	Form 5500-SF	Report of Small Employ Plan	yee	C	0MB Nos. 1210-0110 1210-0089				
	Department of the Treasury Internal Revenue Service		_	2	009				
Er	Department of Labor         This form is required to be filed under sections 104 and 4065 of the Employ           Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).						Open to Public		
Pension Benefit Guaranty Corporation  Complete all entries in accordance with the instructions to the Form 5							pection		
Pa	Part I Annual Report Identification Information								
For	calendar plan year 2009 or fisca	Il plan year beginning 01/01/2009	9	and ending 1	2/31/2	2009			
Α -	This return/report is for:	single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participar	nt plan		
<b>B</b> -	This return/report is for:	first return/report	final retur	n/report					
		an amended return/report	short plan	year return/report (less than 12 mo	nths)				
C	Check box if filing under:	Form 5558	automatic	extension		DFVC program	n		
		special extension (enter description	on)						
		nation—enter all requested information	ation		1				
	Name of plan				1b	Three-digit			
ENDI	LESS INK INC 401(K) PLAN					plan number (PN) ▶	001		
					1c	Effective date of 04/08/20			
	Plan sponsor's name and addre ESS INK, INC.	ess (employer, if for single-employer	plan)		2b	Employer Identifi (EIN) 20-4730	cation Number		
	SOUTH WESTCHESTER DRIV	/F			2c	Plan sponsor's te 509-443	elephone number		
	KANE, WA 99223	-			2d	Business code (s 323100			
	Plan administrator's name and a LESS INK, INC.		I WESTCH	;") IESTER DRIVE	3b	Administrator's EIN 20-4730848			
SPOKANE, WA 99223					3c	Administrator's telephone number 509-443-7192			
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the					4b	EIN			
ſ	name, Elin, and the plan humber	r from the last return/report. Sponso	or s name		4c	PN			
5a	Total number of participants at	the beginning of the plan year			5a		5		
b	Total number of participants at	the end of the plan year			5b		5		
C		th account balances as of the end of		· ·	5c		5		
6a	• •	uring the plan year invested in eligib					X Yes No		
b		e annual examination and report of a					X Yes No		
		See instructions on waiver eligibility a er 6a or 6b, the plan cannot use Fo							
Pa	rt III Financial Informa								
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year		
а	Total plan assets		. 7a	1629	)		4550		
b	Total plan liabilities		7b	(	)				
C	Net plan assets (subtract line 7	b from line 7a)	7c	1629	)		4550		
8	Income, Expenses, and Transfe			(a) Amount		(b) T	otal		
а	Contributions received or received (1) Employers	vable from:	8a(1)	2202					
				(	-				
b	., ,			719	9				
С	Total income (add lines 8a(1), 8	3a(2), 8a(3), and 8b)	8c				2921		
d	d Benefits paid (including direct rollovers and insurance premiums								
to provide benefits)									
Certain deemed and/or corrective distributions (see instructions)					-				
		s (salaries, fees, commissions)			$\neg$				
g h		3e, 8f, and 8g)					0		
i		8h from line 8c)							
j	( ) (	e instructions)					2921		

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Page 2-1

## Part IV Plan Characteristics

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K
- **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:		Yes	No		Amo	unt	
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		X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x				
С	Was the plan covered by a fidelity bond?	10c		Х				
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X				
е	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		x				
f	Has the plan failed 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 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	10i						
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))						Yes	X No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	802 of I	ERISA?		Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver							
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		-					
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	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left onegative amount)		[	12d				_
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	lo	N/A
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?						Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		Г	13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?	under	the co			Π	Yes	X No
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)							
1	<b>3c(1)</b> Name of plan(s):		130	<b>:(2)</b> El	N(s)	1	13c(3)	PN(s)
Caut	on: A papalty for the late or incomplete filing of this return/report will be assessed unless reasonable			octabl	ichod			

