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 10/01/2008 and ending 09/30/2009

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] 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
BELKIN INTERNATIONAL, INC. RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/01/1987

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

501 W WALNUT STREET
COMPTON, GA 90220-5221

501 W WALNUT STREET
COMPTON, GA 90220-5221

2b Employer Identification Number (EIN)
95-4054778

2c Sponsor's telephone number
310-898-1100

2d Business code (see instructions)
334110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/14/2011	GRACIELA DUENAS
	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")
BELKIN INTERNATIONAL, INC.

501 W WALNUT STREET
COMPTON, GA 90220-5221

3b Administrator's EIN
95-4054778

3c Administrator's telephone number
310-898-1100

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**	795
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**	595
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	164
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	759
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	1
f	Total. Add lines **6d** and **6e**	**6f**	760
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	749
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	51
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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)	X	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)	X	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)	X	1	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)	X		**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 10/01/2008 and ending 09/30/2009

A Name of plan
BELKIN INTERNATIONAL, INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500.
BELKIN INTERNATIONAL, INC.

D Employer Identification Number (EIN)
95-4054778

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
42-0127290	61271	(3)83773	760	10/01/2008	09/30/2009

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	18242070

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ FLEXIBLE INVESTMENT ANNUITY

b	Balance at the end of the previous year			7b	142027
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	
d	Total of balance and additions (add **b** and **c(6)**)			7d	142027
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)	142027		
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	142027
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☒ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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 10/01/2008 and ending 09/30/2009

A Name of plan
BELKIN INTERNATIONAL, INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
95-4054778

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: PRINCIPAL U.S. PROPERTY SEP ACCT

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE 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)
42-0127290-027	P	1510938

a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL BOND AND MTG SEP ACCT

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE 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)
42-0127290-005	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL DIVERS INTL SEP ACCT

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE 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)
42-0127290-015	P	2020639

a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL GOVT&HQBND SEP ACCT

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE 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)
42-0127290-007	P	2020639

a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL SMCAP GROWTH II SEP ACCT

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE 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)
42-0127290-071	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LGCP S&P 500 IDX ACCT

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE 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)
42-0127290-016	P	2216632

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MIDCAP BLEND SEP ACCT

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE 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)
42-0127290-020	P	509300

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MIDCAP GROWTH SEP ACCT			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-021	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1488264
a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL SMCAP VALUE SEP ACCT			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-031	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	758261
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN INTL SMALLCAP SEP ACCT			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-014	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1159249
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MIDCAP VALUE I SEP ACCT			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-043	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1004506
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LGCAP GROWTH II SEP ACCT			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-067	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	234157
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETM 2010 SEP ACCT			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-075	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	134936
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETM 2020 SEP ACCT			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-076	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1172989
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETM 2030 SEP ACCT			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-077	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2120814
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETM 2040 SEP ACCT			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-078	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2028055
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETM 2050 SEP ACCT			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-079	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	497827

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETM STR INC SEP ACCT

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-080	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 883374

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LARGECAP BLEND I SEP ACCT

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-017	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL STABLE VALUE FUND

b Name of sponsor of entity listed in (a): UNION BOND & TRUST COMPANY

c EIN-PN 93-6274328-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3305626

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 10/01/2008 and ending 09/30/2009

A Name of plan
BELKIN INTERNATIONAL, INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BELKIN INTERNATIONAL, INC.

D Employer Identification Number (EIN)
95-4054778

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)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
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)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	954283	904167
(9) Value of interest in common/collective trusts	1c(9)	2594617	3305626
(10) Value of interest in pooled separate accounts	1c(10)	23389948	18242070
(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)	782593	4466955
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	142027	
(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	27863468	26918818
	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		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	27863468	26918818

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)	1050704	
	(B) Participants	2a(1)(B)	3042432	
	(C) Others (including rollovers)	2a(1)(C)	332992	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		4426128
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)	50341	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		50341
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		

