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.

1210-0089

OMB Nos. 1210-0110

2010

This Form is Open to Public Inspection

Pa	art I Annual Report Identification Information							
For	calendar plan year 2010 or fiscal plan year beginning 01/01/2010)	and ending	12/31/2	2010			
Α .	This return/report is for: Single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan			
В	This return/report is for:	final return/report						
	an amended return/report	short plar	year return/report (less than 12 mo	onths)				
C	Check box if filing under: Form 5558	automatic	extension		DFVC program			
	special extension (enter descriptio							
Pa	Int II Basic Plan Information—enter all requested informa	,						
	Name of plan	ation		1b	Three-digit			
	NTIST 401(K) PLAN & TRUST				plan number 001			
					(PN) •			
				1c	Effective date of plan 01/01/2008			
2a	Plan sponsor's name and address (employer, if for single-employer	nlan)		2h	Employer Identification Number			
	NTIST, INC	ριατή			(EIN) 20-0058388			
1001	NODTH WEST CAMAS MEADOWS BRIVE			2c	Plan sponsor's telephone number			
	NORTHWEST CAMAS MEADOWS DRIVE AS, WA 98607			24	360-833-2357			
				20	Business code (see instructions) 339900			
3a	Plan administrator's name and address (if same as Plan sponsor, er NTIST, INC 4901 NORTH	nter "Same	e")	3b	Administrator's EIN			
INVE	NTIST, INC 4901 NORTH CAMAS, WA	IWEST CA 98607	AMAS MEADOWS DRIVE		20-0058388			
				3c	Administrator's telephone number 360-833-2357			
4 I	f the name and/or EIN of the plan sponsor has changed since the las	st return/re	port filed for this plan, enter the	4b	EIN			
ı	name, EIN, and the plan number from the last return/report. Sponsor	r's name		4c	DN			
52	Total number of participants at the beginning of the plan year	<u> </u>	2					
b	Total number of participants at the end of the plan year		0					
C	Total number of participants at the end of the plan year	5b	•					
	complete this item)	5c	0					
6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							
b								
	· · · · · · · · · · · · · · · · · · ·		•		^ Yes [] No			
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year			
-	Total plan assets	7a	20918	6	0			
	Total plan liabilities	7b	987	2				
С	Net plan assets (subtract line 7b from line 7a)	7c	19931	4	0			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			
а	Contributions received or receivable from:		•					
	(1) Employers							
	(2) Participants	8a(2)	71					
	(3) Others (including rollovers)	8a(3)	1533					
b	Other income (loss)	8b	1710	6	00440			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			33442			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	23275	6				
е	Certain deemed and/or corrective distributions (see instructions)	8e		0				
f	Administrative service providers (salaries, fees, commissions)	8f		0				
g	Other expenses	8g		0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			232756			
i	Net income (loss) (subtract line 8h from line 8c)	8i			-199314			
i	Transfers to (from) the plan (see instructions)	Ωi		0				

	Form 5500-SF 2010 Page 2-				
	1 dill 3300 di 2010				
	IV Plan Characteristics				
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Charac 2 C 2 F 2 C 2 J 2 K 3 D	cteris	tic Co	des in th	ne instructions:
	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Charac	cterist	ic Coc	les in th	e instructions:
rt	V Compliance Questions				
	During the plan year:		Yes	No	Amount
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	
)	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х	
;	Was the plan covered by a fidelity bond?	10c		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?	10d		Х	
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		Х	
f	Has the plan failed to provide any benefit when due under the plan?	10f		X	
a	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10a		X	

Part VI **Pension Funding Compliance** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form Yes 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?..

Χ

Yes X No

10h

10i

(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) 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 letter ruling granting the waiver......Month Dav

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

2520.101-3.) 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.....

12b b Enter the minimum required contribution for this plan year..... 12c C Enter the amount contributed by the employer to the plan for this plan year.....

Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a 12d Yes No N/A e Will the minimum funding amount reported on line 12d be met by the funding deadline?.....

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? 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)

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.	02/11/2011	JENNIFER CHEN
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	02/11/2011	JENNIFER CHEN
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

