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).

1210-0089

2010

OMB Nos. 1210-0110

This Form is Open to Public Inspection

P	ension Be	nefit Guaranty Corporation		▶ Complete all entries in accor	dance wit	h the instructions to the Form 550	0-SF.	mopeonon			
Pa	art I	Annual Repor	t Ide	ntification Information							
For	calenda	ar plan year 2010 or	fiscal	plan year beginning 01/01/201	1	and ending 1	0/26/2	2011			
Α -	This retu	urn/report is for:	X	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan			
		urn/report is for:	П	first return/report	final retur	final return/report					
_	11113 1011	иптероптіз ют.	片	an amended return/report	1	·	nthe)				
•							111113)				
C	Check b	oox if filing under:	빌	Form 5558	c extension DFVC program						
				special extension (enter description							
Pa	rt II	Basic Plan Inf	orm	ation—enter all requested inform	nation						
	Name of						1b	Three-digit			
GOLI	D LINK,	INC. 401(K) RETIR	EME	IT PLAN				plan number 001			
							4 -	(PN) •			
							10	Effective date of plan 10/01/1998			
22	Dlan or	oncor's name and a	ddroc	s (employer, if for single-employer	r plop)		2h	Employer Identification Number			
	D LINK,		laares	s (employer, ii for single-employer	pian)		20	(EIN) 91-1915416			
	,						2c	Plan sponsor's telephone number			
1991	0 50TH	AVENUE WEST, SI WA 98036-6466	UITE	101				425-771-5036			
LTINV	VOOD,	VVA 96030-0400					2d	Business code (see instructions)			
							01	441300			
GOLI	Plan ad D LINK,	dministrator's name a	and a	ddress (if same as Plan sponsor, e 19910 50TH	enter "Same AVENUE '	e") WEST, SUITE 101	30	Administrator's EIN 91-1915416			
	,			LYNWOOD,			30	Administrator's telephone number			
								425-771-5036			
4 II	f the na	me and/or EIN of the	e plan	sponsor has changed since the la	st return/re	port filed for this plan, enter the	4b EIN				
r	name, E	IN, and the plan nur	mber	from the last return/report. Sponso	or's name		4 -				
								PN			
5a	Total n	number of participant	ts at th	ne beginning of the plan year			5a	24			
b Total number of participants at the end of the plan year							5b	0			
С				account balances as of the end of		` .	F	0			
		•					5c				
						(See instructions.)		Yes No			
b						ndent qualified public accountant (IQ ions.)		X Yes ☐ No			
			•	• •		SF and must instead use Form 55					
Pa	rt III	Financial Info									
7	Plan A	ssets and Liabilities				(a) Beginning of Year		(b) End of Year			
		olan assets			. 7a	1345553	3	0			
b											
С	•			from line 7a)		134555	3	0			
8		e, Expenses, and Tra				(a) Amount		(b) Total			
а		outions received or re				(a) Amount		(b) Total			
u					. 8a(1)	468	8				
						1019	9				
	(3) Ot	hers (includina rollov	vers)								
b		,				42199	9				
С		, ,		a(2), 8a(3), and 8b)				43686			
d				llovers and insurance premiums	00						
~					8d	1384848	8				
е	Certair	n deemed and/or cor	rrectiv	e distributions (see instructions)	8e						
f	Admini	istrative service prov	/iders	(salaries, fees, commissions)		439	1				
g		·									
h		•		e, 8f, and 8g)				1389239			
i				Bh from line 8c)				-1345553			
i		` , `		instructions)							
,			,555	,	· 8j	1					

	Fo	rm 5500-SF 2010 Page 2-								
Par	t IV	Plan Characteristics								
Эа		lan provides pension benefits, enter the applicable pension feature codes from the List of Plan Ch $= 2J - 2G - 3D$	aracteri	stic Co	des in	the instr	uction	s:		
b		lan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Ch	aracteris	stic Co	des in	the instru	ctions	s:		
art	: V C	Compliance Questions								
0	During	g the plan year:		Yes	No		Am	ount		
а		here a failure to transmit to the plan any participant contributions within the time period described FR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	in 10a		X					
b		there any nonexempt transactions with any party-in-interest? (Do not include transactions reporte e 10a.)	d 10b		X					
С	Was t	the plan covered by a fidelity bond?	10c	X					1500	00
d		e plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by frau-	d 10d		X					
е	insura	any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, ince service or other organization that provides some or all of the benefits under the plan? (See ctions.)	10e		X					
f	Has th	ne plan failed to provide any benefit when due under the plan?	10f		X					
g	Did the	e plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X					
h		is an individual account plan, was there a blackout period? (See instructions and 29 CFR 101-3.)	10h		X					
İ		was answered "Yes," check the box if you either provided the required notice or one of the tions to providing the notice applied under 29 CFR 2520.101-3	10i							
art	VI P	Pension Funding Compliance								
1		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c	•			`	[Yes	1 ×	No
2	Is this	s a defined contribution plan subject to the minimum funding requirements of section 412 of the Co	de or se	ection 3	302 of	ERISA?.	. [Yes	1 ×	No
	,	s," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								
а		iver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ng the waiver		•					•	
lf	-	mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1			Day			<u>ــــ</u>		
b	Enter the minimum required contribution for this plan year									
С	Enter t	the amount contributed by the employer to the plan for this plan year			12c					
d		ect the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the leve amount)			12d					
е	Will the	e minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N/	Α
art	VII	Plan Terminations and Transfers of Assets								
							Y	/ v/	\Box	

13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? If "Yes," enter the amount of any plan assets that reverted to the employer this year.....