			(a) Amount	(b) Total
2b	(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		
	(6) Net investment gain (loss) from common/collective trusts	2b(6)		208392
	(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-2043132
	(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)		251598
c	Other income	2c		
d	Total income. Add all **income** amounts in column (b) and enter total	2d		2893327
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3817783	
	(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)		3817783
f	Corrective distributions (see instructions)	2f		5924
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)	14270	
	(3) Investment advisory and management fees	2i(3)		
	(4) Other	2i(4)		
	(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		14270
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3837977
	Net Income and Reconciliation			
k	Net income (loss). Subtract line 2j from line 2d	2k		-944650
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: WINDES & MCCLAUGHRY **(2)** EIN: 95-3001179

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		181007
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
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)

BELKIN INTERNATIONAL, INC.
RETIREMENT PLAN

FINANCIAL STATEMENTS
SEPTEMBER 30, 2009

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INDEPENDENT AUDITORS' REPORT

To the Trustees and Participants of
Belkin International, Inc. Retirement Plan

We were engaged to audit the financial statements and supplemental schedules of Belkin International, Inc. Retirement Plan (the "Plan") as of September 30, 2009 and 2008, and for the year ended September 30, 2009, as listed in the accompanying table of contents. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Principal Life Insurance Company and Delaware Charter Guarantee and Trust Company dba Principal Trust Company (collectively, "Principal"), the custodian of the Plan, 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 custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of September 30, 2009 and 2008, and for the year ended September 30, 2009, that the information provided to the plan administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Windes & McClaughry

Long Beach, California
April 14, 2011

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BELKIN INTERNATIONAL, INC.
RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	September 30, 2009	September 30, 2008
ASSETS		
Investments at fair value	$ 26,918,818	$ 27,863,468
Total Assets	26,918,818	27,863,468
NET ASSETS REFLECTING INVESTMENTS AT FAIR VALUE	26,918,818	27,863,468
Adjustment from fair value to contract value for fully benefit-responsive investment contract	(18,335)	110,407
NET ASSETS AVAILABLE FOR BENEFITS	$ 26,900,483	$ 27,973,875

The accompanying notes are an integral part of these financial statements.

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BELKIN INTERNATIONAL, INC.
RETIREMENT PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED SEPTEMBER 30, 2009

ADDITIONS:	
Additions to net assets attributed to:	
Investment Income:	
Net depreciation in fair value of investments	($ 1,711,884)
Interest	50,341
	(1,661,543)
Contributions:	
Participant	3,042,432
Employer	1,050,704
Rollover	332,992
	4,426,128
Total Additions	2,764,585
DEDUCTIONS:	
Deductions from net assets attributed to:	
Benefits paid to participants	3,823,707
Administrative expenses	14,270
Total Deductions	3,837,977
NET DECREASE	(1,073,392)
NET ASSETS AVAILABLE FOR BENEFITS:	
BEGINNING OF YEAR	27,973,875
END OF YEAR	$ 26,900,483

The accompanying notes are an integral part of these financial statements.

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BELKIN INTERNATIONAL, INC.
RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS
SEPTEMBER 30, 2009

NOTE 1 -Plan Description and Related Information

The following description of the Belkin International, Inc. (the "Company") Retirement 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 that was established on October 1, 1987. The Plan provides for automatic enrollment of all eligible employees, who are least 18 years old. Eligible employees may enter the Plan on the first day of the month following their hire date, and are automatically enrolled at an elective deferral rate of 3% unless otherwise requested by the participant. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The trustees of the Plan are a group of individuals appointed by the Company's board of directors.

Contributions

Each year, participants may contribute up to 100% of their pretax annual compensation, as defined in the Plan. Contributions are subject to certain Internal Revenue Code ("IRC") limitations. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also roll over amounts representing distributions from other qualified defined benefit or contribution plans.

As defined in the Plan, the Company is required to make matching contributions. The matching contribution amount, which is determined by the Company on an annual basis, is required to be at least 0.5% of participants' wages but not more than 6% of participants' wages. For the year ended September 30, 2009, the matching contribution percentage was 50% of the first 6% of participants' deferrals.

At the end of the plan year, the Company also has the option of making an additional discretionary matching contribution; however, the Company did not elect to do so for the year ended September 30, 2009.

