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.

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	art I Annual Report Identification Information								
For	For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010								
Α.	This return/report is for: Single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan				
В	This return/report is for: first return/report	final retur	n/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 description	n)							
Pa	rt II Basic Plan Information—enter all requested informa								
	Name of plan	411011		1b	Three-digit				
	LESS INK INC 401(K) PLAN				plan number 001				
					(PN) ▶				
				10	C Effective date of plan 04/08/2006				
2a	Plan sponsor's name and address (employer, if for single-employer	plan)		2b	Employer Identification Number				
END	LESS INK, INC.	. ,			(EIN) 20-4730848				
6615	SOUTH WESTCHESTER DRIVE			2c	Plan sponsor's telephone number 509-443-7192				
	KANE, WA 99223			2d	Business code (see instructions)				
					323100				
3a	Plan administrator's name and address (if same as Plan sponsor, et LESS INK, INC. 6615 SOUTH	nter "Same	e")	3b	Administrator's EIN 20-4730848				
LINDI	SPOKANE, V		ILOTER BRIVE	30	Administrator's telephone number				
				30	509-443-7192				
	the name and/or EIN of the plan sponsor has changed since the las		port filed for this plan, enter the	4b	EIN				
1	name, EIN, and the plan number from the last return/report. Sponso	r's name		4c	PN				
5a	Total number of participants at the beginning of the plan year				5				
b					6				
С	Total number of participants with account balances as of the end of			5b					
	complete this item)	5c	5						
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 a				X Yes ☐ No				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year				
а	Total plan assets	. 7a	455	0	6857				
b	Total plan liabilities	. 7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	455	0 688					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total				
а	Contributions received or receivable from:	90(4)	185	4					
	(1) Employers	8a(1)							
	(3) Others (including rollovers)								
b	Other income (loss)	8a(3) 8b	45	3					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			2307				
d	Benefits paid (including direct rollovers and insurance premiums	- 60							
-	to provide benefits)	. 8d		0					
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	. 8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			0				
i	Net income (loss) (subtract line 8h from line 8c)	. 8i			2307				
i	Transfers to (from) the plan (see instructions)	Q;							

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Part IV	Plan	(`hara	cteristics
ı aıtıv ı	ı ıaıı	Onal a	SIGI ISLIGS

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

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

art	V	Compliance Questions					
0	Dur	ing the plan year:		Yes	No		Amount
а		s there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X		
b		re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ine 10a.)	10b		X		
С	Wa	s the plan covered by a fidelity bond?	10c		X		
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud ishonesty?	10d		X		
е	insu	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, trance service or other organization that provides some or all of the benefits under the plan? (See ructions.)	10e		X		
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		X		
h		is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		X		
i		Oh was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i				
art	VI	Pension Funding Compliance					
1		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com					
2	Is th	nis a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of	ERISA?	Yes X
	•	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					
	gran	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver					
		completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			12b		
		er the minimum required contribution for this plan year			12c		
		er the amount contributed by the employer to the plan for this plan yearthe included by the employer to the plan for this plan yearthe included by the left tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left			120		
u		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount)			12d		
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No N
art	VII	Plan Terminations and Transfers of Assets					
}a	Has	a resolution to terminate the plan been adopted during the plan year or any prior year?					Yes X
	If "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a		
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought to PBGC?	under	the co		•	Yes
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the hassets or liabilities were transferred. (See instructions.)	ne pla	n(s) to	1		
1	3c(1)	Name of plan(s):		13	c(2) E	IN(s)	13c(3) PN(
auti	on: A	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	estab	lished.	•
nde B or	pen Sch	nalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retued the MB completed and signed by an enrolled actuary, as well as the electronic version of this return/true, correct, and complete.	ırn/re _l	port, in	cludin	g, if appl	

SIGN	Filed with authorized/valid electronic signature.	07/27/2011	ANTHONY KIEPE					
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN	Filed with authorized/valid electronic signature.	07/27/2011	ANTHONY KIEPE					
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan spons					

