## 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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	Complete all	entries in accor	dance witl	n the instructions to the Form 5500	O-SF.					
Pa	art I Annual Report Identification In	formation								
For	calendar plan year 2011 or fiscal plan year beginni	ng 01/01/201	1	and ending 1	2/31/2	2011				
A	This return/report is for:	er plan	a multiple	-employer plan (not multiemployer)		a one-particip	ant plan			
В	This return/report is: the first return/re	port	the final re	eturn/report						
	an amended retu	ırn/report	a short pla	in year return/report (less than 12 mo	onths)					
C	Check box if filing under: X Form 5558	П	automatic	extension		DFVC progra	m			
•		ப enter description (								
D-		` '	,							
	art II   Basic Plan Information—enter all	requested inform	ation		41.					
	Name of plan				10	Three-digit plan number				
CINDI	LESS INK INC 401(K) PLAN					(PN) ▶	001			
					1c	Effective date of	plan			
						04/08/				
	Plan sponsor's name and address; include room o	r suite number (e	mployer, if	for a single-employer plan)		Employer Identif		er		
						(=114)				
					2C	Sponsor's telepl				
	W 3RD SUITE C KANE, WA 99223				24	Business code (				
01 01	TANE, WA 30223				Zu	32310		15)		
3a	Plan administrator's name and address (if same as	s plan sponsor, e	nter "Same	,")	3b	Administrator's E				
	LESS INK, INC.	327 W 3RD S SPOKANE, V	SUITE C	,			30848	hor		
					30	509-443		ibei		
4	If the name and/or EIN of the plan sponsor has ch		ast return/i	report filed for this plan, enter the	4b EIN					
_	name, EIN, and the plan number from the last retu	urn/report.			4					
	Sponsor's name				4c	PN				
sa	Total number of participants at the beginning of th				5a	<u>a                                      </u>				
b	Total number of participants at the end of the plan	year			5b			2		
С	Number of participants with account balances as complete this item)		• (	•	5c			2		
6a	Were all of the plan's assets during the plan year	invested in eligib	le assets?	(See instructions.)			X Yes	No		
b	3							1		
	under 29 CFR 2520.104-46? (See instructions on			•			X Yes	No		
_	If you answered "No" to either 6a or 6b, the plants of the	an cannot use F	orm 5500-	SF and must instead use Form 550	00.					
Pa	art III   Financial Information			Γ	-					
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End				
а	Total plan assets		. 7a	6857			6677			
b	Total plan liabilities		. 7b							
С	Net plan assets (subtract line 7b from line 7a)		. 7c	6857			6677			
8	Income, Expenses, and Transfers for this Plan Ye	ar		(a) Amount		(b) T	otal			
а	Contributions received or receivable from:			409						
	(1) Employers		. 8a(1)	409	_					
	(2) Participants		. 8a(2)		_					
	(3) Others (including rollovers)		. 8a(3)							
b	Other income (loss)		. 8b	1066						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8l	o)	8c				1475			
d	Benefits paid (including direct rollovers and insura to provide benefits)		. 8d	1655						
е	Certain deemed and/or corrective distributions (se		. 8e							
f	Administrative service providers (salaries, fees, co									
g	Other expenses	,								
h	•						1655			
:	Net income (loss) (subtract line 8h from line 8c)						-180			
i	Transfers to (from) the plan (see instructions)						.30			
J	Transiers to (from) the plan (See instructions)		· 8j							

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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 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:

art	V	Compliance Questions							
0		ng the plan year:		Yes	No		A	mount	
	Was	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		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		X				
С	Was	s the plan covered by a fidelity bond?	10c		X				
d		he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		X				
е	insu	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See auctions.)	10e		X				
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did t	he plan have any participant loans? (If "Yes," enter amount as of year end.)	10q		X				
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h						
i		h was answered "Yes," check the box if you either provided the required notice or one of the ptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI	Pension Funding Compliance			•				
11	Is thi	s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com						Ye	s X No
lf y	If a w grant ou co	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver.  Monormpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	th	——					
		r the minimum required contribution for this plan year			12c				
	Subt	r the amount contributed by the employer to the plan for this plan year ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left tive amount)	of a		12d				
е	·	he minimum funding amount reported on line 12d be met by the funding deadline?		<u>-</u>		Ye	es	No	N/A
art		Plan Terminations and Transfers of Assets							<u> </u>
		a resolution to terminate the plan been adopted in any plan year?			X	⁄es	No		
		es," enter the amount of any plan assets that reverted to the employer this year							
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought			ontrol			☐ Ye	s X No
С		ring 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	)			Ш	
1		Name of plan(s):		13	<b>c(2)</b> El	IN(s)		13c(	<b>3)</b> PN(s)
		penalty for the late or incomplete filing of this return/report will be assessed unless reasonab							
Jnde	r pena	alties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu	urn/re	oort, ir	ncludin	g, if a	pplicabl	e, a Sc	hedule