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BELKIN INTERNATIONAL, INC.
RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS
SEPTEMBER 30, 2009

NOTE 1 – Plan Description and Related Information (Continued)

Contributions (Continued)

The Company may also make annual discretionary profit-sharing contributions to the Plan, which are to be allocated to participants who were employed on the last day of the plan year and who worked at least 1,000 hours during the plan year, based on their relative compensation. The Company elected not to make a profit-sharing contribution for the year ended September 30, 2009.

Participant Accounts

Individual accounts are maintained for each plan participant. Each participant's account is credited with the participant's contribution, the Company's matching contribution, and allocations of (1) Company discretionary contributions and (2) plan earnings, and charged with an allocation of plan losses and administrative expenses. These amounts are invested in any of the available investment funds as directed by the participant. Allocations are based on participant compensation and account balances, as defined in the agreement. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon.

Vesting in the portion of their accounts attributable to the Company's matching and discretionary profit-sharing contribution is based on years of service. An employee completes a year of service at the end of 12 months if the employee worked at least 1,000 hours. Effective January 1, 2008, pursuant to an amendment, a participant is considered to be fully vested at the end of three years according to the following vesting schedule:

Year	Percentage
1	33.3 %
2	66.6 %
3	100.0 %

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BELKIN INTERNATIONAL, INC.
RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS
SEPTEMBER 30, 2009

NOTE 1 – Plan Description and Related Information (Continued)

Forfeitures

Forfeitures of the unvested balance of terminated participants' accounts are used to offset future plan expenses and the remainder may be allocated among participants at the discretion of the Company. As of September 30, 2009 and 2008, there were unallocated forfeitures of $91,025 and $228,883, respectively. During the year ended September 30, 2009, $3,119 of forfeitures were used to pay administrative expenses, $20,190 was used to reduce employer contributions, and $182,302 was allocated among participant accounts.

Payment of Benefits

A participant's plan benefits will be distributed at retirement, death, or disability and may be distributed upon termination of employment. Upon termination of service, a participant may elect to receive a lump-sum payment equal to the value of his or her vested account. The Plan offers the participant an option that his or her benefit be paid in the form of a life annuity.

Participant Loans

Participants may obtain a loan from the Plan with the consent of the plan administrator. The amount borrowed is limited to a minimum of $1,000 and a maximum amount of the lesser of $50,000 or 50% of the participant's vested account balance. The loans are secured by the vested balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined quarterly by the plan administrator. The loan repayment period cannot exceed five years. At September 30, 2009, interest on participant loans ranged from 3.25% to 8.25% and the loans mature through October 2014. Principal and interest are paid ratably through payroll deductions. Participants are limited to two loans in a 12-month period.

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BELKIN INTERNATIONAL, INC.
RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS
SEPTEMBER 30, 2009

NOTE 2 - Summary of Significant Accounting Policies

Basis of Accounting

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

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 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. The Statement of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

Basis of Presentation of Financial Statements

In June 2009, the Financial Accounting Standards Board (FASB) established the Accounting Standards Codification (Codification) as the source of authoritative accounting principles recognized by the FASB to be applied by non-governmental entities in the preparation of financial statements in accordance with generally accepted accounting principles (GAAP). Existing GAAP is not intended to be changed as a result of the Codification and, accordingly, the change did not impact the Plan's financial statements. The Codification does not change the way the guidance is organized and presented.

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 net assets available for benefits and changes in assets and liabilities and changes therein and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Benefit Payments

Benefits are recorded when paid.

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BELKIN INTERNATIONAL, INC.
RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS
SEPTEMBER 30, 2009

NOTE 2 – Summary of Significant Accounting Policies (Continued)

Investment Valuation

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 5 for 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. Dividends are recorded on the ex-dividend date. Net depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Administrative Expenses

Administrative expenses of the Plan are paid by either the Plan or the Plan's sponsor, as provided in the plan document.

Operating Expenses

All expenses of maintaining the Plan are paid by the Company.

Subsequent Events

The Plan has evaluated subsequent events through April 14, 2011, the date the financial statements were available to be issued.

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BELKIN INTERNATIONAL, INC.
RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS
SEPTEMBER 30, 2009

NOTE 3 – Investments

The Plan's net assets have been certified by Principal Life Insurance Company, the custodian of the Plan. The following table presents the Plan's investments at September 30, 2009 and 2008. Investments that represent 5% or more of the Plan's net assets available for benefits are separately identified.

