Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee **Benefit Plan**

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

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

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

Р	art I 📗 Ar	nnual Report I	dentification Informa	ation								
For	calendar pla	an year 2010 or fisc	cal plan year beginning	01/01/201	0	and ending	12/31/2	2010				
Α	This return/r	eport is for:	xingle-employer plan		multiple-e	employer plan (not multiemployer)	r) one-participant plan					
В	This return/r	eport is for:	first return/report		final retur	n/report		_				
		.,	an amended return/repo	ort	short plan	year return/report (less than 12 m	onths)					
C	Chack hov if	f filing under:	☐ Form 5558	F	•	extension	,	DFVC program				
J	C Check box if filing under: ☐ Form 5558 ☐ automatic extension special extension (enter description)											
D	ort II D	ocio Blan Infor	<u> </u>									
	Name of pla		mation—enter all reques	tea intorm	ation		1h	Three-digit				
		an c. 401(K) RETIREM	IENT PLAN				15	nlan number				
001	.b Lii ii i, ii io							(PN) • 001				
							1c	Effective date of plan				
								10/01/1998				
	Plan spons D LINK, INC		ress (employer, if for single	-employer	plan)		2b	Employer Identification Number (EIN) 91-1915416				
COL	D LINK, INO	.					2c	Plan sponsor's telephone number				
		ENUE WEST, SUIT A 98036-6466	E 101					425-771-5036				
LTIN	NVVOOD, VV	A 96030-0400					2d	Business code (see instructions) 441300				
32	Dian admin	intratorio nomo one	d address (if some as Dian		ntor "Come	\n\ \n\	2h	Administrator's EIN				
GOL	D LINK, INC			910 50TH	AVENUE \	WEST, SUITE 101	30	91-1915416				
			LY	NNWOOL), WA 9803	86-6466	3с	Administrator's telephone number				
								425-771-5036				
			lan sponsor has changed s er from the last return/repo			port filed for this plan, enter the	4b	EIN				
	name, Liiv, e	and the plan numb	er nom the last return/repor	т. Эропас	n s name		4c	PN				
5a	Total numb	per of participants a	at the beginning of the plan	year			5a	27				
b	· _ , , , , , , , , , , , , , , , , , ,					-	23					
С							04					
	complete t	his item)					5c	21				
6a		•		Ū		(See instructions.)		Yes No				
b						ndent qualified public accountant (lions.)		X Yes ☐ No				
						SF and must instead use Form !						
Pa		nancial Inform										
7	Plan Asset	s and Liabilities				(a) Beginning of Year		(b) End of Year				
а	Total plan	assets			. 7a	12375	01	1345553				
b	Total plan I	liabilities			. 7b							
С	Net plan as	ssets (subtract line	7b from line 7a)		7с	12375	01	1345553				
8	Income, Ex	penses, and Trans	sfers for this Plan Year			(a) Amount		(b) Total				
а		ns received or rece										
		-			. 8a(1)	342	1.4					
	(2) Participants			. 8a(2)	342	14						
	(3) Others (including rollovers)				1351	20						
b	` '				1301	20	169334					
C C			, 8a(2), 8a(3), and 8b)		. 8c			109334				
d		` `	rollovers and insurance pr		. 8d	576	77					
е			ctive distributions (see instr		. 8e							
f			ers (salaries, fees, commiss	,		36	05					
g		·		,	. 8g							
h	•		8e, 8f, and 8g)					61282				
i			ne 8h from line 8c)					108052				
i		`	see instructions)									
,												