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.	10/11/2012	ANTHONY KIEPE				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN	Filed with authorized/valid electronic signature.	10/11/2012	ANTHONY KIEPE				
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor				

## 5500-SF Electronic Filing Authorization

Plan Name:

Endless Ink Inc 401(k) Plan

EIN/PN:

20-4730848/001

Plan Year:

01/01/2011 - 12/31/2011

I hereby authorize Magnuson, McHugh & Co. PA to electronically file the above return with the US Department of Labor's Electronic Filing Acceptance System (EFAST).

I have signed Form 5500-SF for this return and understand a scanned copy of this return bearing my manual signature will be included in the electronic filing and posted on the US Department of Labor's internet site for public disclosure.

Plan Administrator	Plan Sponsor
(sign) Light Johnson	(sign)
(date)	(date)

## Form 5500-SF

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ie Code).

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation		nce with	the instructions to the Form 5500-	SF.			
Pa	art I Annual Report Id	entification Information						
For t	he calendar plan year 2011 or fisc	cal plan year beginning	01/01,	/2011 and ending	12	/31/2011		
Α 1	This return/report is for:	a single-employer plan	multiple-e	mployer plan (not multiemployer)	Γ	a one-participant plan		
В	This return/report is:	the first return/report	he final reti	urn/report		<b>.</b>		
		an amended return/report	short plan	year return/report (less than 12 month	ns)			
C	Check box if filing under:	Form 5558	automatic e	extension		DFVC program		
		special extension (enter description)			-	J		
	irt II Basic Plan Inforn Name of plan	nation enter all requested inform	nation.		1h -	Three-digit		
ıa	Name of plan					plan number		
	Endless Ink Inc 401(k)	Plan				(PN) ▶ 001		
						Effective date of plan		
22	Plan enoncor's name and address	ss; include room or suite number (emp	lover if for	single-employer plan)		04/08/2006 Employer Identification Number		
<u>_a</u>	Endless Ink, Inc.	ss, include room or suite number (emp	loyer, ir lor	Single-employer planty		(EIN) 20-4730848		
				F		Plan sponsor's telephone number		
	207 77 2004 600460 6					(509) 443-7192		
	327 W 3rd Suite C				2d	Business code (see instructions)		
US	Spokane	WA 99223			:	323100		
<del>3</del> a	Plan administrator's name and a	ddress (If same as plan sponsor, enter	r "Same")		3b	Administrator's EIN		
	Same							
					3c	Administrator's telephone number		
						·		
4	If the name and/or FIN of the pla	an sponsor has changed since the last	roturn/rone	ort filed for this plan, optor the	4b	EIN		
4	name, EIN, and the plan number	r from the last return/report.	returnnept					
<u>a</u>	Sponsor's Name				4c PN			
5a	• •	ne beginning of the plan year		· · · · · · · · · · · · · · · · · · ·	<b>5a</b> 5			
b	• •	ne end of the plan year			<u>5b</u>	2		
С	*. * *.	ount balances as of the end of the plan	-		5с	2		
<del>6</del> a				e instructions.)				
	·	annual examination and report of an in						
	under 29 CFR 2520.104-46? (Se	ee instructions on waiver eligibility and	conditions.	)		XYes No		
Casa Service	THE CURA DE ME A	6a or 6b, the plan cannot use Form	5500-SF a	nd must instead use Form 5500.				
Pa	rt III   Financial Informa	ation	18 (5 \$0 P.E.)		T			
7	Plan Assets and Liabilities			(a) Beginning of Year	-	(b) End of Year		
а	Total plan assets		7a	6,857		6,677		
b	Total plan liabilities		7b		↓			
C	Net plan assets (subtract line 7b		7c	6,857	-	6,677		
8	Income, Expenses, and Transfer Contributions received or receive			(a) Amount	KAN ST	(b) Total		
а	(1) Employers		8a(1)	409				
	(2) Participants		8a(2)					
	(3) Others (including rollovers).		8a(3)					
b	Other income (loss)		8b	1,066				
С	• •	a(2), 8a(3), and 8b)	8c			1,475		
d	Benefits paid (including direct ro	llovers and insurance premiums		en e				
	to provide benefits)		8d	1,655	-			
е	Certain deemed and/or corrective	re distributions (see instructions)	8e		<b>J</b>			
f	•	(salaries, fees, commissions)	8f		-			
g	Other expenses		8g	poet sant a se sa colore de serve a compansa de colore de se				
h	Total expenses (add lines 8d, 8e	e, 8f, and 8g)	8h		§	1,655		
i	Net income (loss) (subtract line	8h from line 8c)	8i		7,000	(180)		
j	Transfers to (from) the plan (see	e instructions)	8j					