	2009	2008
Principal Life Insurance Company Pooled Separate Accounts:		
Lifetime 2030	$ 2,120,814	$ 1,441,541
Large Capitalization S&P 500	$ 2,216,632	$ 2,993,325
Partners Large Capitalization Blend I		$ 1,909,195
Diversified International Stock	$ 2,020,639	$ 2,408,052
Mid Capitalization Growth	$ 1,488,264	$ 2,014,866
Bond & Mortgage		$ 1,404,316
U.S. Property	$ 1,510,938	$ 2,154,332
Lifetime 2040	$ 2,028,055	$ 1,459,196
Other pooled separate accounts	$ 6,856,728	$ 7,605,125
Principal Trust Company Common Collective Trust		
Principle Stable Value Fund	$ 3,305,626	$ 2,594,617
Mutual Funds		
PIMCO	$ 1,438,041	
MFS Investment Management	$ 1,458,503	
Other mutual funds	$ 1,570,411	$ 782,593

During the year ended September 30, 2009, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) decreased in value by $1,711,884 as follows:

Common collective trust	$ 79,649
Pooled separate accounts	(2,043,132)
Mutual funds	251,599
	($ 1,711,884)

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BELKIN INTERNATIONAL, INC.
RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS
SEPTEMBER 30, 2009

NOTE 4 – Fair Value Measurements

Effective January 1, 2008, the Plan adopted ASC Topic 820, *Fair Value Measurements,* which defines fair value, establishes a framework for measuring fair value, and expands disclosures about fair value measurements. 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 ASC Topic 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;
- 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's 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. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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BELKIN INTERNATIONAL, INC.
RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS
SEPTEMBER 30, 2009

NOTE 4 – Fair Value Measurements (Continued)

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 September 30, 2009 and 2008.

Pooled separate accounts: Valued daily based upon quoted market prices of the underlying assets of the accounts.

Mutual funds: Valued at the net asset value (NAV) of shares held by the Plan at year-end.

Common collective trust: Cash flows based on current yields of similar instruments with comparable durations considering the creditworthiness of the issuer.

Participant loans: Valued at amortized cost, which approximates fair value.

The preceding methods described may produce a fair value calculation that may not be indicative of net realized 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's assets at fair value as of September 30, 2009:

	Level 1	Level 2	Level 3	Total
Pooled separate accounts		$18,242,070		$18,242,070
Mutual funds	$ 4,466,955			4,466,955
Common collective trust		3,305,626		3,305,626
Participant loans			$ 904,167	904,167
Total assets at fair value	$ 4,466,955	$21,547,696	$ 904,167	$26,918,818

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BELKIN INTERNATIONAL, INC.
RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS
SEPTEMBER 30, 2009

NOTE 4 - Fair Value Measurements (Continued)

Level 3
The following table sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended September 30, 2009:

	Participant Loans
Balance, beginning of year	$ 954,283
Purchases, sales, issuances and settlements (net)	(50,116)
Balance, end of year	$ 904,167

NOTE 5 - Reconciliation to the Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at September 30, 2009 and 2008 to the Form 5500:

	September 30, 2009	2008
Net assets available for benefits per the financial statements	$ 26,900,483	$ 27,973,875
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	18,335	(110,407)
Net assets available for benefits per the Form 5500	$ 26,918,818	$ 27,863,468

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BELKIN INTERNATIONAL, INC.
RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS
SEPTEMBER 30, 2009

NOTE 5 – Reconciliation to the Form 5500 (Continued)

The following is a reconciliation of total additions per the financial statements at September 30, 2009 to the Form 5500:

Total additions per the financial statements	$ 2,764,585
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	128,742
Total income per Form 5500	$ 2,893,327

NOTE 6 – Exempt Party-In-Interest Transactions

Certain plan investments are shares of pooled separate accounts and guaranteed interest contacts managed by Principal. Principal is the custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services amounted to $14,270 for the year ended September 30, 2009.

NOTE 7 – Plan Termination

Although it has not expressed an 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 the provisions of ERISA. In the event of plan termination, participants will become 100% vested for any portions of their accounts not fully vested previously.

