	Form 5500-SF			Report of Small Employ	OMB Nos. 1210-0110 1210-0089					
			Benefit Plan d under sections 104 and 4065 of the Employee			2011				
	Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 60									
Employee Benefits Security Administration       the Internal Revenue Code (the Code).         Pension Benefit Guaranty Corporation       Complete all entries in accordance with the instructions to the Form 53					05		ection			
Pa	art I Annual Report Id	lentification Information	ance with	h the instructions to the Form 5500-	SF.					
	calendar plan year 2011 or fisca		1	and ending 12	/31/2	2011				
Α	This return/report is for:	a single-employer plan	a multiple	e-employer plan (not multiemployer)		a one-participa	int plan			
B	This return/report is:	the first return/report	the final r	eturn/report						
		an amended return/report	a short pla	an year return/report (less than 12 mor	nths)					
C	Check box if filing under:	Form 5558	automatic	extension		DFVC program	ı			
	special extension (enter description)									
		nation—enter all requested information	ation		41					
	Name of plan RE INK. 401(K) PLAN				10	Three-digit plan number				
WICC						(PN) ►	001			
					1c	Effective date of p 01/01/2				
	Plan sponsor's name and addre	ess; include room or suite number (er	mployer, if	for a single-employer plan)	2b	Employer Identific				
WOC				_	0	(EIN) 20-0979				
					20	Sponsor's telepho 206-721-				
4422 48TH AVE SOUTH SEATTLE, WA 98118				-	2d	Business code (se 541800				
<b>3a</b> Plan administrator's name and address (if same as plan sponsor, er MOORE INK. 4422 48TH AV			VE SOUTH		3b	Administrator's EI				
SEATTLE, W			A 98118	:	3c	Administrator's telephone num 206-721-9540				
4		lan sponsor has changed since the la	ast return/i	report filed for this plan, enter the	4b	EIN				
а	name, EIN, and the plan numb Sponsor's name	er nom the last return/report.			4c	PN				
	5a Total number of participants at the beginning of the plan year				5a		3			
<b>b</b> Total number of participants at the end of the plan year					5b		3			
<b>C</b> Number of participants with account balances as of the end of the plan					5c		3			
6a	1 /	luring the plan year invested in eligibl					X Yes No			
	<ul> <li>6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li> <li>b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)</li> </ul>									
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)										
Pa	rt III Financial Informa		5500-	Sr and must instead use rorm 5500						
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End o	f Year			
а	Total plan assets		7a	364328			400107			
b	Total plan liabilities		7b							
	•	'b from line 7a)	7c	364328			400107			
8	Income, Expenses, and Transf			(a) Amount		(b) To	tal			
а	Contributions received or recei (1) Employers		8a(1)	7147						
	(2) Participants		8a(2)	46400						
	(3) Others (including rollovers)	)	8a(3)		_					
b			8b	-17768			05770			
c d		8a(2), 8a(3), and 8b) rollovers and insurance premiums	8c				35779			
u			8d							
е	Certain deemed and/or correct	ive distributions (see instructions)	8e							
f		rs (salaries, fees, commissions)	8f							
g	•	·····	8g							
h i		8e, 8f, and 8g)	8h		-		35779			
i		e 8h from line 8c) ee instructions)	8i				00110			
1			8j							

Page 2 - 1

## 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:

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2A 2E 2F 2G 2J 3D
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**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					
10	Durir	ng the plan year:		Yes	No	A	mount
а	<b>a</b> 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)						
b	<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)						
С	C Was the plan covered by a fidelity bond?						1000000
d		he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		Х		
е	insur	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, ance service or other organization that provides some or all of the benefits under the plan? (See uctions.)	10e		Х		
f	f Has the plan failed to provide any benefit when due under the plan?						
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)				Х		
h	I f this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)				Х		
i	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))							
12							
(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							
lf y	ou co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_		1	
b	b Enter the minimum required contribution for this plan year						
С		the amount contributed by the employer to the plan for this plan year			12c		
d	<b>d</b> Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)				12d		
е	e Will the minimum funding amount reported on line 12d be met by the funding deadline?					Yes	No N/A
Part VII Plan Terminations and Transfers of Assets							
13a	Has a	a resolution to terminate the plan been adopted in any plan year?			۱ ا	Yes X No	
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	1	3a			
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?							Yes X No
<ul> <li>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.)</li> </ul>							
1	3c(1)	Name of plan(s):		<b>13c(2)</b> EIN(s)			<b>13c(3)</b> PN(s)
Caut	ion: A	penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ise is	estab	lished.	