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.	10/11/2010	ANTHONY KIEPE
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	10/11/2010	ANTHONY KIEPE
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form 5500-SF		Short Form Annual F	ee	OMB Nos. 1210-0110 1210-0089						
	Internal Revenue Service	This form is required to be fil		2009						
Em	Department of Labor oloyee Benefits Security Administration			(ERISA), and section 6058(a) of the de (the Code).	)	This Form is Open to Public				
	ension Benefit Guaranty Corporation	SUCHORADU ZO SCHOL		the instructions to the Form 5500	Inspection.					
P	art I Annual Report Id	dentification Information	ruance with		-01.					
	the calendar plan year 2009 or		2009-	01-01 and ending	20	09-12-31				
A	This return/report is for:	single-employer plan	multiple-en	nployer plan (not multiemployer)		one-participant plan				
в	This return/report is for:	first return/report	final return	/report		_				
	Ī	an amended return/report	short plan	year return/report (less than 12 month	ıs)					
С	Check box if filing under:	🗙 Form 5558	automatic e	DFVC program						
P	rt II Basic Plan Infor	mation enter all requested info	ormation							
	Name of plan					Three-digit				
	Endless Ink Inc 401(k	) Plan				plan number (PN) ► 001				
					_	Effective date of plan				
						2006-04-08				
2a	The subsection of a sector we were a sector sector sector sector of the	ess (employer, if for single-employer	plan)			Employer Identification Number (EIN) 20-4730848				
	Endless Ink, Inc.				_	Plan sponsor's telephone number				
	6615 South Westcheste	r Drive				(509) 443-7192				
US	Spokane	WA 99223				Business code (see instructions) 323100				
3a		address (If same as plan employer, e	enter "Same")			Administrator's EIN				
	Same									
					3c	Administrator's telephone number				
4	If the name and/or EIN of the pl	an sponsor has changed since the la	ast return/rep	ort filed for this plan, enter the	4b	EIN				
	name, EIN and the plan numbe	r from the last return. Sponsor's Nam	ne		4c	PN				
5a	Total number of participants at	the beginning of the plan year			5a	5				
b	Total number of participants at	the end of the plan year			5b	5				
С		th account balances as of the end of		, ,	50	5c 5				
6a				e instructions.)						
b	Are you claiming a waiver of the	e annual examination and report of a	n independer	nt qualified public accountant (IQPA)						
		See instructions on waiver eligibility a		27	•••	XYes No				
De	rt III Financial Inform	r 6a or 6b, the plan cannot use For		and must instead use Form 5500.						
7	Plan Assets and Liabilities		1000	(a) Beginning of Year	Т	(b) End of Year				
'a			. 7a	1,629						
b	Total plan liabilities		. 7a . 7b		-	4,550				
с	Net plan assets (subtract line 7	b from line 7a)		1,629		4,550				
8	Income, Expenses, and Transfe			(a) Amount	-	(b) Total				
a	Contributions received or receiv				1-12					
	(1) Employers		. <u>8a(1)</u>	2,202						
	(2) Participants		. <u>8a(2)</u>	0						
Ŀ			. <u>8a(3)</u>							
b		· · · · · · · · · · · · · · · · · · ·		719						
c d		a(2), 8a(3), and 8b)	. <u>8c</u>			2,921				
			. <u>8d</u>							
е	Certain deemed and/or correcting	ve distributions (see instructions) .	. <u>8</u> e							
f		s (salaries, fees, commissions) .	. 8f		12					
g	Other expenses		- 8g		1	- A THE SHE WAS A				
h	Total expenses (add lines 8d, 8	e, 8f, and 8g)	. <u>8h</u>		-	00				
i	2 R G 3	8h from line 8c)			1	2,921				
1		e instructions)		ations for Form FEOD OF		Form 5500-SE (2009)				

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Form 5500-SF (2009) v.092308.1

Form 5500-SF (2009)

