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).

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in ac	cordance with the instru	ctions to the Form 550	0-SF.		
Part I		Identification Information					
For calenda	ar plan year 2012 or fi	scal plan year beginning 01/01/2	2012	and ending 1	2/31/2	2012	
	turn/report is for:	X a single-employer plan ∴ the first return/report	=	olan (not multiemployer)		a one-participant plan	
B This ret	urn/report is:	the first return/report	the final return/report				
		an amended return/report	H	rn/report (less than 12 mo	onths)		
C Check I	oox if filing under:	X Form 5558	automatic extension			DFVC program	
		special extension (enter descri	iption)				
Part II	Basic Plan Info	ormation—enter all requested info	ormation				
1a Name					1b	Three-digit	
ENDLESS IN	NK INC 401(K) PLAN					plan number (PN) • 001	
					1c	Effective date of plan	
					. •	04/08/2006	
2a Plan sp ENDLESS II		ddress; include room or suite numbe	er (employer, if for a single	-employer plan)	2b	Employer Identification Number (EIN) 20-4730848	r
4000 0 1 4 0	EV CTREET				2c	Sponsor's telephone number 509-443-7192	
SPOKANE,	EY STREET WA 99223				2d	Business code (see instruction 323100	is)
3a Plan a	dministrator's name a	nd address XSame as Plan Spons	or Name Same as Pla	n Sponsor Address	3b	Administrator's EIN	
					3c	Administrator's telephone num	ber
						, tallimoticator o tolopilotic fraim	
		e plan sponsor has changed since t mber from the last return/report.	he last return/report filed f	or this plan, enter the	4b	EIN	
	or's name	mber from the last return/report.			4c	PN	
•		at the beginning of the plan year			5a	<u></u>	2
		s at the end of the plan year			5b		0
	·	account balances as of the end of t			30		
			' '	•	5c		0
6a Were	all of the plan's asset	s during the plan year invested in el	igible assets? (See instruc	ctions.)		X Yes	No
•	•	of the annual examination and report			,	Voc 🗆	No
		? (See instructions on waiver eligibi					INO
		or incomplete filing of this return ther penalties set forth in the instruc					ıle
SB or Sche		nd signed by an enrolled actuary, a					
SIGN	Filed with authorized	/valid electronic signature.	10/03/2013	ANTHONY KIEPE			
HERE	Signature of plan a	administrator	Date	Enter name of individu	ual sig	gning as plan administrator	
SIGN HERE	Filed with authorized	/valid electronic signature.	10/03/2013	ANTHONY KIEPE			
	Signature of emplo		Date			gning as employer or plan spons	
Preparer's	name (including firm r	name, if applicable) and address; inc	ciuae room or suite numbe	er (optional)	Prep	parer's telephone number (option	naı)

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	rt III Financial Information									
	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End	l of Y	oar	
	Total plan assets	7a	(a) Beginning of Tea				(b) Ello	1011		0
	Total plan liabilities	7a 7b	007	1						0
	Net plan assets (subtract line 7b from line 7a)		667	7						
	· · · · · · · · · · · · · · · · · · ·	7c		/	+					0
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b)	Total		
а	(1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
	Other income (loss)	8b								
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								
d	Benefits paid (including direct rollovers and insurance premiums		667	7						
	to provide benefits)	8d	667							
	Certain deemed and/or corrective distributions (see instructions)	8e								
	Administrative service providers (salaries, fees, commissions)	8f								
<u>g</u>	Other expenses	8g								
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							667	7
	Net income (loss) (subtract line 8h from line 8c)	8i							-667	7
	Transfers to (from) the plan (see instructions)	8j								
	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K	feature co	des from the List of Plan Chara	acteris	tic Co	des in	the instru	ctions	5 :	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	c Coc	les in t	he instruc	tions:		
Par	t V Compliance Questions									
10	•				Yes	No		A		
a	During the plan year: Was there a failure to transmit to the plan any participant contribu	tions within	n the time period described in		163	140		Am	ount	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	ıciary Corr	ection Program)	10a		X				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	-	10b		X				
С	Was the plan covered by a fidelity bond?									
d	Did the plan beve a lose whether are not reimburged by the plan's			10c		Χ				
	· · · · · · · · · · · · · · · · · · ·	fidelity bo	nd, that was caused by fraud			X				
	or dishonesty?	fidelity bo	nd, that was caused by fraud	10c						
е		fidelity bor	nd, that was caused by fraud			X				
e	or dishonesty?	fidelity bor	nd, that was caused by fraud s by an insurance carrier, fits under the plan? (See							
e	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or	ner persons	s by an insurance carrier, fits under the plan? (See	10d		X				
	or dishonesty?	ner persons of the bene	s by an insurance carrier, sfits under the plan? (See	10d		X				
f	or dishonesty?	ner persons of the beneating n?	s by an insurance carrier, efits under the plan? (See	10d 10e 10f 10g		X X X				
f g	or dishonesty?	ner persons of the bene ner? s of year e	s by an insurance carrier, effits under the plan? (See	10d 10e 10f 10g 10h		X X X				
f g h	or dishonesty?	ner persons of the bene ner? s of year e	s by an insurance carrier, effits under the plan? (See	10d 10e 10f 10g		X X X				
f g h	or dishonesty?	ner persons of the bene- s of year e (See instru- ne required 1-3	s by an insurance carrier, effits under the plan? (See	10d 10e 10f 10g 10h 10i		X X X X X dule SE			Yes	No
f g h i	or dishonesty?	ner persons of the bene ner sof year e (See instru ne required 1-3	s by an insurance carrier, stits under the plan? (See and.)	10d 10e 10f 10g 10h 10i	<u></u>	X X X X Adule SE			Yes	X No
f g h i Part 11	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the amount from Schedule SB line 39.	ner persons s of year e (See instru-	s by an insurance carrier, sfits under the plan? (See and.)	10d 10e 10f 10g 10h 10i		X X X X A 11a			1	
f g h i	or dishonesty?	ner persons of the bene n?	s by an insurance carrier, effits under the plan? (See and.)	10d 10e 10f 10g 10h 10i		X X X X A 11a			Yes	
f g h i Part 11 11a 12	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the amount from Schedule SB line 39.	ner persons ner persons of the bene ner (See instru ne required 1-3	s by an insurance carrier, stits under the plan? (See and and 29 CFR and notice or one of the series of section 412 of the Code able.)	10d 10e 10f 10g 10h 10i plete	ction :	X X X X Adule SE	ERISA?	the le	Yes	X No
f g h i Part 11 11a 12 a	or dishonesty?	ner persons ner persons f the bene n? s of year e (See instru ne required 1-3	s by an insurance carrier, stits under the plan? (See and.)	10d 10e 10f 10g 10h 10i plete	ction :	X X X X Adule SE	ERISA?	the let Year	Yes	X No
f g h i 11a 11a 12 a	or dishonesty?	ner persons s of year e (See instru- ne required 1-3 requirement as applicating amortize e MB (For	s by an insurance carrier, sfits under the plan? (See and.) and.) articles and 29 CFR and notice or one of the code able.) and in this plan year, see instructions and skip to line 13.	10d 10e 10f 10g 10h 10i pplete	ction :	X X X X Idule SE 11a 302 of	ERISA?		Yes	X No