NOTE 8 – Tax Status

The Plan uses a prototype plan document sponsored by Principal. Principal received an opinion letter from the Internal Revenue Service ("IRS") dated July 22, 2003, which states that the prototype document satisfies the applicable sections of the IRC. The Plan has been amended since the date of the opinion letter, however, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income tax has been included in the Plan's financial statements.

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BELKIN INTERNATIONAL, INC.
RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS
SEPTEMBER 30, 2009

NOTE 9 – Risks and Uncertainties

The Plan utilizes various investment instruments. Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk, and overall market volatility. 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 participants' account balances and the amounts reported in the statements of net assets available for benefits.

ETEH20110527EDB211147000105PFGDSMEXPAPP017

BELKIN INTERNATIONAL, INC.
RETIREMENT PLAN

SCHEDULE H, PART IV, ITEM 4a -
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
FOR THE YEAR ENDED SEPTEMBER 30, 2009
EIN: 95-4054778
PLAN NUMBER 001

Participant Contributions Transferred Late to Plan	Total That Constitutes Nonexempt Prohibited Transactions
$ 181,007	$ 181,007

These contributions were deposited during 2008 and 2009. The lost earnings will be deposited in April 2011.

BELKIN INTERNATIONAL, INC.
RETIREMENT PLAN

SCHEDULE H, PART IV, ITEM 4i -
SCHEDULE OF ASSETS HELD AT END OF YEAR
SEPTEMBER 30, 2009
EMPLOYER I.D. 95-4054778
PLAN NUMBER 001

Identity of Issuer	Description of Investment	Current Value
Common Collective Trust		
*Principal Trust Company	Principal Stable Value Fund	$ 3,305,626
Pooled Separate Accounts		
*Principal Life Insurance Company	Government & Bond	502,129
*Principal Life Insurance Company	Large Capitalization S&P 500	2,216,632
*Principal Life Insurance Company	Lifetime Strategic Income	883,374
*Principal Life Insurance Company	Lifetime 2010	134,936
*Principal Life Insurance Company	Lifetime 2020	1,172,989
*Principal Life Insurance Company	Lifetime 2030	2,120,814
*Principal Life Insurance Company	Lifetime 2040	2,028,055
*Principal Life Insurance Company	Lifetime 2050	497,827
*Principal Life Insurance Company	Partners Mid Capitalization Value I	1,004,506
*Principal Life Insurance Company	U.S. Property	1,510,938
*Principal Life Insurance Company	Mid Capitalization Blend	509,300
*Principal Life Insurance Company	Mid Capitalization Growth	1,488,264
*Principal Life Insurance Company	Small Capitalization Value	758,261
*Principal Life Insurance Company	Partners Large Capitalization Growth II	234,157
*Principal Life Insurance Company	International Small Capitalization	1,159,249
*Principal Life Insurance Company	Diversified International Stock	2,020,639
Mutual Funds		
American Beacon	Amer BEA Lg Cap VL Planahead FD	152,349
The American Funds	Am FDS Grth FD of AM R4 Fund	323,375
Davis Funds	Davis New York Venture A Fund	161,893
Oppenheimer	Oppenheimer Main ST SM Cap H Fund	613,513
PIMCO Funds	PIMCO Total Return R Fund	1,438,041
Janus International Holding, LLC	Janus Balanced S Fund	41,507
MFS Investment Management	MFS Mass Invest Trust A Fd	1,458,503
Alger	Alger Small Cap Growth A Fund	277,774
		26,014,651

(Continued)

ETEH20110527EDB211147000105PFGDSMEXPAPP017

BELKIN INTERNATIONAL, INC.
RETIREMENT PLAN

SCHEDULE H, PART IV, ITEM 4i –
SCHEDULE OF ASSETS HELD AT END OF YEAR
SEPTEMBER 30, 2009
EMPLOYER I.D. 95-4054778
PLAN NUMBER 001
(Continued)

Identity of Issuer	Description of Investment	Current Value
*Participant loans	Loans to participants at interest rates ranging from 3.25% to 8.25%, maturing through October 2014	904,167
		$ 26,918,818

* *Indicates parties-in-interest*

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SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