X Yes No

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)

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 HERE	Filed with authorized/valid electronic signature.	11/30/2011	TIMOTHY GROUT					
	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 Lebor 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

F	art Annual Report Identification Information										
Fo	r calendar plan year 2010 or fiscal plan year beginning	01/01/:	2011	and ending		10/26/201	1				
A	This return/report is for:	multiple-	ple-employer plan (not multiemployer) one-participant plan								
	This return/report is for: first return/report	=======================================	sturn/report								
	an amended return/report	Short pla	n year retu	ırn/report (less than 12 mo	nths)						
C	Check box if filing under: Form 5558	==	ic extensio		,	☐ DFVC progra	m				
	special extension (enter descrip	_					•••				
	art Basic Plan Information—enter all requested information infor	<u></u>				***************************************	····				
	Name of plan	TREEDET			4h	Three-digit					
	Gold Link, Inc. 401(k) Retirement Plan				10	plan number					
						(PN) ▶	001				
					1c	Effective date of					
2a	Plan enongor's name and address /amployer, if for single employer	r plan)			25	10/01/1998					
_4	Plan sponsor's name and address (employer, if for single-employer Gold Link, Inc.	i pian)			ZD	Employer Identif (EIN) 91-191	S416				
					2c	Plan sponsor's t	elephone number				
	19910 50th Avenue West, Suite 101				0.1	(425)771-5					
	Lynwood		Ţ	VA 98036-6466	Za	Business code (441300	see instructions)				
За	Plan administrator's name and address (if same as Plan sponsor,	enter "Sam			3b	Administrator's E	EIN				
					30	Administrator's t	plankana numbas				
				·	3c Administrator's telephone numb						
4	If the name and/or EIN of the plan sponsor has changed since the I name, EIN, and the plan number from the last return/report. Spons	ast retum/n or's name	eport filed t	or this plan, enter the	4b	EIN					
			4c	ΡN							
	Total number of participants at the beginning of the plan year				5a		24				
b Total number of participants at the end of the plan year							. 0				
C	Total number of participants with account balances as of the end complete this item).	of the plan	year (defin	ed benefit plans do not	5c		0				
6a	ia Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)										
b	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)										
	If you answered "No" to either 6a or 6b, the plan cannot use I	and condit	ions.) SE and m	uet instead use Form ESI	 \r		X Yes No				
Pa	Randill Financial Information										
7	Plan Assets and Liabilities		(1) Beginning of Year	1	(b) End	of Year				
а	Total plan assets	7a		1,345,55	3		0				
b	Total plan fiabilities	7 b									
C	Net plan assets (subtract line 7b from line 7a)	. 7c		1,345,55	3		0				
8	Income, Expenses, and Transfers for this Plan Year			(a) Amount		(b) T	otal				
а	Contributions received or receivable from: (1) Employers	8a(1)		46	ها						
	(2) Participants		·	1,01	-	ration of the second					
	(3) Others (including rallovers)		 	1,01	1						
b	Other income (loss)			42,19	9						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)					AND THE PERSON NAMED IN COMMENSATION OF THE PERSON NAMED IN COMMEN	43,686				
d	Benefits pald (including direct rollovers and insurance premiums			1 204 04							
۵	to provide benefits)			1,384,84	비						
f	Administrative service providers (salaries, fees, commissions)			4,39	1						
g	Other expenses			4,09.	7						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	·····					1,389,239				
i	Net income (loss) (subtract line 8h from line 8c)	***************************************					(1,345,553)				
	Transfers to (from) the plan (see instructions)				2. 2.32		(-/ (-), ())				

	Form 5500-SF 2010 Page 2-						
Pai	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char $2T$ $2E$ $2J$ $2G$ $3D$	acteris	tic Co	des in	the instr	uctions:	-
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara-	acterís:	lic Co	des in	the instru	ictions:	
Par	V Compliance Questions					<u></u>	
10	During the plan year:		Yes	No		Amoun	nt
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		х			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.),	10b		х			
c	Was the plan covered by a fidelity bond?	10c	Х				150,000
d		10d		х		<u></u>	130,000
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier,						***************************************
	insurance service or other organization that provides some or all of the benefits under the plan? (See				·		
	instructions.)	10e		Х	ļ		
f	Has the plan failed to provide any benefit when due under the plan?	10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х			
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	101					
Part	VI Pension Funding Compliance			.			
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500)).	plete	Sched	lule SE	(Form	 Пү	es X No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						es X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
а	if a walver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the walver	ctions,	and e	enter th	e date of	f the letter Year	
lf y	ou completed line 12z, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	"'		Day		Teal	
þ	Enter the minimum required contribution for this plan year		Г	12b			***************************************
	Enter the amount contributed by the employer to the plan for this plan year		·	12c		*****	
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	of a	ļ_	12d		····	· · · · · · · · · · · · · · · · · · ·
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		_		Yes	No	□ N/A
Part		,					
	Has a resolution to terminate the plan been adopted during the plan year or any prior year?					X Y	es No
Iou			-	13a		A	
b	If "Yes," enter the amount of any plan assets that reverted to the employer this year						0
	of the PBGC?	unu u r	ine co	alieloi 		X Y	es No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See Instructions.)	ıe plar	s(s) to			_	-
1	3c(1) Name of plan(s):		13	c(2) El	N(s)	13c	(3) PN(s)
							, , , , , <u>, , , , , , , , , , , , , , </u>
Cauti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	L	eo le	aefahl	ic had		
	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu					cable a S	chedule

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	Jums short	11/17/11	Timothy Grout
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN _	Trans arms	11/12/11	
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor