

Form 5500-SF <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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
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Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u>	
A This return/report is for:	<input checked="" type="checkbox"/> single-employer plan <input type="checkbox"/> multiple-employer plan (not multiemployer) <input type="checkbox"/> one-participant plan
B This return/report is for:	<input type="checkbox"/> first return/report <input type="checkbox"/> final return/report <input checked="" type="checkbox"/> an amended return/report <input type="checkbox"/> short plan year return/report (less than 12 months)
C Check box if filing under:	<input type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> DFVC program <input type="checkbox"/> special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>C-K GRAPHICS, INC. 401(K) RETIREMENT SAVINGS PLAN</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">1b Three-digit plan number (PN) ►</td> <td style="width:40%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>04/01/1992</u></td> </tr> </table>	1b Three-digit plan number (PN) ►	<u>001</u>	1c Effective date of plan <u>04/01/1992</u>	
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2a Plan sponsor's name and address (employer, if for single-employer plan) <u>C-K GRAPHICS, INC.</u> <u>501 E PIKE ST</u> <u>SEATTLE, WA 98122-3617</u>	2b Employer Identification Number (EIN) <u>20-8402746</u>				
	2c Plan sponsor's telephone number <u>206-623-3758</u>				
	2d Business code (see instructions) <u>323100</u>				
3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") <u>C-K GRAPHICS, INC.</u> <u>501 E PIKE ST</u> <u>SEATTLE, WA 98122-3617</u>	3b Administrator's EIN <u>20-8402746</u>				
	3c Administrator's telephone number <u>206-623-3758</u>				
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 <u>C-K GRAPHICS</u>	4b EIN <u>91-6175504</u>				
	4c PN <u>001</u>				
5a Total number of participants at the beginning of the plan year	5a <u>23</u>				
b Total number of participants at the end of the plan year	5b <u>19</u>				
c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	5c <u>11</u>				
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th style="width:20%; text-align: center;">(a) Beginning of Year</th> <th style="width:20%; text-align: center;">(b) End of Year</th> </tr> <tr> <td>a Total plan assets</td> <td style="text-align: right;">7a <u>547228</u></td> <td style="text-align: right;"><u>589304</u></td> </tr> <tr> <td>b Total plan liabilities</td> <td style="text-align: right;">7b <u>0</u></td> <td style="text-align: right;"><u>0</u></td> </tr> <tr> <td>c Net plan assets (subtract line 7b from line 7a)</td> <td style="text-align: right;">7c <u>547228</u></td> <td style="text-align: right;"><u>589304</u></td> </tr> </table>		(a) Beginning of Year	(b) End of Year	a Total plan assets	7a <u>547228</u>	<u>589304</u>	b Total plan liabilities	7b <u>0</u>	<u>0</u>	c Net plan assets (subtract line 7b from line 7a)	7c <u>547228</u>	<u>589304</u>																														
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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 2F 2G 2J 2K 2T 3D 3H

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**

	Yes	No	Amount
10 During the plan year:			
a 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)		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		X	
c Was the plan covered by a fidelity bond?	X		50000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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.)	X		811
f Has the plan failed to provide any benefit when due under the plan?		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	X		66232
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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			

Part VI 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)) ☐ Yes ☐ No**12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. ☐ Yes ☒ No
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)**a** 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 _____ Day _____ Year _____**If you 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	
c 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 of a negative amount)	12d	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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 ☒ NoIf "Yes," enter the amount of any plan assets that reverted to the employer this year **13a** **b** Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☐ Yes ☒ No**c** 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.	09/07/2011	BONNIE SUTO
	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



September 7, 2011

C-K Graphics, Inc.
501 E Pike St
Seattle, WA 98122

C-K Graphics, Inc. changed EIN in 2006 when changing to a Corporation. The filings of form 5500SF were never submitted with change. I noticed when filing for 2010 that the EIN was not correct and submitted a change. I sent a letter and received a form from DOL that the form 5500SF was approved by the DOL as of April 25, 2011. I was not aware that there were changes that still needed to be made.

Today I received a notice from the IRS that there was an error and they show the same filing under both the old and the new EIN. I have now corrected previous filing and submitted the information to change only the EIN, the Plan still remains the same.

All records should show the only plan that C-K Graphics has is under the correct EIN of 20-8402746.

Thank you,

A handwritten signature in black ink, appearing to read 'Bonnie Suto', with a stylized flourish at the end.

Bonnie Suto
Accounting Manager
206-623-3758
bonnies@ckgraphics.com

92032-056-03488-1 TE

916175504



Department of the Treasury
Internal Revenue Service
OGDEN, UT 84201-0073

Notice Number: CP 2131

Date of this notice: SEP. 5, 2011

Taxpayer Identifying Number:

91-6175504

Form: 5500SF

Plan Number: 001

Plan Period Ending: DEC. 31, 2010

105361.886429.0277.005 1 AT 0.365 540



C-K GRAPHICS INC
501 E PIKE ST
SEATTLE

WA 98122-3617

105361

PROPOSED PENALTY NOTICE - THIS IS NOT A BILL WRITTEN RESPONSE IS REQUIRED

Why Are You Getting This Notice?

Our records show your Form 5500SF was received and needs additional information to complete your filing. The law allows penalties and interest that has accrued to be charged for incomplete and/or late filed returns.

If you requested an extension of time to file, please attach a copy of your approved extension notification to a copy of this notice and send it to the address located in the header of this notice or fax it to us at 1-801-620-5670 (not a toll-free number).

We must receive your response in writing within 30 days from the date of this notice. If we do not hear from you, we will assess your account a penalty of \$725.00 as provided by law.

What You Need To Do

Late Filed Return

Our records show that your Form 5500SF was received after the due date. If you requested an extension of time to file, please attach a copy of your approved extension notification to a copy of this notice and send it to the address located in the header of this notice or fax it to us at 1-801-620-5670 (not a toll-free number).

If you feel you have reasonable cause for the late filing, please provide us with an explanation. You should attach your explanation to a copy of this notice for consideration. Mail or fax it to us as indicated above.

Delinquent Filer Voluntary Compliance (DFVC) Program

The IRS will not assess penalties on delinquent filers who satisfy the requirements of the Department of Labor's (DOL) Delinquent Filer Voluntary Compliance (DFVC) program. Information about the DFVC program is available from DOL on its website at www.dol.gov/ebsa. The DFVC program is not available to Form 5500-EZ filers.

If you are eligible for and have satisfied the requirements for participation in the (DFVC) program, check the box below, and enter the DFVC number that was given to you by DOL when you were approved and accepted.

Lynn Horsefall
1000144126

[] DFVC Program

DFVC number _____

Missing Return Items:

The item(s) checked below indicate what was missing.

- ☒ Return was not signed
- ☐ Schedule MB was missing
- ☐ Schedule SB was missing
- ☐ Actuary Enrollment Number was missing or invalid from your Actuary information
- ☐ Your Actuary information was not signed by an actuary
- ☐ Schedule MB line 10 was left blank
- ☐ Schedule SB line 40 was left blank
- ☐ Schedule SSA was missing
- ☐ Schedule SSA was missing a SSN(s) when a name(s) was present
- ☐ Schedule SSA was missing a name(s) when a SSN(s) was present

* Note: Schedule SSA only applies to filings for Plan Year 2008 and prior.

You must file an amended return/report to correct errors and/or omissions. Amended returns must contain all schedules and attachments, including those that are not being amended. For additional information see the DOL website at www.efast.dol.gov for information on amended return/reports.

How To Get Help

For more information about this notice visit the Tax Information for the Retirement Plans Community web page at www.irs.gov/ep, click on "EP FAQs" in the left navigational box. If you need additional information, call 1-877-829-5500 (toll-free).

Response Due Date

Please send the information to us by OCT. 05, 2011