## 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

2013

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in accor	dance with the instruc	ctions to the Form 550	0-SF.		spection
Part I	Annual Report le	dentification Information					
For calend	ar plan year 2013 or fisc	cal plan year beginning 01/01/201	3	and ending 1	2/31/2	2013	
	turn/report is for:	a single-employer plan		an (not multiemployer)		a one-partici	pant plan
<b>B</b> This ret	turn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year returi	n/report (less than 12 m	onths)	)	
C Check I	box if filing under:	Form 5558	automatic extension			DFVC progra	am
		special extension (enter description	on)				
Part II	Basic Plan Infor	mation—enter all requested inform	ation				
1a Name					1b	Three-digit	
	(. 401(K) PLAN					plan number	
						(PN) ▶	001
					1c	Effective date of	f plan
						01/01	/2005
	ponsor's name and add K., INCORPORATED	ress; include room or suite number (e	employer, if for a single-	employer plan)	2b	Employer Identi (EIN) 20-09	fication Number 179560
4422 48TH /	AVENUE SOUTH				2c	Sponsor's telep	
SEATTLE, V	VA 98118				2d	Business code 5418	(see instructions)
3a Plan a	dministrator's name and	d address XSame as Plan Sponsor N	Name Same as Plar	Sponsor Address	3b	Administrator's	
					3с	Administrator's	telephone number
4 If the r	name and/or EIN of the	plan sponsor has changed since the	last roturn/roport filed fo	or this plan, optor the	4h	FINI	
		iber from the last return/report.	iast return/report filed it	or this plan, enter the	40	EIN	
	or's name	·			4c	PN	
<b>5a</b> Total i	number of participants a	at the beginning of the plan year			5a		3
<b>b</b> Total i	number of participants a	at the end of the plan year			5b		3
		ccount balances as of the end of the					
compl	lete this item)			·	5c		3
_	·	during the plan year invested in eligib	,	*			X Yes No
		the annual examination and report of (See instructions on waiver eligibility					X Yes No
		her line 6a or line 6b, the plan cann					<u>N</u> . 30 <u> </u> . 10
•		plan, is it covered under the PBGC ir					Not determined
• ii tile j	Siam to a defined benefit	——————————————————————————————————————	nourance program (occ	2110/10001011 4021/: .	····· 🔲	160 []140 [	Not determined
Caution: A	penalty for the late or	r incomplete filing of this return/rep	port will be assessed	unless reasonable cau	ıse is	established.	
SB or Sche		er penalties set forth in the instruction d signed by an enrolled actuary, as w lete.					
SIGN	Filed with authorized/va	alid electronic signature.					
HERE	Signature of plan ad	ministrator	Date	Enter name of individu	ual sig	ning as plan adı	ministrator
SIGN						•	
HERE	Signature of employ	ger/nlan enoneor	Date	Enter name of individe	ual eid	uning as employe	er or plan enoneor
Preparer's		ame, if applicable) and address; include					number (optional)
	, 5	,, ,, ,, ,,		,	- 1-		(1,,

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Pa	Part III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar .			(b) End of	Voar		
<u>'</u> a	Total plan assets	(a) Beginning of Tea		+		(b) Liid O	59543	1		
	Total plan liabilities	7a 7b		0	+					
	Net plan assets (subtract line 7b from line 7a)	7c	46341	0				59543	1	
8	Income, Expenses, and Transfers for this Plan Year	- 10	(a) Amount				(b) Tot			
	Contributions received or receivable from:		(a) Amount				(6) 10	ai		
	(1) Employers	8a(1)	681	6						
	(2) Participants									
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	10438	0						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						132021		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
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								
i_	Net income (loss) (subtract line 8h from line 8c)	8i						13202	1	
j	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 3D	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instruction	ns:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Chara	cterist	ic Cod	des in t	he instruction	is:		
Par	V Compliance Questions									
10	During the plan year:				Yes	No	Δ	mount		
а				10a		X				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		X				
				100	X				200	200
d	, , ,			10c					200	J00
	or dishonesty?	······		10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all									
	instructions.)			10e		X				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	•		10i						
Part	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) and line 11a below)									
110										
									No	
12								110		
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  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									
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•	•		<del></del>	461	1			
b	b Enter the minimum required contribution for this plan year									

Page	3	- [	1
гаус	J	- 1	

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 left of a negative amount)	12d						
е	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 resolution to terminate the plan been adopted in any plan year?		res X 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 under the of the PBGC?	control		Yes X No				
С	<b>c</b> 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.)							
1	(1) Name of plan(s):	3c(2) E	IN(s)	<b>13c(3)</b> PN(s)				
Part	VIII Trust Information (optional)			•				
	Name of trust DRE INK. 401(K) PLAN		rust's EIN 62519487					