	F	orm 5500-SF 2010 Page 2-							
Par	t IV	Plan Characteristics							
Эа	If the	plan provides pension benefits, enter the applicable pension feature codes from the List of Plan C	Characteri	stic Co	des in	the instru	ction	is:	
		2E 2J 2G 3D plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan C	haracteris	stic Cod	des in t	the instru	ction	s:	
art	V	Compliance Questions							
0	Durir	ng the plan year:		Yes	No		Am	nount	
а		there a failure to transmit to the plan any participant contributions within the time period described CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	d in 10a		X				
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions report ne 10a.)	ted 10b		X				
С	Was	the plan covered by a fidelity bond?	10c	X					150000
d		he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fra shonesty?	10d		X				
е	insur	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, ance service or other organization that provides some or all of the benefits under the plan? (See actions.)	10e		X				
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did t	he plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 1.101-3.)	10h		X				
i		n was answered "Yes," check the box if you either provided the required notice or one of the ptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI	Pension Funding Compliance							
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and					. [Yes	X No
2	Is thi	is a defined contribution plan subject to the minimum funding requirements of section 412 of the C	Code or se	ection 3	302 of	ERISA?		Yes	X No
	•	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see in ing the waiver.							
lf y	-	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		_					
b	Enter	the minimum required contribution for this plan year			12b				
С	Enter	the amount contributed by the employer to the plan for this plan year			12c				
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the tive amount)		L	12d				
е	Will t	he minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N/A
art	VII	Plan Terminations and Transfers of Assets							
3a	Has a	a resolution to terminate the plan been adopted during the plan year or any prior year?		<u>.</u>				Yes	X No

If "Yes," enter the amount of any plan assets that reverted to the employer this year.....

Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....

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.)

13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)

Yes No

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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	Filed with authorized/valid electronic signature.	07/19/2011	TIMOTHY GROUT
HERE	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

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Complete all entries in accordance with the instructions to the Form 5500-SF.

	art Annual Report Identification Information calendar plan year 2010 or fiscal plan year beginning)1/01/2	010	and anding		12/21/2010			
			· · · · · · · · · · · · · · · · · · ·	and ending	····	12/31/2010			
	This feditinebott is for.			(not multilemployer)	one-participant plan				
В	This return/report is for: first return/report first return/report	final retur	•						
	an amended return/report		-	eport (less than 12 mon	ths)				
С	Check box if filing under: Form 5558	3	c extension			DFVC program			
	special extension (enter description				.,				
- P 71 D - LD - L	Basic Plan Information—enter all requested inform	ation		·					
1a	Name of plan Gold Link, Inc. 401(k) Retirement Plan				1b	Three-digit plan number			
	Gold Link, Inc. 401(k) Recliement Flan		(PN) > 001						
					1c	Effective date of plan			
	,			ari ki anakiya a ki ki anaki anak		10/01/1998			
2a	Plan sponsor's name and address (employer, if for single-employer Gold Link, Inc.	plan)			2b	Employer Identification Number (EIN) 91-1915416			
					2c	Plan sponsor's telephone number (425) 771-5036			
	19910 50th Avenue West, Suite 101			†	2d	Business code (see instructions)			
90	Lynnwood	ntos "Com		98036-6466	25	441300			
Ja	Plan administrator's name and address (if same as Plan sponsor, e	mer sam	3)		3b Administrator's EIN				
					3c Administrator's telephone numb				
	f the name and/or EIN of the plan sponsor has changed since the la		port filed for t	nis plan, enter the	4b	EIN			
	name, EIN, and the plan number from the last return/report. Sponso	ers name			4c	PN			
5a	Total number of participants at the beginning of the plan year			******************	5a	27			
b	Total number of participants at the end of the plan year		**************		5b	23			
C	Total number of participants with account balances as of the end of complete this item)				5c	. 21			
6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructi	ons.)		X Yes No			
b	Are you claiming a waiver of the annual examination and report of					— — — — — — — — — — — — — — — — — — —			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lift you answered "No" to either 6a or 6b, the plan cannot use Fe					Yes No			
Pa	if the Financial Information	· _	or and must	nistead use FUIII 930	v.				
***** 7	Plan Assets and Liabilities		(a) B	eginning of Year	(b) End of Year				
а	Total plan assets	7a		1,237,50	1.	1,345,553			
b	Total plan liabilities	7b							
c	Net plan assets (subtract line 7b from line 7a)	7c		1,237,50	L	1,345,553			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total				
а	Contributions received or receivable from:								
	(1) Employers	8a(1)		24 03	1 /				
	(2) Parlicipants	8a(2)		34,21					
L	(3) Others (including rollovers)			135,120	Ⅎ				
	Other income (loss)			133,120		169,334			
d	Benefits paid (Including direct rollovers and insurance premiums	00			109,				
u	to provide benefits)	8d		57,67	4				
e	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f		3, 605	2				
g	Other expenses	8g							
h]			<u> </u>	61,282			
į	Net income (loss) (subtract line 8h from line 8c)	*			9 35039	108,052			
1	Transfers to (from) the plan (see instructions)	81			- 100				