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.	09/21/2012	MIKE MOORE
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	09/21/2012	MIKE MOORE
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Department of the Treasury internal Revenue Service         2011           Department of Lasor Englowe Bendits Security Action 1974 (ERISA), and section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).         2011           Person Bendits Security Action 1974 (ERISA), and section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).         This Form is Open to Inspection           Partill         Annual Report Identification Information         Complete all entries in accordance with the instructions to the Form 5500-SF.           Partill         Annual Report Identification Information         a single-employer plan         a nultiple-employer plan (not multiemployer)         a one-participant plan           B         This return/report is         the first return/report         a dome-participant plan         DFVC program           C         Check box if filing under:         x Form 5558         automatic extension         DFVC program           Part II         Basic Plan Information enter all requested information.         1b         Three-digit plan number (PN)         001           1c         Effective date of plan MOORE INK. 401 (K)         PLAN         2b         Employer plan of the final return/report plan)         2b         Employer identification Number (201) 721-9540           2d         Plan sponsor's name and address; include room or suite number (employer, if for single-employer plan)         2b         Employer identification Number (201) 721-9540						
Department of Labor         Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).         This Form is Open to Inspection           Persone Benefit Security Administration         > Complete all entries in accordance with the instructions to the Form 5500-SF.         This Form is Open to Inspection           Part I         Annual Report Identification Information         > Complete all entries in accordance with the instructions to the Form 5500-SF.         This Form is Open to Inspection           For the calendar plan year 2011 or fiscal plan year beginning         01/01/2011         and ending         12/31/2011           A         This return/report is for:         a single-employer plan         a multiple-employer plan (not multiemployer)         a one-participant plan           B         This return/report         a short plan year return/report         a one-participant plan           B         This return/report         a short plan year return/report         a bort plan year return/report           B         This security Advinue         DEVC program         DEVC program           Special extension (enter description)         Part II Basic Plan Information enter all requested information.         1b         Three-digit plan number (PN) is 001           1a         Name of plan         MOORE INK.         401 (K) PLAN         2b         Employer identification Numt (206) 721-9540						
Part I       Annual Report Identification Information         For the calendar plan year 2011 or fiscal plan year beginning       01/01/2011       and ending       12/31/2011         A This return/report is for:       a single-employer plan       a multiple-employer plan (not multiemployer)       a one-participant plan         B This return/report is:       the first return/report       a short plan year return/report       a one-participant plan         B This return/report is:       the first return/report       a short plan year return/report       a one-participant plan         C Check box if filing under:       x Form 5558       automatic extension       DFVC program         year equal with the instruction of the plan sponsor's name and address; include room or suite number (employer, if for single-employer plan)       001       10 Three-digit plan number (EN) > 001         V2       Plan sponsor's name and address; include room or suite number (employer, if for single-employer plan)       2b Employer identification Number (206) 721-9560         V3       SEATTLE       WA 98118       3c Administrator's name and address (if same as plan sponsor, enter "Same")       3b Administrator's telephone nur (206) 721-9540         V4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the       4b EIN						
Part II       Annual Report Identification Information         For the calendar plan year 2011 or fiscal plan year beginning       01/01/2011       and ending       12/31/2011         A       This return/report is for:       a sigle-employer plan       a multiple-employer plan (not multiemployer)       a one-participant plan         B       This return/report is:       the first return/report       a short plan year return/report (less than 12 months)         C       Check box if filing under:       X Form 5558       automatic extension       DFVC program         Part II       Basic Plan Information enter all requested information.       1       Three-digit plan number (PN) >       001         1a       Name of plan       MOORE INK. 401 (K) PLAN       1       DFVC program (206) 721-9540       001         2a       Plan sponsor's name and address; include room or suite number (employer, if for single-employer plan)       2b       Employer Identification Number (206) 721-9540         2d       Business code (see instruction 541800       3a       Plan administrator's name and address (if same as plan sponsor, enter "Same")       3b       Administrator's telephone nur (206) 721-9540         2d       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the       4b       EIN						
A This return/report is for:       a single-employer plan       a multiple-employer plan (not multiemployer)       a one-participant plan         B This return/report is:       the first return/report       a short plan return/report       a one-participant plan         B This return/report is:       the first return/report       a short plan year return/report       a one-participant plan         C Check box if filing under:       Special extension (enter description)       DFVC program         Part III       Basic Plan Information enter all requested information.       1b Three-digit plan number (PN) ▶         1a Name of plan       MOORE INK. 401 (K) PLAN       1b Three-digit plan number (PN) ▶         2a Plan sponsor's name and address; include room or suite number (employer, if for single-employer plan)       2b Employer identification Number (EIN) 20-0979560         2b Employer identification spansor's telephone nur (206) 721-9540       2c Plan sponsor's telephone nur (206) 721-9540         2d Business code (see instruction states) (if same as plan sponsor, enter "Same")       3b Administrator's EIN         3a Plan administrator's name and address (if same as plan sponsor, enter "Same")       3b Administrator's telephone nur (206) 721-9540         4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the       4b FiN						