BELKIN INTERNATIONAL, INC.
RETIREMENT PLAN
EIN 95 4054778
PLAN NUMBER 001
PLAN YEAR 10/01/2008 TO 09/30/2009

(A)	(B) Identity of issuer, 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
*	Principal Life Insurance Company	Pooled Separate Accounts PRINCIPAL GOVT&HQBND SEP ACCT	$ 0.00	$ 502,128.70
*	Principal Life Insurance Company	Pooled Separate Accounts PRINCIPAL U.S. PROPERTY SEPACT	$ 0.00	$ 1,510,937.72
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN LIFETM STR INC SEP ACCT	$ 0.00	$ 883,373.90
*	Principal Life Insurance Company	Pooled Separate Accounts PRINCIPAL LIFETM 2010 SEP ACCT	$ 0.00	$ 134,936.09
*	Principal Life Insurance Company	Pooled Separate Accounts PRINCIPAL LIFETM 2020 SEP ACCT	$ 0.00	$ 1,172,988.51
*	Principal Life Insurance Company	Pooled Separate Accounts PRINCIPAL LIFETM 2030 SEP ACCT	$ 0.00	$ 2,120,813.95
*	Principal Life Insurance Company	Pooled Separate Accounts PRINCIPAL LIFETM 2040 SEP ACCT	$ 0.00	$ 2,028,054.90
*	Principal Life Insurance Company	Pooled Separate Accounts PRINCIPAL LIFETM 2050 SEP ACCT	$ 0.00	$ 497,826.81
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN LGCAP GROWTH II SEP ACCT	$ 0.00	$ 234,157.16
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN LGCP S&P 500 IDX SEP ACCT	$ 0.00	$ 2,216,632.19
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN MIDCAP GROWTH SEP ACCT	$ 0.00	$ 1,488,264.19
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN MIDCAP VALUE I SEP ACCT	$ 0.00	$ 1,004,505.70
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN MIDCAP BLEND SEP ACCT	$ 0.00	$ 509,300.21
*	Principal Life Insurance Company	Pooled Separate Accounts PRINCIPAL SMCAP VALUE SEP ACCT	$ 0.00	$ 758,261.40
*	Principal Life Insurance Company	Pooled Separate Accounts PRINCIPAL DIVERS INTL SEP ACCT	$ 0.00	$ 2,020,639.36

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

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SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

BELKIN INTERNATIONAL, INC.
RETIREMENT PLAN
EIN 95 4054778
PLAN NUMBER 001
PLAN YEAR 10/01/2008 TO 09/30/2009

(A)	(B) Identity of issuer, 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
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN INTL SMALLCAP SEP ACCT	$ 0.00	$ 1,159,249.02
	Union Bond & Trust Company	Common/Collective Trust PRINCIPAL STABLE VALUE FUND	$ 0.00	$ 3,305,626.00
	PIMCO Funds	Registered Investment Company PIMCO TOTAL RETURN R FUND	$ 0.00	$ 1,438,040.82
	Janus International Holding, LLC	Registered Investment Company JANUS BALANCED S FUND	$ 0.00	$ 41,507.33
	American Beacon	Registered Investment Company AMER BEA LG CP VL INVESTOR FD	$ 0.00	$ 152,349.44
	The American Funds	Registered Investment Company AM FDS GRTH FD OF AM R4 FUND	$ 0.00	$ 323,374.82
	Davis Funds	Registered Investment Company DAVIS NEW YORK VENTURE A FUND	$ 0.00	$ 161,893.12
	MFS Investment Management	Registered Investment Company MFS MASS INVEST TRUST A FD	$ 0.00	$ 1,458,502.62
	Alger	Registered Investment Company ALGER SMALLCAP GROWTH A FUND	$ 0.00	$ 277,773.87
	Oppenheimer	Registered Investment Company OPPENHEIMER MAIN ST SM CP A FD	$ 0.00	$ 613,513.24
	Participant Loans	Range of Interest Rates Rates Range From 3.25% To 8.25%	$ 0.00	$ 904,167.00

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SCHEDULE C (Form 5500)

Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Service Provider Information

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

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

Official Use Only

OMB No. 1210–0110

2008

This Form is Open to Public Inspection.