	Form 5500-SF 2010	P	age 2-		_						
Par	Plan Characteristics	A A MARIE AND A MA									
Course of the Course	If the plan provides pension benefits, enter the applicable pension feat	ture codes from the	List of Plan Chara	acteris	de Co	des in	the instru	ctions	;	• • • • • • • • • • • • • • • • • • • •	
h	2T 2E 2J 2G 3D										
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:											
Part	V Compliance Questions	- , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			***************************************						
10	During the plan year:	na na 1944 na			Yes	No		Ams	unt		
a		I failure to transmit to the plan any participant contributions within the time period described in 10.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)				X	-				
b	•										
	on line 10a.)					Х					
C	Was the plan covered by a fidelity bond?		**************	10c	Χ				15	0,000	
đ	Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?	************************		10d		Х			.,.,.,.,		
e	Were any fees or commissions paid to any brokers, agents, or other produced some or all of the instructions.)	ne benefits under th	e plan? (See	10e		Х					
f	Has the plan falled to provide any benefit when due under the plan? .			10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount as of	f year end.)		10a		Х					
h	If this is an individual account plan, was there a blackout period? (Sec 2520.101-3.)		i i	10h		Х					
i	If 10h was answered "Yes," check the box if you either provided the reexceptions to providing the notice applied under 29 CFR 2520.101-3.			10i							
Part	VI Pension Funding Compliance										
11	is this a defined benefit plan subject to minimum funding requirements 5500))							. []	Yes	X No	
12	Is this a defined contribution plan subject to the minimum funding req								Yes	X No	
_	(if "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable			,.		, ,			G 15	i	
а	If a waiver of the minimum funding standard for a prior year is being a granting the waiver.										
lf y	rou completed line 12a, complete lines 3, 9, and 10 of Schedule Mi					•					
b	Enter the minimum required contribution for this plan year	**************************************	**************************************			12b					
	Enter the amount contributed by the employer to the plan for this plan.	.*				12c					
	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)		***************************************			12d	7	п.	, F	1	
	Will the minimum funding amount reported on line 12d be met by the f	funding deadline?		*********	*********		Yes	Ш.	lo	N/A	
	VII Plan Terminations and Transfers of Assets					···				X No	
13a	Has a resolution to terminate the plan been adopted during the plan ye					13a		Щ	Yes	X No	
b	If "Yes," enter the amount of any plan assets that reverted to the empl Were all the plan assets distributed to participants or beneficiaries, tra										
c	of the PBGC?			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					Yes	X No	
***************************************	which assets or liabilities were transferred. (See instructions.)			· 		(6) =		-			
1	3c(1) Name of plan(s):				13c(2) EIN(s) 13c(3) PN				PN(s)		
Caut	on: A penalty for the late or incomplete filing of this return/report	will be assessed	unless reasonabl	e cau	se Is	estabi	lshed.				
Unde SB o	r penalties of perjury and other penalties set forth in the instructions, it is schedule MB completed and signed by an enrolled actuary, as well at it is true, correct, and complete.	declare that I have	examined this retu	rn/rep	ort, in	cluding	g, if applie	cable, v know	a Sche ledge	edule and	
SIG	Timothy Grout										
HER						dividual signing as plan administrator					
SIGI	38 James 2 Mary 7/7/4										
HER							s employe	er or pi	an spc	nsor	