1210-0089

OMB Nos. 1210-0110

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Department of the Treasury

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

2010

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	artiff Annual Report	t Identification Information	n)								
For	the calendar plan year 2010	or fiscal plan year beginning		01/01	/2010	and ending	12	2/31/2010			
A	This return/report is for:	🗝 single-employer plan	n	nultiple-en	nployer plan (r	ot multiemplayer)	Γ	one-participar	nt plan		
В	This return/report is for:	☐ first return/report	X f	inal retum	/report		_				
		an amended return/report	Ħ,	hort plan	vear retum/rer	ort (less than 12 mont	hs)				
_	Check box if filing under:	☐ Form 5558	=	-	extension		, r	DFVC progran	m		
V	check box it filling under.	special extension (enter descrip		iatomatio :	unioribioti		L	J St 40 binging,			
K											
	Name of plan	ormation — enter all requested	inform	ation.			1h	Three-digit			
10	Name or plan							plan number			
	INVENTIST 401 (K) PL	AN & TRUST						(PN) ▶	001		
			1C Effective date of plan 01/01/2006								
2a	2a Plan sponsor's name and address (employer, if for single-employer plan) 2b Employer Identification Number										
	INVENTIST, INC							(EIN) 20-005	88388		
	4901 Northwest Cama:	s Meadows Drive					2c Plan sponsor's telephone number (360) 833-2357				
							2d	Business code (s			
	Camas	WA 98607		- "C++++			¥	339900 Administrator's E	21M		
Ja	Plan administrators name an	d address (if same as plan employe	r, ente	ar Samer)	1		JD .	Administrators	IIN		
							20	A designation to do to			
							36	Administrators to	elephone number		
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report. Sponsor's Name							4b EIN			
	name, and the plan humber from the last retormeport, openion a reame							4c PN			
5a	a Total number of participants at the beginning of the plan year						<u>5a</u>		2		
Total number of participants at the end of the plan year							0				
C	Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)										
6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)										
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-467 (See instructions on walver eligibility and conditions.)										
		(See instructions on waiver eligibility h er 6a or 6b, the plan cannot us e l							IN 162 INO		
D.	Financial Infor										
7	Plan Assets and Liabilities		Í	Total a	(a) B	eginning of Year		(b) End	of Year		
a	Total plan assets ,	,		7a	-	209,186			0		
b	Total plan liabilities			7b		9,872			0		
C	Net plan assets (subtract fine	7b from line 7a)		7c		199,314			0		
8	income, Expenses, and Trans					a) Amount		(b) T	otal		
a	Contributions received or received	elvable from:		0.441		287		A April			
	(1) Employers		• +	8a(1)	***************************************	713			2000		
	(2) Participants		• •	8a(2)		15,336	_		Westle.		
h	(3) Others (including rollover	S)	• •	8a(3)		17,106	7560		Thickney Age		
b	Other Income (loss)	Ra(2) \$2(3) and 9h)		8b 8c	N. Carlotte	4. Only and to be a	(S)	Who and Shanning	33,442		
d	Total Income (add lines 8a(1), Benefits paid (including direct	rollovers and Insurance premiums		00	A STATE OF THE STA	AUG Australia Control					
_	to provide benefits)			8d		232,756	(man)	Portar i	Lar.		
8	Certain deemed and/or correct	ctive distributions (see instructions)		80		0			李		
f	Administrative service provide	ers (salarles, fees, commissions) .		81		0		14.57			
9	Other expenses		• •	8g	DENEMA	0			The state of the s		
h	Total expenses (add lines 8d,	8e, 8f, and 8g)	- 1	8h	7-02-4	in the state of			232,756		
Ĭ	Net income (loss) (subject line	e 8h from line 8c)	- 1	81			27	· ·	(199,314)		
ì	Transfers to (from) the plan (s	see instructions)		Bi		0	1		3 - HeVir		

	Form 6500-8F 2010						
	100	ratio (~	: 46	innén satianas		
74	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Character 2A 2F 2G 2J 2K 3D	netic (70068	in the	instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteris	stic C	odes îi	n the ir	istructions:		
Pa	Compliance Questions						
10	During the plan year:		Yes	No	An	nount	
a	Was there a failure to transmit to the plan any participant contribution within the time period described in	10a		x			
b	29 CFR 2510,3-1027 (See instructions and DOL's Voluntary Fiduciary Correction Program)						
	on line 10a.)	10b		ж			
C	Was the plan covered by a fidelity bond?	10c		ж			
d				x			
	or dishonesty?	10d	_				
8	Were any fees or commissions 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	10e		ж			
f	instructions.)	10f		х			***
q	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10a		ж			
h		109			rolly and	100	
.,		10h		х		and the second	
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					
Fi	Pension Funding Compliance		*****				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see Instructions and complete Schedule SB (Form 5500))						
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or	section	on 302	of ER	ISA?	Yes X	ON.
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
a	If a walver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the walver						
granting the walver							
b	Enter the minimum required contribution for this plan year			12b			
C	Enter the amount contributed by the employer to the plan for this plan year			12c			
þ	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of	а		12d			
^	negative amount)						N/A
Will the minimum funding amount reported on line 12d be met by the funding deadline?							
3a 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		[13a			0
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control							
of the PBGC?							
	13c(1) Name of plan(s):		13	I c(2) E	IN(s)	13c(3) PN	l(s)
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable ca						
Inder 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 is 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							
elle	, it is true.\correct, and complete.	T	14016	!(a.	- CA-DI		
Yes.	開酬 コリハトト A プラレン フリ / リ オ コート トゥー・ロー Saene Coen	VE	/ Y V)	THEN	VNEW		

sian demonth lun	12/2/10	Shane Chan Jennifer Cheh
HERE Signature of plan administrator	Date	Enter name of Individual signing as plan administrator
SIGN SCAR MAN	12/2/10	shane Chen
Signature of employer/plan sponsor	Date	Enter name of Individual signing as employer or plan sponsor
Samplasters C.B. (1907)		