B       This return/report is:       the first return/report       the final return/report         an amended return/report       a short plan year return/report (less than 12 months)         C       Check box if filing under:       Form 5558         general special extension (enter description)       DEVC program         Part III       Basic Plan Information enter all requested information.         1a       Name of plan       1b         MOORE INK. 401 (K)       PLAN         2a       Plan sponsor's name and address; include room or suite number (employer, if for single-employer plan)       2b         MOORE INK.       401 (K)       PLAN         4422       48TH AVE SOUTH       2b Employer Identification Number (EIN)         US       SEATTLE       WA 98118         3a       Plan administrator's name and address (if same as plan sponsor, enter "Same")       3b         3a       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the       4b						
B       This return/report is:       the first return/report       the final return/report         an amended return/report       a short plan year return/report (less than 12 months)         C       Check box if filing under:       Form 5558         automatic extension       DFVC program         Part II       Basic Plan Information enter all requested information.         1a       Name of plan         MOORE INK. 401 (K)       PLAN         2a       Plan sponsor's name and address; include room or suite number (employer, if for single-employer plan)         MOORE INK.       2b         4422       48TH AVE SOUTH         US       SEATTLE         WA       98118         3a       Plan administrator's name and address (if same as plan sponsor, enter "Same")         3a       Plan administrator's telephone nur         4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the       4b						
C       C Check box if filing under:       X       Form 5558       automatic extension       DFVC program         Part II       Basic Plan Information enter all requested information.       1b       Three-digit plan number (PN) ▶       001         1a       Name of plan       1b       Three-digit plan number (PN) ▶       001         2a       Plan sponsor's name and address; include room or suite number (employer, if for single-employer plan)       2b       Employer identification Number (EIN) 20-0979560         2a       Plan sponsor's name and address; include room or suite number (employer, if for single-employer plan)       2b       Employer identification Number (206) 721-9540         Us       SEATTLE       WA 98118       2d       Business code (see instruction 541800         3a       Plan administrator's name and address (if same as plan sponsor, enter "Same")       3b       Administrator's telephone numer (206) 721-9540         3a       Plan administrator's name and address (if same as plan sponsor, enter "Same")       3b       Administrator's telephone numer (206) 721-9540         4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the       4b       EIN						
Image: Special extension (enter description)         Part II       Basic Plan Information enter all requested information.         1a       Name of plan         MOORE INK. 401 (K) PLAN       1b Three-digit plan number (PN) ▶         2a       Plan sponsor's name and address; include room or suite number (employer, if for single-employer plan)         MOORE INK.       2b Employer identification Number (EIN) 20-0979560         2c       Plan sponsor's name and address; include room or suite number (employer, if for single-employer plan)         4422       48TH AVE SOUTH         US       SEATTLE         WA       98118         3a       Plan administrator's name and address (if same as plan sponsor, enter "Same")         Same       3b Administrator's telephone num         4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the       4b EIN						
Image: Special extension (enter description)         Part II       Basic Plan Information enter all requested information.         1a       Name of plan         MOORE INK. 401 (K) PLAN       1b Three-digit plan number (PN) ▶         2a       Plan sponsor's name and address; include room or suite number (employer, if for single-employer plan)         MOORE INK.       2b Employer Identification Number (EIN) 20-0979560         2c       Plan sponsor's name and address; include room or suite number (employer, if for single-employer plan)         US       SEATTLE         VA       98118         3a       Plan administrator's name and address (If same as plan sponsor, enter "Same")         Same       3b Administrator's telephone 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       4b EIN						
Part III       Basic Plan Information enter all requested information.         1a       Name of plan         MOORE INK. 401 (K) PLAN       1b         Tree-digit plan number (PN) ▶       001         1c       Effective date of plan 01/01/2005         2a       Plan sponsor's name and address; include room or suite number (employer, if for single-employer plan)       2b         MOORE INK.       4422 48TH AVE SOUTH       2b         us       SEATTLE       WA 98118         3a       Plan administrator's name and address (if same as plan sponsor, enter "Same")       3b         Administrator's telephone nur       3c         44       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the       4b						
1a       Name of plan       1b       Three-digit plan number (PN) ▶       001         1c       Effective date of plan 01/01/2005       1c       Effective date of plan 01/01/2005         2a       Plan sponsor's name and address; include room or suite number (employer, if for single-employer plan)       2b       Employer Identification Number (EIN) 20-0979560         4422       48TH AVE SOUTH       2c       Plan sponsor's telephone num (206) 721-9540         US       SEATTLE       WA 98118       2d       Business code (see instruction 541800         3a       Plan administrator's name and address (If same as plan sponsor, enter "Same")       3b       Administrator's telephone num         4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the       4b       EIN						