## 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 6057(b) and 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

2013

This Form is Open to Public Inspection

an amended return/report   a short plan year return/report (less than 12 months)		art I		Identification Information							
The name and/or EIN of the plan sponsor has changed since the last return/report [20] as more plan year return/report [20] as more plan [20] pproperty	Гог	calend	lar plan year 2013 or fi	scal plan year beginning	01/01/2013	and ending	12/	31/2013			
an amended return/report   a short plan year return/report (less than 12 months)	A	This re	etum/report is for:	x a single-employer plan	. , , ,	lan (not multiemployer)	a one-participant plan				
C Check box if filing under:	B This return/report is:  the first return/report the final return/report										
Special extension (enter description)				an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)				
Part II   Basic Plan Information — enter all requested information   1b Three-digit plan number (PN)   001   1c Effective date of plan output (PN)   001	С	Check	box if filing under:			DFVC program					
18   Name of plan   Moore   Ink.   401 (k)   Plan     10   Three-dight plan number   (PlN) ▶     001     1   C   Effective date of plan   01/01/2005     1   C   Effective date of plan   01/01/2005     2   Employer (entification Number (ElN)   20-0379550     2   Employer (entification Number (ElN)   20-0379550     2   Employer (plan)			•								
18   Name of plan   Moore   Ink.   401 (k)   Plan     10   Three-dight plan number   (PlN) ▶     001     1   C   Effective date of plan   01/01/2005     1   C   Effective date of plan   01/01/2005     2   Employer (entification Number (ElN)   20-0379550     2   Employer (entification Number (ElN)   20-0379550     2   Employer (plan)	D	art II	Basic Plan Info	ormation enter all requested info	rmation						
Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)   C   Effective date of plan   01/01/2005				STATES CITED ON TO GROUP THE	, maderi						
1c Effective date of plan   01/01/2005   2b Emptoyer Identification Number (EIN) 20-0979560   2c Sponsor's telephone number (206) 721-9560   2d Business code (see instructions)   541800   3b Administrator's telephone number (206) 721-9560   3d Administrator's name and address			·	Diae				I			
Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)    Address		MOO	re ink. 401(k)		<del></del>	117					
Moore Ink., Incorporated  4422 48th Avenue South  2c Sponsor's telephone number (206) 721-9540  2d Business code (see instructions)  51800  Seattle WA 98118  3l Plan administrator's name and address X Same as Plan Sponsor Name Same as Plan Sponsor Address  3b Administrator's EIN  3c Administrator's telephone number from the plan number from the last return/report.  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.  5a Sponsor's name  4c PN  5a 3 3  5b 3 3  5b 3 3  5c Number of participants at the beginning of the plan year 5a 3 5b 3  6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  5a Are you claiming a waker of the annual examination and report of an independent qualified public accountant (ICPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)  6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  6b Are you claiming a waker of the annual examination and report of an independent qualified public accountant (ICPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)  6c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?  6c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?  6c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?  6c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?  6c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?  6c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?  6c If the plan is a defined benefit plan, is it covered under the PBGC							0	1/01/2005			
4422 48th Avenue South    Seattle   WA 98118   Same as Plan Sponsor Name   Same as Plan Sponsor Address   Same as Plan Sponsor Name   Same as Plan Sponsor Address   Same as Plan Sponsor	2a				employer, if for a single	-employer plan)					
2dd Business code (see instructions) 541800   Sale at the complete filling of this return/report of an independent qualified public accountant (ICPA) under 29 CFR 2520.104-467 (See instructions on waiver eligibility and conditions.   If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500. Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established.    Signature of plan administrator   Date   Signature of plan administrator   Date   Enter name of individual signing as plan administrator   Signature of plan administrator   Date   Enter name of individual signing as plan administrator   Signature of plan administrator   Date   Enter name of individual signing as plan administrator   Signature of plan administrator   Date   Enter name of individual signing as plan administrator   Signature of plan administrator   Date   Enter name of individual signing as plan administrator   Signature of plan administrator   Date   Enter name of individual signing as plan administrator   Signature of plan administrator   Signature of plan administrator   Date   Enter name of individual signing as plan administrator   Signature of plan administrator   Signature of plan administrator   Signature of plan administrator   Date   Enter name of individual signing as plan administrator   Signature of plan administrator   Date   Enter name of individual signing as plan administrator   Signature of plan administrator   Date   Enter name of individual signing as plan administrator   Signature of plan administrator   Signature of plan administrator   Date   Enter name of individual signing as plan administrator   Signature of plan administrator   Date   Enter name of individual signing as plan administrator   Signature of plan administrator   Date   Enter name of individual signing as plan administrator   Signature of plan administrator   Date   Enter name of individual signing as plan administrator   Signature of plan administrator   Signature		442	2 49th Arronne C	outh							