Part IV **Plan Characteristics** 

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K

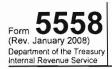
**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Parl	V Compliance Questions				
10	During the plan year:	Y	s No	Ar	nount
а	Was there a failure to transmit to the plan any participant contribution within the time period described in	0a	x		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported	0ь	x		
с	Was the plan covered by a fidelity bond?	0c	x		
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	0d	x		
е	Were any fees or commisions paid to any brokers, agents, or other persons by an insurance carrier, insurance services or other organization that provides some or all of the benefits under the plan? (See instructions.)	0e	x		
f	Has the plan failed to provide any benefit when due under the plan?	Of	x		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	0g	x		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h	x	· Bas	
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	10i			
Part	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete 5500))	e Sche	dule SB	(Form	Yes X No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se	ection	302 of E	RISA?	Yes X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)				
a If v	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction: granting the waiver				
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	1	
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)		12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes [	No N/A
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?				Yes X No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		· 13a	1	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under of the PBGC?				
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla which assets or liabilities were transferred. (See instructions.)				
	3c(1) Name of plan(s):		13c(2)	EIN(s)	13c(3) PN(s)
Cauti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cau	so is i	stablic		
	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/rep				Schedule
onuel	penalies of penality and other penalities sector in the instructions, i declare that i have examined this returning		ciuuing,	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

elief, it is true, correct, and complete.		
SIGN Cell & Kupl	9/16/10	ANTHONY KIEPE
HERE Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN All A BUK	9/10/10	ANTHONY KIEPE
HERE Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Page 2-



I

## Application for Extension of Time To File Certain Employee Plan Returns

For Privacy Act and Paperwork Reduction Act Notice, see instructions on page 3.

File With IRS Only

Part	Identification
	Indontentiont

Α	Name of filer, plan administrator, or plan sponsor (see instructions)		<ul> <li>B Filer's identifying number (see instructions).</li> <li>Employer identification number (EIN).</li> </ul>							
	Number, street, and room or suite no. (If a P.O. box, see instructions.)	20-4730848								
	6615 South Westchester Drive	ГТ	_			y number (SSI	N)			
	City or town, state and ZIP code					,	.,			
	Spokane WA 99223									
С	Plan name		Ρ	lan		Pla	n year endi	ng		
Ŭ	i lair hanne		ทน	mbe	r	MM	DD	YYYY		
			1	Ĩ						
	1 Endless Ink Inc 401(k) Plan	0	Ì	0	1	12	31	2009		
			1							
	2		ł	- Î						
			1	Ì						
	3		i.	í						
Par	t II Extension of Time to File Form 5500 or Form 5500-EZ (see	inst	truc	ctior	ns)					
1	I request an extension of time until <u>10 / 15 / 2010</u> to file Form	5500	) or	For	n 550	0-EZ.				
	The application <b>is automatically approved</b> to the date shown on line 1 (above) if normal due date of Form 5500 or 5500-EZ for which this extension is requested, a months after the normal due date.							2		
	You must attach a copy of this Form 5558 to each Form 5500 and 5500-EZ filed after the due date for the plans listed in C above					in C above.				

Note. A signature is not required if you are requesting an extension to file Form 5500 or Form 5500-EZ.

## Part III Extension of Time to File Form 5330 (see instructions)

2	I request an extension of time until to file Form 5330.
	You may be approved for up to a six (6) month extension to file Form 5330, after the normal due date of Form 5330.
а	Enter the Code section(s) imposing the tax
b	Enter the payment amount attached
с 3	For excise taxes under section 4980 or 4980F of the Code, enter the revision/amendment date
Under author	penalties of perjury, I declare that to the best of my knowledge and belief the statements made on this form are true, correct, and complete, and that I am ized to prepare this application.
	nture ► 011 - 1/10/10 Form 5558 (Rev. 1-2008
	Form 3330 (Rev. 1-2008)