENT AUDITOR'S REPORT

* * * * *

AS OF DECEMBER 31, 2013 AND 2012
AND FOR THE YEAR ENDED DECEMBER 31, 2013

GUNDERSON DETTMER STOUGH VILLENEUVE FRANKLIN & HACHIGIAN, LLP

PROFIT-SHARING PLAN

AS OF DECEMBER 31, 2013 AND 2012

AND FOR THE YEAR ENDED DECEMBER 31, 2013

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OUM & CO. LLP
ACCOUNTANTS
& BUSINESS ADVISORS

To the Administrative Committee of

Gunderson Dettmer Stough Villeneuve Franklin & Hachigian, LLP

Profit-Sharing Plan

INDEPENDENT AUDITOR'S REPORT

Report on Financial Statements

We were engaged to audit the accompanying financial statements of Gunderson Dettmer Stough Villeneuve Franklin & Hachigian, LLP Profit-Sharing Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statement of changes in net assets available for benefits for the year ended December 31, 2013, and the related notes to the financial statements.

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Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Notes 3 and 4, which was certified by BMO Harris Bank N.A., the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the custodian as of December 31, 2013 and 2012, and for the year ended December 31, 2013, that the information provided to the Plan Administrator by the custodian is complete and accurate.

Disclaimer of Opinion

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Other Matter

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the custodian have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

OUM & Co. LLP

San Francisco, California
October 14, 2014

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

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31, 2013	December 31, 2012
ASSETS		
Cash	$ -	$ 298
Investments, at fair value (Notes 3 and 4):		
Mutual funds	43,677,652	31,709,867
Individually directed accounts	16,727,859	13,519,560
Limited partnership interests	32,788	49,889
Total investments	60,438,299	45,279,316
Receivables:		
Employer contributions	1,478,711	1,446,917
Participant contributions	129,067	180,293
Notes receivable from participants	674,248	461,446
Accrued interest and dividends	17,254	15,580
Total receivables	2,299,280	2,104,236
Total assets	62,737,579	47,383,850
LIABILITIES		
Amounts due to broker for securities purchased	1,341,453	1,315,974
Total liabilities	1,341,453	1,315,974
Net assets available for benefits	$ 61,396,126	$ 46,067,876

See accompanying notes to financial statements.

GUNDERSON DETTMER STOUGH VILLENEUVE FRANKLIN & HACHIGIAN, LLP

PROFIT-SHARING PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED DECEMBER 31, 2013

ADDITIONS		
Investment income:		
Interest and dividends	$	570,814
Net realized and unrealized gain on mutual funds		8,313,181
Net realized and unrealized gain on individually directed accounts		2,637,950
Total investment income		11,521,945
Interest income on notes receivable from participants		20,160
Contributions:		
Employer		2,100,172
Participants		2,821,561
Rollover		86,328
Total contributions		5,008,061
Total additions		16,550,166
DEDUCTIONS		
Net realized and unrealized loss on limited partnership interests		1,917
Benefits paid to participants		1,120,398
Administrative expenses		99,601
Total deductions		1,221,916
Net increase		15,328,250
Net assets available for benefits:		
Beginning of year		46,067,876
End of year	$	61,396,126

See accompanying notes to financial statements.

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

NOTES TO FINANCIAL STATEMENTS

NOTE 1 - Description of the Plan:

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

General

The Plan is a profit-sharing and salary deferral plan that was established in 1995 to provide benefits to all eligible employees of Gunderson Dettmer Stough Villeneuve Franklin & Hachigian, LLP (the "Plan Sponsor"), as defined in the Plan Agreement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

The Plan Sponsor is the Plan Administrator and retains the services of a third party to assist in the administration of the Plan. Through December 31, 2013, the Plan's trustee, recordkeeper, and custodian is BMO Harris Bank N.A.

Contributions

Each year, participants may contribute up to 50% of their eligible compensation, as defined by the Plan. Contributions are further subject to annual limits specified under the Internal Revenue Code (the "Code"). The annual limitation is $17,500 for the year ended December 31, 2013, except for employees age 50 or over, who may make additional catch-up contributions of up to $5,500. Participants may also contribute amounts representing distributions from other qualified employer-sponsored retirement plans and individual retirement accounts (rollover).

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

a) If the participant is classified as a non-attorney (staff) employee and earns less than $350,000 per year in pay, the participant will receive a profit-sharing contribution equal to a percentage of pay that is determined each year. Participation begins on the next January 1st or July 1st on or following the date on which the participant completes two years of eligibility service, as defined under the Plan. For Plan year 2013, the profit-sharing contribution percentage is 4%.

b) If the participant is classified as a partner, the participating partner will receive a profit-sharing contribution based upon age and determined each year. For Plan year 2013, profit-sharing amount is $23,300 and $24,750 for partners over age of 50, and between ages of 35-49, respectively.