MOORE INK. 401 (K) PLAN       plan number (PN) ▶       001         2a       Plan sponsor's name and address; include room or suite number (employer, if for single-employer plan) MOORE INK.       2b       Employer Identification Number (EIN) 20-0979560         4422       48TH AVE SOUTH       2c       Plan sponsor's telephone num (206) 721-9540         US       SEATTLE       WA 98118       2d         3a       Plan administrator's name and address (if same as plan sponsor, enter "Same")       3b       Administrator's EIN         3a       Plan administrator's name and address (if same as plan sponsor, enter "Same")       3b       Administrator's telephone num         4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the       4b       EIN						
2a       Plan sponsor's name and address; include room or suite number (employer, if for single-employer plan)       2b       Employer identification Number (EIN) 20-0979560         2b       Employer identification Number (employer, if for single-employer plan)       2b       Employer identification Number (EIN) 20-0979560         2c       Plan sponsor's telephone num (206) 721-9540       2d       Business code (see instruction 541800)         3a       Plan administrator's name and address (if same as plan sponsor, enter "Same")       3b       Administrator's telephone num         4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the       4b       EIN						
2a       Plan sponsor's name and address; include room or suite number (employer, if for single-employer plan)       2b       Employer Identification Number (EIN)         4422       48TH AVE SOUTH       2C       Plan sponsor's telephone numer (206)       721-9540         US       SEATTLE       WA       98118       2d       Business code (see instruction 541800         3a       Plan administrator's name and address (If same as plan sponsor, enter "Same")       3b       Administrator's EIN         3a       Plan administrator's name and address (If same as plan sponsor, enter "Same")       3b       Administrator's telephone numerator's telephon						
2a       Plan sponsor's name and address; include room or suite number (employer, if for single-employer plan)       2b       Employer Identification Number (EIN)         MOORE INK.       4422 48TH AVE SOUTH       2C       Plan sponsor's telephone numer (206) 721-9540         US       SEATTLE       WA 98118       2d       Business code (see instruction 541800)         3a       Plan administrator's name and address (If same as plan sponsor, enter "Same")       3b       Administrator's telephone numerator's telephone n						
AGORE TIRE.       (EIN) 20-0979560         4422 48TH AVE SOUTH       2c Plan sponsor's telephone nur (206) 721-9540         US SEATTLE       WA 98118         3a Plan administrator's name and address (If same as plan sponsor, enter "Same")       3b Administrator's EIN         3c Administrator's telephone nur       3c Administrator's telephone nur         4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the       4b FIN						
4422 48TH AVE SOUTH       (206) 721-9540         US       SEATTLE       WA 98118         3a       Plan administrator's name and address (if same as plan sponsor, enter "Same")       3b Administrator's EIN         3c       Administrator's telephone nur         4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the       4b FIN						
4422 48TH AVE SOUTH       (206) 721-9540         US       SEATTLE       WA 98118         3a       Plan administrator's name and address (if same as plan sponsor, enter "Same")       3b Administrator's EIN         3c       Administrator's telephone nur         4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the       4b FIN						
US     SEATTLE     WA     98118     541800       3a     Plan administrator's name and address (lf same as plan sponsor, enter "Same")     3b     Administrator's EIN       Same     3c     Administrator's telephone nur       4     If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the     4b						
3a       Plan administrator's name and address (If same as plan sponsor, enter "Same")       3b       Administrator's EIN         3c       Administrator's telephone nur         4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the       4b       FIN						
Same       3c Administrator's telephone nur         4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the       4b FIN						
<ul> <li>If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the</li> <li>4b FIN</li> </ul>						
<ul> <li>If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the</li> <li>4b FIN</li> </ul>						
- a signation and of and plan sponsor has changed since the last return report field for this plan, enter the 1 40 Ein						
- a sid hand and/or ent of the plan sponsor has changed since the last retarm/eport fied for this plan, enter the 1 40 Ein						
a Sponsor's Name     4c PN       5a Total number of participants at the beginning of the plan year     5a						
D       I otal number of participants at the end of the plan year       5b       3         C       Number of participants with account balances as of the end of the plan year (defined benefit plans do not       1						
complete this item)						
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)						
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.)						
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						
a Total plan assets						
b Total plan liabilities						
C         Net plan assets (subtract line 7b from line 7a)         .         .         7c         364,328         400,1						
8     income, Expenses, and Transfers for this Plan Year     (a) Amount     (b) Total       a     Contributions received or receivable from:     (b) Total						
(1) Employers						
(2) Participants						
(3) Others (including rollovers)						
b Other income (loss)						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 35,7						
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)						
e Certain deemed and/or corrective distributions (see instructions) 8e						
T Administrative service providers (salaries, fees, commissions) 8f						
g Other expenses						

