-	m 5500-SF	Short Form Annual Re	OMB Nos. 1210-0110 1210-0089							
Department of the Treasury Internal Revenue Service		Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee				2013				
Department of Labor         Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 605           Employee Benefits Security Administration         the Internal Revenue Code (the Code).						(a) of This Form is Open to Pub Inspection				
	nefit Guaranty Corporation	Complete all entries in accordate	nce with the instruc	tions to the Form 5500	)-SF.		pection			
Part I		entification Information								
For calend	ar plan year 2013 or fisca			and ending 0	6/17/2	2014				
	urn/report is for:		1 1 9 1	an (not multiemployer)	yer) a one-participant plan					
B This ret	urn/report is:		e final return/report	frenert (less then 12 m	ntha)					
•				/report (less than 12 mo	ontris)	_				
C Check	box if filing under:		utomatic extension			DFVC progra	im			
De at II		special extension (enter description)								
Part II		nation—enter all requested information	on		1h	Thus a disit				
1a Name MOORE INK	of plan . 401(K) PLAN				1D	Three-digit plan number (PN) ▶	001			
					1c	Effective date o	•			
	consor's name and addre	ess; include room or suite number (emp	ployer, if for a single-	employer plan)	2b	Employer Identi (EIN) 20-09	fication Number 79560			
4422 48TH /	AVENUE SOUTH				2c	Sponsor's telep 206-72				
SEATTLE, V					2d	Business code (see instructions) 541800				
3a Plan a	dministrator's name and	address XSame as Plan Sponsor Nar	ne Same as Plan	Sponsor Address	3b	Administrator's EIN				
		lan sponsor has changed since the las er from the last return/report.	t return/report filed fo	r this plan, enter the	4b	EIN				
<b>a</b> Spons	or's name				4c	PN				
	• •	the beginning of the plan year			5a		3			
		the end of the plan year			5b		0			
comp	ete this item)	count balances as of the end of the pla			5c		0			
b Are you under If you	ou claiming a waiver of th 29 CFR 2520.104-46? ( answered "No" to eith	uring the plan year invested in eligible the annual examination and report of an See instructions on waiver eligibility and er line 6a or line 6b, the plan cannot plan, is it covered under the PBGC insu	independent qualifie d conditions.) use Form 5500-SF	d public accountant (IQF and must instead use	⊃A) Form	5500	X Yes No X Yes No Not determined			
Caution: A	penalty for the late or	incomplete filing of this return/repor	rt will be assessed u	unless reasonable cau	se is	established.				
SB or Sche		r penalties set forth in the instructions, signed by an enrolled actuary, as well te.								
SIGN HERE	Filed with authorized/va	lid electronic signature.								
	Signature of plan adn	ual sig	ining as plan adr	ninistrator						
SIGN HERE										
Signature of employer/plan sponsor         Date           Preparer's name (including firm name, if applicable) and address; include room or suit			Enter name of individu	_						
reparer s	name (including firm nan	ie, ii applicable) and address; include i	oom of suite number	(οριισται)	rep	arer s telephone	number (optional)			
1										