Additionally, the Plan Sponsor and participating partners may make matching contributions to the Plan. The participant's matching account will be credited with a percentage of every $1.00 the participant contributes, which is not in excess of 8% of pay. The amount of the matching contribution may vary from year to year as it is based upon business considerations. For 2013, it was $ 0.50 for every $ 1.00 the participant contributed which was not in excess of 8% of pay. The Plan Sponsor reserves the right to make a non-elective contribution for any year in which the non-discrimination tests would not be met. Any amounts allocated to the participant's account will be 100% vested. Generally, these amounts will be allocated, in accordance with a non-discriminatory formula, to the accounts of participants who are not highly compensated, as defined by the Plan.

Effective January 1, 2012, the Plan was amended to permit all non-attorney (staff) employees and partners to participate in the employer contribution and modified the Plan entry date applicable to partners from the first day of the Plan year to the first day of each calendar month. The amendment excludes attorneys who are not partners and non-attorney (staff) employees with Plan compensation equal to or greater than $350,000 for the matching contributions only. Also, non-attorney (staff) employees shall enter the Plan for employer contributions on the next January 1st or July 1st on or following the date on which the participant completes two years of eligible service and satisfies the minimum age requirement; however, there is no minimum service condition for eligible employees hired as, or who become, partners. The partners shall participate on the 1st day of the month coinciding with or next following the date in which they become a partner. Finally, the employer contribution will be allocated to the profit sharing accounts of eligible participants who are a non-attorney (staff) employee equal to the percentage of his/her Plan compensation stipulated in writing to the trustee by the employer and who is a partner, based upon his age (determined at the end of the fiscal year), equal to the dollar amount stipulated in writing to the Trustee by the employer.

Effective December 14, 2012, the Plan was amended to permit: 1) in-service distributions of matching contributions and employer contributions after attainment of normal retirement age, and 2) in-Plan Roth conversion accounts.

Participant Accounts

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

Vesting

Participants are immediately and fully vested in their accounts.

Investment Options

Upon enrollment in the Plan, a participant may direct their contributions in 1% increments in any of twenty-one investment options available to them as of December 31, 2013:

- *Invesco International Growth Fund*
- *Invesco Real Estate Fund*
- *BMO Prime Money Market Fund*
- *Dodge & Cox Balanced Fund*
- *Dodge & Cox International Stock Fund*
- *Dodge & Cox Stock Fund*
- *Harbor International Fund*
- *T. Rowe Price Retirement 2015 Fund*
- *T. Rowe Price Retirement 2025 Fund*
- *T. Rowe Price Retirement 2035 Fund*
- *T. Rowe Price Retirement 2045 Fund*
- *T. Rowe Price Retirement 2055 Fund*
- *T. Rowe Price Blue Chip Growth Fund*
- *T. Rowe Price Emerging Market Stock Fund*
- *Vanguard 500 Index Fund*
- *Vanguard Total International Stock Fund*
- *Vanguard GNMA Fund*
- *Vanguard Inflation-Protected Securities Fund*
- *Vanguard Mid-Cap Index Fund*
- *Vanguard Small Cap Index Fund*
- *Vanguard Total Bond Market Index Fund*

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

Notes Receivable from Participants

Participants may borrow from their Plan accounts amounts up to a maximum equal to the lesser of $50,000 or 50% of the participant's vested account balance. Loan terms generally range from one to five years unless the loan is used for the purchase of a participant's principal residence, in which case longer loan terms are provided. A participant is allowed to borrow from his or her account for any purpose and to have up to three loans outstanding at the same time. Loans are secured by the participant's account and bear interest at a rate commensurate with local prevailing lending rates determined by the Plan administrator, which ranged from 3.25% to 9.50% as of December 31, 2013. Principal and interest are paid ratably through payroll deductions.

Payment of Benefits

On termination of service for reasons other than death, a participant will generally receive an amount equal to the value of the participant's vested interest in his or her account in a lump-sum cash payment if the benefit amount is less than $5,000. If the benefit is greater than $5,000, the participant may elect to defer payment until the latter of age 70-1/2 or the year of retirement. The normal retirement age of Plan participants is 65. For termination of service due to death, the participant or his or her beneficiary will generally receive the value of the vested interest in his or her account in a lump sum cash distribution as soon as administratively feasible if the benefit is $5,000 or less. If the balance in the account is more than $5,000, benefits must either be paid within five years of the participant's death or begin within one year of the participant's death and be paid over the life expectancy of the participant's beneficiary. If the participant's spouse is the beneficiary, he or she may elect to defer receipt of payments until the April 1 following the calendar year in which the participant would have reached age 70-1/2. The Plan was amended on March 1, 2012 to provide an additional distribution option that permits a participant to receive a distribution of less than their entire vested account balance upon termination of employment. The partial lump sum distribution must be at least $5,000 and is limited to two distributions per calendar year.