For Paperwork Reduction Act	Notice and OMB Control Numbers,	see the instructions for Form 5500-SF.
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Page 2-

## 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: 2A 2E 2F 2G 2J 3D

**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

10	During the plan year:		Yes	No	1	Amount			
а	build and build and build and build and build and build and and build and bu			x	1				
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported	10a		ļ^					
~	on line 10a.)	106		x					
с	Was the plan covered by a fidelity bond?	10c	x				000,000		
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud					±,	000,000		
	or dishonesty?	10d		x					
e	Were any fees or commisions 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 instructions.)	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.)	100		x					
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								
	t VI Pension Funding Compliance								
11									
12									
	(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 granting the waiver	, and h	enter	the da Day	te of the le	tter ruling Year			
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			4.01	r				
b	Enter the minimum required contribution for this plan year			12b					
c d	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 negative amount)		·  -	12c 12d					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	-	·		TYes	No	N/A		
Part		•••	· · ·	· ·					
13a	Has a resolution to terminate the plan been adopted in any plan year?					Yes	X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	••••		13a	<u>· · · ·</u>	<u>.                                    </u>			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under	the c	ontrol	1					
c	of the PBGC?	•••• n(s) to	•••	••	• • •	. 🗌 Yes	XNo		
	I3c(1) Name of plan(s):		130	:(2) El	N(s)	13c(3)	PN(s)		
					<u></u>				
	and nonable factor as in a surface filling of the								
	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable caus								
SB or	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/reports Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, a	ort, ind and to	cluding	g, if app	plicable, a	Schedule			
belief,	It is true, correct and complete		, uie L	ອຣເປ	ing knowle	чуе апа			
	alique III	_	1=	-	nA	<i>c</i> <u>a</u>			

SIGN	9/19/12 Michael J. Moore	
HERE Signature of plan administrator	Date , , Enter name of individual signing as plan administrator	
SIGN AND AND AND AND AND AND AND AND AND AN	9/19/12 Michael J. Noore	
HERE Signature of employer/plan sponsor	Date Enter name of individual signing as employer or plan sponsor	