3a Plan administrator's name and address \$\frac{\text{X}}{\text{Same as Plan Sponsor Name}} \ Same as Plan Sponsor Address \$\frac{\text{3b}}{\text{3c}} \ Administrator's telephone number \$\frac{\text{3c}}{\text{3c}} \ Administrator's telephone number \$\frac{\text{3c}}{\text{3c}} \ Administrator's telephone number \$\frac{\text{4b}}{\text{5c}} \ EIN \$\frac{\text{3c}}{\text{3c}} \ Administrator's telephone number \$\frac{\text{4c}}{\text{3c}} \ EIN \$\frac{\text{4c}}{\text{3c}} \ PN \$\frac{\text{5a}}{\text{3c}} \ Sponsor's name \$\frac{\text{5a}}{\text{3c}} \ Total number of participants at the beginning of the plan year \$\frac{\text{5a}}{\text{3c}} \ Stonsor's participants at the end of the plan year \$\frac{\text{5a}}{\text{3c}} \ Stonsor's participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) \$\frac{\text{5c}}{\text{3c}} \ Stonsor's participants at the end of the plan year invested in eligible assets? (See instructions.) \$\frac{\text{3c}}{\text{5c}} \ \$\frac{\text{3c}}{\text{3c}} \ Stonsor's participants at the end of the plan year invested in eligible assets? (See instructions.) \$\frac{\text{3c}}{\text{3c}} \ Stonsor's participants at the end of the plan year (defined benefit plans do not complete this item) \$\frac{\text{3c}}{\text{3c}} \ Stonsor's participants at the end of the plan year (defined benefit plans do not complete this item) \$\frac{\text{3c}}{\text{3c}} \ Stonsor's participants at the end of the plan year (defined benefit plans do not complete this item) \$\frac{\text{3c}}{\text{3c}} \ Stonsor's participants at the end of the plan year (defined benefit plans do not complete this item) \$\frac{\text{3c}}{\text{3c}} \ Stonsor's participants at the end of the plan year (defined benefit plans do not complete this item) \$\frac{\text{3c}}{\text{3c}} \ Stonsor's participants at the end of the plan year (defined benefit plans do not complete this item) \$\text{3c} \text{3c} \ Stonsor's participants at the end of the plan year invested in eligible and		442	2 40th Avenue 5	ouch.							
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.  3 Sponsor's name  5 Total number of participants at the beginning of the plan year	US	Sea	ttle								
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.  3 Sponsor's name  4 C PN  5 Total number of participants at the beginning of the plan year	3а	Plan	administrator's name a	ınd address 🗓 Same as Plan Sponsc	or Name Same as	Plan Sponsor Address	310 A	dministrator's EIN			
name, EIN, and the plan number from the last return/report.  a Sponsor's name  5a Total number of participants at the beginning of the plan year							3c A	dministrator's telephone number			
name, EIN, and the plan number from the last return/report.  a Sponsor's name  5a Total number of participants at the beginning of the plan year											
name, EIN, and the plan number from the last return/report.  a Sponsor's name  5a Total number of participants at the beginning of the plan year											
a Sponsor's name  4c PN  5a Total number of participants at the beginning of the plan year	4	If the	name and/or EIN of th	ne plan sponsor has changed since the	last return/report filed f	or this plan, enter the	4b E	IN			
Total number of participants at the beginning of the plan year	•	nam	e, EIN, and the plan nu	mber from the last return/report.		•					
b Total number of participants at the end of the plan year  C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)								· · · · · · · · · · · · · · · · · · ·			
Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	-						_				
complete this item)							70	3			
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.)  If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.  If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?			• •				5c	3			
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)  If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.  If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?								X Yes □No			
If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.  c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	b	Are y	you claiming a waiver o er 29 CFR 2520.104-46	if the annual examination and report of a ? (See instructions on waiver eligibility)	an independent qualificand conditions.)			x Yes □No			
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 supplied 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 Signature of plan administrator  Date  Enter name of individual signing as plan administrator		if yo	u answered "No" to e	ither line 6a or line 6b, the plan cann	ot use Form 5500-SF	and must instead use F	orm 55	00.			
Under penalties of perjury and other penalties set orth 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 Signature of plan administrator  Date Enter name of individual signing as plan administrator	C	If the	e plan is a defined bene	fit plan, is it covered under the PBGC in	nsurance program (see	ERISA section 4021)?		Yes No Not determined			
Under penalties of perjury and other penalties set orth 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 Signature of plan administrator  Date Enter name of individual signing as plan administrator	Ca	aution	: A penalty for the late	e or incomplete filing of this return/re	port will be assessed	l unless reasonable cau	ıse is es	stablished.			
SIGN HERE Signature of plan administrator  Date Enter name of individual signing as plan administrator	110	ndor o	analties of perius, and	other penalties set forth in the instruction	ns I declare that I have	examined this return/ret	nort incl	uding, if applicable, a Schedule			
HERE Signature of plan administrator  Date Enter name of individual signing as plan administrator  SIGN	SE	3 or Sc elief, it	chedule MB completed is true, correct, and cor	and signed by an enrolled actuary, as w	vell as the electronic ve	ersion of this return/report	t, and to	the best of my knowledge and			
HERE Signature of plan administrator  Date   Enter name of individual signing as plan administrator  SIGN	G	UGN	//h/n	Man	5/21/14	Michael Moore					
	100		Signature of plan ad	ministrator	Date /	Enter name of individua	al signing	g as plan administrator			
		I/CN									
HERE   Signature of employer/plan sponsor   Date   Enter name of individual signing as employer or plan sponsor							al signing	as employer or plan sponsor			
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)  Preparer's telephone number (optional)								er's telephone number (optional)			