For calendar plan year 2008 or fiscal plan year beginning 10/01/2008 , and ending 09/30/2009 ,

A Name of plan
BELKIN INTERNATIONAL, INC. RETIREMENT PLAN

B Three–digit plan number ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BELKIN INTERNATIONAL, INC.

D Employer Identification Number
95-4054778

Part I Service Provider Information (see instructions)

1 Enter the total dollar amount of compensation paid by the plan to all persons, other than those listed below, who received compensation during the plan year: **1**

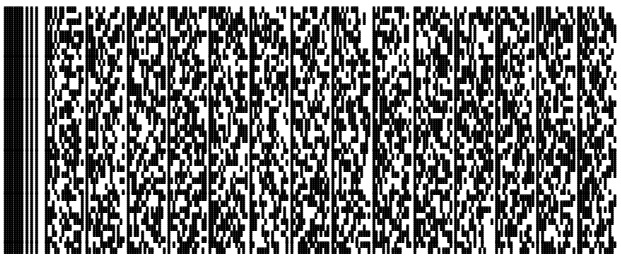
2 On the first item below list the contract administrator, if any, as defined in the instructions. On the other items, list service providers in descending order of the compensation they received for the services rendered during the plan year. List only the top 40. 103–12 IEs should enter N/A in (c) and (d).

(a) Name	**(b)** Employer identification number (see instructions)	**(c)** Official plan position
PRINCIPAL LIFE INSURANCE COMPANY	42-0127290	CONTRACT ADMINISTRATOR

(d) Relationship to employer, employee organization, or person known to be a party–in–interest	**(e)** Gross salary or allowances paid by plan	**(f)** Fees and commissions paid by plan	**(g)** Nature of service code(s) (see instructions)
RECORDKEEPER		14270	12

(a) Name	**(b)** Employer identification number (see instructions)	**(c)** Official plan position

(d) Relationship to employer, employee organization, or person known to be a party–in–interest	**(e)** Gross salary or allowances paid by plan	**(f)** Fees and commissions paid by plan	**(g)** Nature of service code(s) (see instructions)



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Official Use Only

(a) Name	**(b)** Employer identification number (see instructions)	**(c)** Official plan position

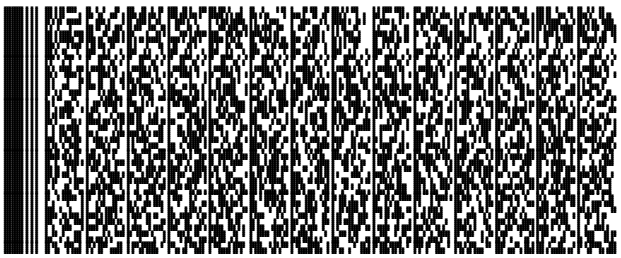
(d) Relationship to employer, employee organization, or person known to be a party–in–interest	**(e)** Gross salary or allowances paid by plan	**(f)** Fees and commissions paid by plan	**(g)** Nature of service code(s) (see instructions)

(a) Name	**(b)** Employer identification number (see instructions)	**(c)** Official plan position

(d) Relationship to employer, employee organization, or person known to be a party–in–interest	**(e)** Gross salary or allowances paid by plan	**(f)** Fees and commissions paid by plan	**(g)** Nature of service code(s) (see instructions)

(a) Name	**(b)** Employer identification number (see instructions)	**(c)** Official plan position

(d) Relationship to employer, employee organization, or person known to be a party–in–interest	**(e)** Gross salary or allowances paid by plan	**(f)** Fees and commissions paid by plan	**(g)** Nature of service code(s) (see instructions)



Official Use Only

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

(a) Name _____ **(b)** EIN _____

(c) Position _____

(d) Address _____

(e) Telephone No. _____

Explanation: _____

(a) Name _____ **(b)** EIN _____

(c) Position _____

(d) Address _____

(e) Telephone No. _____

Explanation: _____

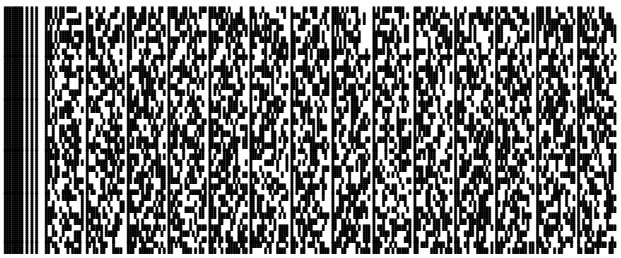
(a) Name _____ **(b)** EIN _____

(c) Position _____

(d) Address _____

(e) Telephone No. _____

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.**

Official Use Only

OMB No. 1210–0110

2008

This Form is Open to Public Inspection.