			_ [						
222000	Form 5500-SF 2011		Page <b>2-</b>						
	IV Plan Characteristics				·····				
9a	f the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K	feature codes from the	ist of Plan Characte	ristic (	Codes	in the	instructions:		
b	f the plan provides welfare benefits, enter the applicable welfare fe	eature codes from the Li	st of Plan Characteri	stic C	odes i	in the ir	structions:		
Par	V Compliance Questions								
10	During the plan year:				Yes	No	Ar	nount	
а	Was there a failure to transmit to the plan any participant contribution	utions within the time pe	riod described in			x			
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interes	uciary Correction Progra	m)	10a		<del>  ^</del> _			·
	on line 10a.)	· · · · · · · ·	actions reported	10b		x			
С	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			-		<del> </del>			
	or dishonesty?			10d		x			
е	Were any fees or commissions paid to any brokers, agents, or oth insurance services or other organization that provides some or all	Il of the benefits under t	ne plan? (See			x			
£	instructions.)			10e	<b> </b>				
f	Has the plan failed to provide any benefit when due under the plantage of the			10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount a			10g		X	zov destas spekés	or Gulkaria, arcaniyya kate	ne Carrena National
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		ļ			
ENGSTATE OF	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10	the required notice or or 01-3	ne of the	10i					
	VI Pension Funding Compliance								
11	ls this a defined benefit plan subject to minimum funding requirer 5500))	ments? (If "Yes," see in:	structions and comple	ete So	hedu	le SB (I	Form	∐Yes ∑	v No
12 a	Is this a defined contribution plan subject to the minimum funding (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as appl If a waiver of the minimum funding standard for a prior year is be	g requirements of sectio licable.)	n 412 of the Code or	section	on 302	2 of ER	ISA?		<b>χ</b> No
lf y	granting the waiver		Mon	ith		Day	YY	ear	
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. Ente	er the result (enter a mir	us sign to the left of	а		12d			
_	negative amount)			• •	٠ ـ		Yes	No [	]N/A
<u>e</u> Part	Will the minimum funding amount reported on line 12d be met by Plan Terminations and Transfers of Asset		• • • • • •	•	• •	• •			714/4
13a	0.200-0.000						***************************************	x Yes	□No
ısa	Has a resolution to terminate the plan been adopted in any plan y If "Yes," enter the amount of any plan assets that reverted to the	•			٠,	42-	• • • •	VII G2	
b	Were all the plan assets distributed to participants or beneficiarie		r plan or brought und	dor th	· · · ·	13a			
	of the PBGC?							Yes 2	K No
С	If during this plan year, any assets or liabilities were transferred fi which assets or liabilities were transferred. (See instructions.)	rom this plan to another	plan(s), identify the p	plan(s	) to				
1	3c(1) Name of plan(s):				1:	3c(2) E	IN(s)	13c(3) PN	V(s)
<del> </del>									·····
Cauti	on: A penalty for the late or incomplete filing of this return/rep	ort will be assessed u	nless reasonable ca	use i	s esta	ablishe	d.		
SB or	penalties of perjury and other penalties set forth in the instructions Schedule MB completed and signed by an enrolled actuary, as we	s, I declare that I have e	xamined this return/repo	eport, ort, an	inclu d to th	ding, if ne best	applicable, a of my knowle	Schedule edge and	
pellet,	it is true correct, and complete.		<u> </u>						
SIG		10/11/12	ANTHONY KIEL		<u> </u>				
HEF	Ell Signature of plan administrator	l Date	Enter name of ind	lividus	al sign	ina ac	nlan adminie	rator	

Date

Enter name of individual signing as employer or plan sponsor

SIGN

HERE Signature of employer/plan sponsor