Administrative Expenses

Certain administrative expenses were paid by the Plan Sponsor for the year ended December 31, 2013; however, the participants pay fees associated with loans and managing assets from their individually-directed accounts.

NOTE 2 - Summary of Accounting Policies:

Basis of Accounting

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

Use of Estimates

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

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See *Note 4 – Fair Value Measurements* for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2013 and 2012. Delinquent participants' loans are reclassified as distributions based upon the terms of the Plan Document.

Payment of Benefits

Benefits are recorded when paid.

Reporting on Individually Directed Accounts

The Plan allows participants to choose their own investments through IDA's (see *Note 1 – Description of the Plan*). The Plan Sponsor applies the provisions of ASC 962, *Plan Accounting – Defined Contribution Pension Plan*, which allows presentation of participant-directed investments as a one-line item in the statement of net assets available for benefits.

Risks and Uncertainties

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

NOTE 3 – Investments:

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

	December 31,	
	2013	2012
Investments certified by trustee	$ 60,405,511	$ 45,229,427
Limited partnership interests	32,788	49,889
Total investments	$60,438,299	$ 45,279,316

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

	December 31,	
	2013	2012
Dodge & Cox Balanced Fund	$ 7,159,397	$ 5,305,540
Dodge & Cox Stock Fund	5,145,095	3,556,290
Vanguard 500 Index Fund	6,665,973	5,150,288
Individually Directed Accounts	16,727,859	13,519,560
Harbor International Fund	3,287,977	2,807,586
T Rowe Price Blue Chip Growth Fund	4,035,959	2,764,233
Vanguard Small Cap Index Fund	3,711,744	2,763,457

During the year ended December 31, 2013, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value as follows:

Investments certified by trustee	$ 10,951,131
Limited partnership interests	(1,917)
Total	$ 10,949,214

NOTE 4 – Fair Value Measurements:

Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level

1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability; and
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. The valuation techniques used must maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2013 and 2012.

Shares of mutual funds, including those held in individually directed accounts, are valued at quoted market prices, which represent the net asset values of shares held by the Plan at year-end. Shares of public companies are valued at quoted market prices. Investments in non-publicly traded companies and bonds of those held in individually directed accounts are valued using pricing models maximizing the use of observable inputs for similar securities, including basing value on yields currently available on comparable securities of issuers with similar credit ratings. Fair values of investments in limited partnership interests are obtained by the trustee directly from the limited partnerships.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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.

The following table sets forth by level, within the fair value hierarchy, the Plan investment assets at fair value as of December 31, 2013:

	Investment Assets at Fair Value as of December 31, 2013			
	Level 1	**Level 2**	**Level 3**	**Total**
Mutual funds:				
Blend funds	$ 24,095,601	$ -	$ -	$ 24,095,601
Growth funds	4,641,475	-	-	4,641,475
Value funds	6,109,390	-	-	6,109,390
Term bond fund	1,576,917	-	-	1,576,917
Money market fund	1,455,854	-	-	1,455,854
Other	5,798,415	-	-	5,798,415
Total mutual funds	43,677,652	-	-	43,677,652
Individually directed accounts	16,703,962	266	23,631	16,727,859
Limited partnership interests	-	-	32,788	32,788
Total investments at fair value	$ 60,381,614	$ 266	$ 56,419	$ 60,438,299

The following table sets forth by level, within the fair value hierarchy, the Plan investment assets at fair value as of December 31, 2012.

	Investment Assets at Fair Value as of December 31, 2012			
	Level 1	**Level 2**	**Level 3**	**Total**
Mutual funds:				
Blend funds	$18,124,552	$ -	$ -	$18,124,552
Growth funds	3,077,619	-	-	3,077,619
Value funds	4,330,275	-	-	4,330,275
Term bond fund	1,530,393	-	-	1,530,393
Money market fund	1,254,882	-	-	1,254,882
Other	3,392,146	-	-	3,392,146
Total mutual funds	31,709,867	-	-	31,709,867
Individually directed accounts	12,972,260	-	547,300	13,519,560
Limited partnership interests	-	-	49,889	49,889
Total investments at fair value	$44,682,127	$ -	$ 597,189	$ 45,279,316

The table below sets forth a summary of changes in the fair value of the Plan's level 3 investment assets for the year ended December 31, 2013.