For calendar plan year 2008 or fiscal plan year beginning 10/01/2008 , and ending 09/30/2009 ,

A Name of plan or DFE
BELKIN INTERNATIONAL, INC. RETIREMENT PLAN

B Three–digit plan number ▶ 001

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

D Employer Identification Number
95-4054778

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

(a) Name of MTIA, CCT, PSA, or 103–12IE PRINCIPAL U.S. PROPERTY SEPACT

(b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY

(c) EIN–PN 42-0127290-027 **(d)** Entity code P **(e)** Dollar value of interest in MTIA, CCT, PSA, or 103–12IE at end of year (see instructions) 1510938

(a) Name of MTIA, CCT, PSA, or 103–12IE PRINCIPAL BOND AND MTG SEP ACC

(b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY

(c) EIN–PN 42-0127290-005 **(d)** Entity code P **(e)** Dollar value of interest in MTIA, CCT, PSA, or 103–12IE at end of year (see instructions) 0

(a) Name of MTIA, CCT, PSA, or 103–12IE PRINCIPAL DIVERS INTL SEP ACCT

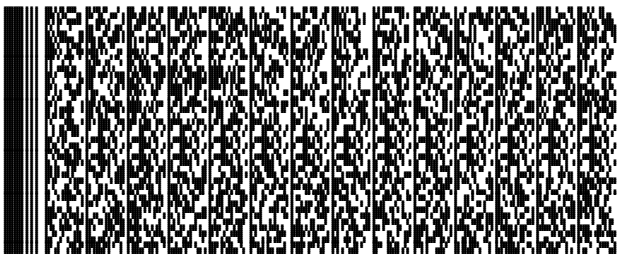
(b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY

(c) EIN–PN 42-0127290-015 **(d)** Entity code P **(e)** Dollar value of interest in MTIA, CCT, PSA, or 103–12IE at end of year (see instructions) 2020639

(a) Name of MTIA, CCT, PSA, or 103–12IE PRINCIPAL GOVT&HQBND SEP ACCT

(b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY

(c) EIN–PN 42-0127290-007 **(d)** Entity code P **(e)** Dollar value of interest in MTIA, CCT, PSA, or 103–12IE at end of year (see instructions) 502129



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Official Use Only

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 sections 104 and 4065 of the Employee Retirement 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

2008

This Form is Open to Public Inspection.

For calendar year 2008 or fiscal plan year beginning 10/01/2008 , and ending 09/30/2009 ,

A Name of plan
BELKIN INTERNATIONAL, INC. RETIREMENT PLAN

B Three–digit plan number ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BELKIN INTERNATIONAL, INC.

D Employer Identification Number
95-4054778

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 $

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the plan year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits). 42-0127290

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

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

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

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

If the plan is a defined benefit plan, go to line 7.

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 . . . . . ▶ 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.

6a 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, do not complete the remainder of this schedule.

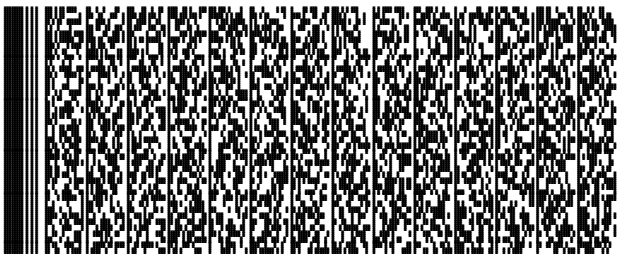
7 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? . . . . ☐ Yes ☐ No ☐ N/A

Part III Amendments

8 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. (See instructions.) . . . . . ☐ Increase ☐ Decrease ☐ No

Part IV Coverage (See instructions.)

9 Check the box for the test this plan used to satisfy the coverage requirements . . . . ☐ the ratio percentage test ☐ average benefit test



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