Form 5500-SF 2012 Page 3 - 1				
Enter the amount contributed by the employer to the plan for this plan year	12c			
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			
Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
VII Plan Terminations and Transfers of Assets				
Has a resolution to terminate the plan been adopted in any plan year?	X	'es No		
If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the confidence of the PBGC?	ontrol		X Yes	No
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.)	0		_	
3c(1) Name of plan(s):	3 c(2) El	N(s)	13c(3) F	PN(s)
VIII Trust Information (optional)			<u> </u>	
	Nill the minimum funding amount reported on line 12d be met by the funding deadline?	Enter the amount contributed by the employer to the plan for this plan year	Enter the amount contributed by the employer to the plan for this plan year	Enter the amount contributed by the employer to the plan for this plan year

14b Trust's EIN

14a Name of trust

5500-SF Electronic Filing Authorization

Plan Name:

Endless Ink Inc 401(k) Plan

EIN/PN:

20-4730848/001

Plan Year:

01/01/2012 - 12/31/2012

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
Add Aliceji o	
(stgn)	(sign)
(/ 10/1/13	
(date)	(date)

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

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

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

F	Pension Benefit Guaranty Corporation	► Complete all entries in accorda	nce with the instruc	tions to the Form 5500	-SF.	1110	
Р	art I Annual Report Id	lentification Information			`		
	calendar plan year 2012 or fisca		01/01/2012	and ending	12/31/	2012	
A	This return/report is for:	a single-employer plan	multiple-employer pl	an (not multiemployer)	a or	ne-particip	ant plan
	This return/report is:	the first return/report	e final return/report	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			
	Ī		short plan year retur	n/report (less than 12 mo	onths)		
C	Check box if filing under:	Form 5558	utomatic extension		☐ DF\	√C prograi	m
•	Check box it iming undon	special extension (enter description)					
'n	Pacie Blan Inform		ation				——————————————————————————————————————
	art II Basic Plan Infor	mation enter all requested information	ацоп		1b Three	-digit	<u> </u>
ıa	•					umber	001
	Endless Ink Inc 401	k) Plan		·	(PN) i		
						8/2006	i piaii
2a	Plan sponsor's name and add Endless Ink, Inc.	ress; include room or suite number (em	ployer, if for a single	-employer plan)	•	oyer Identi 20-473	fication Number 30848
						sor's telepl	hone number 7192
	4023 S Lacey Street	00000			2d Busin 3231		(see instructions)
US 22	Spokane	WA 99223 d address X Same as Plan Sponsor I	Name Same as F	Plan Sponsor Address	3b Admir	nistrator's	EIN
Ja	Plan administrator's name and	address A Same as Flan Oponson	rvame came as i	idir oponiosi 7 idaroos	• F • F • C • C • C • C • C • C • C • C		
, •					3c Admir	nistrator's	telephone number
		•	* * * * * * * * * * * * * * * * * * *	• •			
4	If the name and/or FIN of the	plan sponsor has changed since the la	st return/report filed f	or this plan, enter the	4b EIN		
~	name, EIN, and the plan num	ber from the last return/report.	0.,0.0 ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
<u>a</u>	Sponsor's name				4c PN		
5a		t the beginning of the plan year			5a		2
b	Total number of participants a	at the end of the plan year			5b		0
	complete this item)	ccount balances as of the end of the pla	******************************	******************************	5c		0
6a		during the plan year invested in eligible				**********	X Yes No
b	under 29 CFR 2520.104-46?	he annual examination and report of ar (See instructions on waiver eligibility ar	nd conditions.)				X Yes No
	If you answered "No" to eit	ner line 6a or line 6b, the plan canno	t use Form 5500-SF	and must instead use	Form 5500.		
		or incomplete filing of this return/rep					to the control of the stude
_s	B or Schedule MB completed ar	ner penalties set forth in the instructions nd signed by an enrolled actuary, as we	s, I declare that I have all as the electronic ve	e examined this return/re ersion of this return/repo	eport, includi	ng, if applied best of m	icable, a Schedule ny knowledge and
De	elief, it is true, correct, and com	Diete.	10/10				
1	SIGN (JUM)	Dut	10/1/13	ANTHONY KIEPE			
	HERE Signature of plan adm	nistrator	Date '	Enter name of individua	al signing as	plan adm	inistrator
	SIGN //						
	HERE Signature of employer		Date	Enter name of individua			
P	reparer's name (including firm n	ame, if applicable) and address; include	e room or suite numt	per (optional)	Preparer's	telephone	number (optional)
					WYO COLER	Janas Salama	