Par	Part III Financial Information								
7 F	lan Assets and Liabilities		(a) Beginning of Year				(b) End of	Year	
ат	otal plan assets	7a	463,41	0	ļ			595,431	
b 1	otal plan liabilities	7b		0	ļ				
C N	let plan assets (subtract line 7b from line 7a)	7c	463,41	0	<u> </u>			595,431	
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Tot	al	
	Contributions received or receivable from:	8a(1)	6,81	6					
	1) Employers2) Participants	8a(2)	20,82		3.00				
	3) Others (including rollovers)	8a(3)							
	Other income (loss)	8b	104,38	0	\$4.02-24 \$4.02-24	350 CO	00 ngGeringer (30) (42	n igen Gel vous 1850 (gel 165)	
	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					×	132,021	
d i	Benefits paid (including direct rollovers and insurance premiums o provide benefits)								
е (	Certain deemed and/or corrective distributions (see instructions)	8e			200				
f /	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g			378533				
h T	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			<u> </u>				
ii	Net income (loss) (subtract line 8h from line 8c)	. 8i					and also the continues	132,021	
<u> </u>	Fransfers to (from) the plan (see instructions)	. 8j			700000				
Pai	t IV Plan Characteristics							******	
	f the plan provides welfare benefits, enter the applicable welfare feat tV Compliance Questions	ature code	s from the List of Plan Character	isuc	-oues	ar ure	HISTOCHORS		
10	During the plan year:				Yes	No	A	mount	
a	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	tions within	n the time period described in ection Program)	10a		x			
b		? (Do not	include transactions reported	10b		x			
С	Was the plan covered by a fidelity bond?			10c	х			20,000	
d	or dishonesty?		***************************************	10d		x			
е	insurance service, or other organization that provides some or all instructions.)	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.)				х			
f	Has the plan failed to provide any benefit when due under the plan	n?	***************************************	10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		х			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					x			
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	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)								
11:	11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39								
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code o	rsec	tion 30	)2 of E	RISA?	Yes X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below								
a		ng amortiz	ted in this plan year, see instruct	ions, nth	and e	nter th	e date of the	letter ruling Year	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule								
	b Enter the minimum required contribution for this plan year								

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	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 negative amount)		12d					
е	Will the minimum funding amount reported on line 12d be met by the funding dead		🖂	Yes 🗆	No □ N/A			
Part								
13a	Has a resolution to terminate the plan been adopted in any plan year?	***************************************	□ Ye	es X N	0			
	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 a of the PBGC?		ntrol		Yes X No			
С	If during this plan year, any assets or liabilities were transferred from this plan to ar which assets or liabilities were transferred. (See instructions.)	other plan(s), identify the plan(s) to						
	3c(1) Name of plan(s):	130	(2) EIN(	s)	13c(3) PN(s)			
Bor	VIII Trust Information (optional)							
Part VIII Trust Information (optional)  14a Name of trust					14b Trust's EIN			
Moore Ink. 401(k) Plan			56-2519487					