OMB Nos. 1210-0110

1210-0089

Form 5500-SF

Short Form Annual Return/Report of Small Employee Benefit Plan

Internal Revenue Service		This form is required to be filed under sections 104 and 4085 of the Employe				2010				
	Department of Labor	Retirement Income Secu	rity Act of 1974 (nai Revenue Cod	ERISA), and section 6058(a) of	the	This Form is Open to Public				
	enson Benefit Security Administration	END-SE	Inspection							
	Annual Report Identification Information									
For	the calendar plan year 2010 or		01/01/	2010 and ending	12	/31/2010				
		x single-employer plan	multiple-em	ployer plan (not multiemployer)		one-participant plan				
_	This return/report is for:	first return/report	final return/e	eport	-					
	THE TOTAL PROPERTY OF THE TOTAL	an amended return/report	Short plan v	ear return/report (less than 12 m	onthe)					
^	Challe box 14 (19)	Form 5858	automatic e		Γ	DFVC program				
C	Check box if flling under:	special extension (enter descri	□	M.C	L	_ b, to plogram				
No.										
10		mation enter all requested	Information		1h	Three-digit				
1 21	Name of plan					plan number				
	Endless Ink Inc 401()	() Plan				(PN) P 001				
					1	Effective date of plan 04/08/2006				
2a	Plan sponsor's name and addr	eas (employer, if for single-employ	yer plan)			Employer Identification Number				
	Endless Ink, Inc.				_	(EIN) 20-4730848				
	6615 South Westcheste	er Drive			2C	Plan sponsor's telephone number (509) 443-7192				
					2d	Business code (see instructions)				
US	Spokane	WA 99223				323100				
За	Plan administrators name and Same	address (if same as plan employe	er, enter "Same")		36	Administrator's EIN				
					_					
					3¢	Administrator's telephone number				
_										
4	If the name and/or EIN of the p	olan sponsor has changed since the er from the last return/report. Spor	ne last return/repo	n filed for this plan, enter the	4b	EIN				
	name, and the plantiamor	er mont the last retainfreport. Oper	1301 4 1101116		4c	PN				
5a	Total number of participants at	the beginning of the plan year .				5				
b	Production there are the control of	the end of the plan year			5b	6				
С	Total number of participants wi	. 5c	_							
6a	complete this item)									
Ь										
		See instructions on waiver eligibilit or 6a or 6b, the plan cannot use				XYes No				
350	Financial Inform		FORM SOUPER A	nd must instead use Form 550	J					
7	Plan Assets and Liabilities	TallOff		(a) Bank atom all V						
,	Total plan assets		-	(a) Beginning of Year		(b) End of Year				
b	Total plan liabilities		7a	4,55	-	6,857				
		h from (inn 7a)	7b		_					
<u>c</u>	Net plan assets (subtract line 7		7c	4,55		6,857				
a	Income, Expenses, and Transf Contributions received or received		**	(a) Amount		(b) Total				
_	(1) Employers		- 8e(1)	1,65	4					
	(2) Participants		- 8a(2)							
	(3) Others (including rollovers)		8a(3)		2.8					
b	Other income (loss)		8b	45	3					
d	Total income(add lines 8a(1), 8	Ba(2), 6a(3), and 8b)	8c			2,307				
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)		8d								
e	Certain deemed and/or corrective distributions (see instructions)									
f		s (salarles, fees, commissions) .	8a 81							
g	Other expenses		8g							
h	Total expenses (add lines 8d, 8	se, 6f, and 6g)	8h			0				
ì	Net income (loss) (subject line					2,307				
1		e instructions)			The state of	MERCHANISM SERVICE WATER				
FOI	Paperwork Reduction Act No	tice and QMB Control Numbers,	see the instruct	lone for Form SERO-RE						

	Form 5500-SF 2010	Pa	ge 2-	_					
	Plan Characteristics								
	the plan provides pension benefits, enter the applicable pension feature 2E 2G 2J 2K the plan provides welfare benefits, enter the applicable welfare feature								
	Compliance Questions			7	1212		mount		
10	During the plan year:		г	Yes	No	AI	mount		
21	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510,3-102? (See instructions and DOL's Voluntary Fiduciary	Within the time period Correction Program	described in	0a	×				
Ь	Were there any nonexempt transactions with any party-in-interest? (De	o not include transac	tions reported		x				
	on line 10a.)		· · · · ·	(db)	-				
C	Was the plan covered by a fidelity bond?			100	×				
d	Did the plan have a loss, whether or not reimbursed by the plan's fidel or dishonesty?	ilty bond, that was ca	used by fraud	100	×				
e	Were any fees or commissions paid to any brokers, agents, or other pe	raons by an Insurant	ce carrier,		1 1				
	Insurance services or other organization that provides some or all of the instructions.)	ne panellus ungar (na	plant (See	10e	X				
f	Has the plan failed to provide any benefit when due under the plan?			101	×				
g	Did the plan have any participant loans? (If "Yes," enter amount as of			10g	х				
h	If this is an individual account plan, was there a blackout period? (Sec 2520.101-3.)	instructions and 29	CFR	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	equired notice or one	of the	101					
	Pension Funding Compliance								
11	is this a defined benefit plan subject to minimum funding requirement 5500))			e Sched	lule SB (F	om	Yes		
12	is this a defined contribution plan subject to the minimum funding req		412 of the Code or s	ection 3	D2 of ERI	SA?	. 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 a granting the waiver	mortized in this plan	year, see instruction	158, 8.ΠΟΣ6 h	nter the d	late of the i	etter ruling Year		
If	granting the waiver you completed line 12a, complete lines 3, 9, and 10 of Schedule ME	(Form 5500), and	kip to line 13,						
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	ıyear			12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)		is sign to the left of a		120				
e	Will the minimum funding amount reported on line 12d be met by the	funding deadline?	<u> </u>			Yes	No	□ N/A	
	Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted during the plan y						. Yes	X No	
_	If "Yes," enter the amount of any plan assets that reverted to the emp	ployer this year .			13m				
ь	Were all the plan assets distributed to participants or beneficiaries, tra		to the second second		ontro!				
c	of the PBGC? If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)						. L_Yes	X No	
	13c(1) Name of plan(s):				13¢(2) El	N(s)	13c(3) PN(s)	
-							103,0		
				2 -00		VO.			
	on: A penalty for the late or incomplete filing of this return/report								
SBO	r penalties of perjury and other penalties set forth in the instructions, i d Schedule MB completed and signed by an enrolled actuary, as well as it is true, correct, and complete.	leclare that I have ex the electronic version	amined this return/re in of this return/repor	port, ind t, and to	duding, if a the best	applicable, of my know	a Scheduli dedge and	9	
S. art	all he	7/26/11	ANTHONY KIEP	E .					
					individual signing as plan administrator				
A AU SAW 7 (24) ANTHONY KIES									
	Signature of employer/plan sponsor	Date	Enter name of Indi		anina as	amplover of	r plan apor	301	
							Print op of	- ¥1	