		·						
	Form 5500-SF 2012	·	Page 2					
Company	P 354, 1951							
Pai	t III Financial Information						,	
7 I	Plan Assets and Liabilities		(a) Beginning of Year				(b) End of Year	
a ·	Fotal plan assets	[*] 7a	6,67	7			0	
b ·	Fotal plan liabilities	7b					0	
C I	Net plan assets (subtract line 7b from line 7a)	7c	6,67	7			0	
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
	Contributions received or receivable from:							
	1) Employers	8a(1)			THE STATE			
(2) Participants	8a(2)	-		14 Maria	Ografia Laurando		
	3) Others (including rollovers)	8a(3)			1350			
	Other income (loss)	8b			r Young			
	Total,income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					<u> </u>	
	Benefits paid (including direct rollovers and insurance premiums	0-1	6,67	7				
	o provide benefits)	8d	3,0,		ALABASA ALABASA			
	Certain deemed and/or corrective distributions (see instructions)				(4787) Ki	entralisti. Sistematik		
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f			可是的 可以	şir əldə Antiqas		
	Other expenses	8g	estan Propositionales de arecentero esta sissipilitation de l'Assi	: XV-5445				
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			1		6,677	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i			(1)	wast nev o We	(6,677)	
j	Transfers to (from) the plan (see instructions)	8j			1000			
Pa	rt IV Plan Characteristics						_	
9a	If the plan provides pension benefits, enter the applicable pension f	eature cod	les from the List of Plan Charact	eristi	c Cod	es in tl	he instructions:	
	2E 2G 2J 2K							
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature code	s from the List of Plan Characte	ristic	Code	s in the	e instructions:	
"	if the plan provides weriare benefits, effer the applicable weriare to	ataic oodo	o nom the blot of than onaracte		0000			
growing	0							
	rt V Compliance Questions				V	N.	Amount	
<u>10</u>	During the plan year:				Yes	No	Amount	
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	itions Withi	in the time period described in	10a		x		
b								
D	on line 10a.)			10b		х		
	Was the plan covered by a fidelity bond?		•	10c		x	,	
	Did the plan have a loss, whether or not reimbursed by the plan's						, , , , , , , , , , , , , , , , , , ,	
	or dishonesty?			10d		х		
е	Were any fees or commissions paid to any brokers, agents, or ot	her persor	ns by an insurance carrier,					
	insurance service or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		x	•	
f	Has the plan failed to provide any benefit when due under the pla			10f		x		
	The state of the s			10g		х		
<u>g</u>								
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		х		
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i				

-	exceptions to providing the notice applied under 29 CFR 2520.101-3			
Par	Pension Funding Compliance			
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche 5500) and line 11a below)	dule S	BB (Form	Yes X No
11a	Enter the amount from Schedule SB line 39	11a		
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 X No
	(If "Yes," complete line 12a or lines 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 instructions, and granting the waiver	enter D	the date of that	ne letter ruling Year
lf v	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		

	Form 5500-SF 2012 Page 3-				
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 lef negative amount)		12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	*************		Yes [□ No □ N/A
Parl	VII Plan Terminations and Transfers of Assets				
<u>3a</u>	Has a resolution to terminate the plan been adopted in any plan year?		ΧY	es 🗆 1	No
	If "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 of the PBGC?				Yes □ No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)				
	I3c(1) Name of plan(s):	13c	(2) EIN	(s)	13c(3) PN(s)
			;		
Parl	VIII Trust Information (optional)	!			
	Name of trust		14b T	rust's EII	1