	Limited Partnership Interests	Individually Directed Accounts
Balance, beginning of year	$ 49,889	$ 547,300
Net realized and unrealized gain (loss)	(1,917)	2,485
Purchases, sales, issuances, and settlements, net	(15,184)	(526,154)
Balance, end of year	$ 32,788	$ 23,631

NOTE 5 – Related-Party Transactions and Party In Interest Transactions

Certain Plan investments are shares of mutual funds managed by BMO Harris Bank N.A. BMO Harris Bank is the custodian as defined by the Plan and, therefore, these transactions qualify as party in interest transactions. Fees incurred by the Plan for the investment management services are included in net appreciation in fair value of the investment, as they are paid through revenue sharing, rather than a direct payment.

NOTE 6 - Plan Termination:

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

NOTE 7 – Income Tax Status:

The Plan received a determination letter dated September 20, 2010, in which the Internal Revenue Service ("IRS") stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan Sponsor believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code; therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE 8 – Nonexempt Prohibited Transactions:

During the year ended December 31, 2012 certain participant contributions were remitted to the Plan trustees later than required by the Department of Labor Regulation 2510.3-102. The Plan filed Form 5330 with the IRS, paid any required excise tax on the transactions, and credited participant accounts with the amount of investment income that would have been earned had the participant contributions been remitted on a timely basis or otherwise in accordance with applicable correction procedures in 2013.

NOTE 9 – Subsequent Events:

The Plan Sponsor has evaluated events and transactions that have occurred from January 1, 2014 through October 14, 2014, the date on which the accompanying financial statements were available to be issued, and has determined that there were no material events to disclose.

SUPPLEMENTAL SCHEDULES

GUNDERSON DETTMER STOUGH VILLENEUVE FRANKLIN & HACHIGIAN, LLP
PROFIT SHARING PLAN
EIN 77-0409988, PLAN #001
SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2013

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Mutual funds:			
	AIM DISTRIBUTORS, INC	Invesco International Growth Fund	**	$ 382,396
	AIM DISTRIBUTORS, INC	Invesco Real Estate Fund	**	370,614
*	BMO FUNDS	BMO Prime Money Market Fund	**	1,455,854
	DODGE & COX FUNDS	Dodge & Cox Balanced Fund	**	7,159,397
	DODGE & COX FUNDS	Dodge & Cox International Stock Fund	**	964,295
	DODGE & COX FUNDS	Dodge & Cox Stock Fund	**	5,145,095
	HARBOR FUNDS	Harbor International Fund	**	3,287,977
	T. ROWE PRICE	T Rowe Price Blue Chip Growth Fund	**	4,035,959
	T. ROWE PRICE	T Rowe Price Emerging Market Stock Fund	**	223,120
	T. ROWE PRICE	T Rowe Price Retirement 2015 Fund	**	943,485
	T. ROWE PRICE	T Rowe Price Retirement 2025 Fund	**	767,793
	T. ROWE PRICE	T Rowe Price Retirement 2035 Fund	**	694,766
	T. ROWE PRICE	T Rowe Price Retirement 2045 Fund	**	1,629,548
	T. ROWE PRICE	T Rowe Price Retirement 2055 Fund	**	737,589
	VANGUARD FUNDS	Vanguard 500 Index Fund	**	6,665,973
	VANGUARD FUNDS	Vanguard Total International Stock Fund	**	293,818
	VANGUARD FUNDS	Vanguard GNMA Fund	**	370,718
	VANGUARD FUNDS	Vanguard Inflation-Protected Securities Fund	**	283,902
	VANGUARD FUNDS	Vanguard Mid-Cap Index Fund	**	2,976,692
	VANGUARD FUNDS	Vanguard Small Cap Index Fund	**	3,711,744
	VANGUARD FUNDS	Vanguard Total Bond Market Index Fund	**	1,576,917
	Individually directed accounts			16,727,859
	Limited partnership interests			32,788
	Total investments			$ 60,438,299
*	Notes receivable from participants	Interest rates range from 3.25% to 9.50%		$ 674,248

* Indicates party-in-interest to the Plan.

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

GUNDERSON DETTMER STOUGH VILLENEUVE FRANKLIN & HACHIGIAN, LLP
PROFIT SHARING PLAN
EIN 77-0409988, PLAN #001
SCHEDULE H, LINE 4(a) - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
YEAR ENDED DECEMBER 31, 2013

Year	Participant Contributions Transferred Late to Plan Check here if Late Participant Loan Repayments are included:	Total that Constitute Nonexempt Prohibited Transactions Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Corrections in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
2013	$ 300	$ -	$ 300	$ -	$ -

Attachment to 2013 Form 5500
Schedule H, line 4a - Schedule of Delinquent Participant Contributions

Plan Name GUNDERSON DETTMER STOUGH ET AL, LLP P/S PLAN **EIN:** 77-0409988
Plan Sponsor's Name GUNDERSON DETTMER STOUGH ET AL, LLP **PN:** 001

	Total that Constitute Nonexempt Prohibitied Transactions			
Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: ☐	0	300	0	0