Pai	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	of Y	ear	
а	Total plan assets	. 7a	59543	1						)
b	Total plan liabilities	7b		0				0	)	
С	Net plan assets (subtract line 7b from line 7a)	7c	59543	1					0	)
8	ncome, Expenses, and Transfers for this Plan Year (a) Amount						(b) Total			
а	Contributions received or receivable from: (1) Employers	8a(1)		0						
	(2) Participants									
	(3) Others (including rollovers)									
b	Others (including rollovers)									
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							2506	
_	Benefits paid (including direct rollovers and insurance premiums									
	to provide benefits)	8d	59793	7						
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						5	597937	<u> </u>
<u>    i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-5	595431	]
j	Transfers to (from) the plan (see instructions)	8j								
Par	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 Chara	acteris	stic Co	odes in	the instru	ctions	:	
		4	- from the List of Disc Observe	- 4 4		1 1 - 4				
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cterist		ies in t	ne instruct	ions:		
Part	V Compliance Questions									
10										
а	a Was there a failure to transmit to the plan any participant contributions within the time period described in									
h	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)       10a       ^ <b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported       V									
	on line 10a.)			10b	~	Х				
C	Was the plan covered by a fidelity bond?			10c	X					20000
d	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 oth	ner person	s by an insurance carrier,							
	insurance service, or other organization that provides some or all			100		х				
	instructions.)			10e		Х				
f	Has the plan failed to provide any benefit when due under the pla			10f						
g				10g		Х				
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 th			1011						
•	exceptions to providing the notice applied under 29 CFR 2520.10	•		10i						
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)										
11a	11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a									
12										
12	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			. 01 56	ouun .	002 01			100	
а	If a waiver of the minimum funding standard for a prior year is bein	ng amortiz	ed in this plan year, see instruc		, and e	_	ne date of			ing
lf	granting the waiver									
-	Enter the minimum required contribution for this plan year					12b				

C	Enter the amount contributed by the employer to the plan for this plan year	12c		
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)				
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?	. X `	res 🗌 No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		X Yes No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.)	) to		
1	3c(1) Name of plan(s):	1 <b>3c(2)</b> 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	

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Form 5500-SF	Short Form Annua	Return/Report of Small Employ Benefit Plan						
Department of the Treasury Internal Revenue Service	This form is required to be	e		2013				
Department of Labor	- Retirement income Security	Act of 1974 (ERISA), and section 6057(b) and 6058 (temai Revenue Code (the Code).						
Employee Benelics Security Administration Pension Banel I Guaranty Corporation		A 95	i i	nspection				
	Complete an entries in ac Identification Information	cordance with the instructions to the Form 550	<u>u-or.</u>	<u>.</u>				
For calendar plan year 2013 or fise		01/01/2014 and ending	06	5/17/2014				
A This return/report is for:	x a single-employer plan	a multiple-employer plan (not multiemployer)	Ĩ	a one-partici	pent plan			
B This return/report is:	the first return/report	x the final return/report	-					
	an amended return/report	x a short plan year return/report (less than 12 m	ionths)					
	Form 5558	automatic extension	Ī	DFVC progr	am			
C Check box if filing under:	Special extension (enter descr	L						
Part II Basic Plan Info 1a Name of plan	mation — enter all requested	information	1b	Three-digit				
•	_			plan number	001			
Moore Ink. 401(k) P	lan			(PN)  Elfective date electronic date electroni				
			1	01/01/2005	•			
2a Pian sponsor's name and ad Moore Ink., Incorpo		er (employer, if for a single-employer plan)		Employer iden (EIN) 20-09	ification Number 179560			
			2c Sponsor's telephone number (206) 721-9540					
4422 48th Avenue So			2d Business code (see instructions 541800					
US Seattle	WA 98118 Int address IX I Same as Plan Sm	onsor Name 🛄 Same as Plan Sponsor Address	35	Administrator's	EIN			
			30	Administrator's	telephone number			
				······································				
		the last return/report filed for this plan, enter the	4b	EIN				
	iber from the last return/report.		4c	DNI .				
a Sponsor's name	at the baciesing of the sing year		5a		3			
	at the end of the plan year		5b		0			
C Number of participants with a	ccount balances as of the and of	the plan year (defined benefit plans do not						
complete this item)			<u>5c</u>					
	during the plan year invested in el				X Yes No			
	the annual examination and report (See instructions on waiver eligibition)	t of an independent qualified public accountant (IQI lity and conditions.)	PA)		XYes No			
		annot use Form 5500-SF and must instead use I	Form 5	500.				
c if the plan is a defined benefi	t plan, is it covered under the P8G	SC insurance program (see ERISA section 4021)?	[		o 🔲 Not determined			
		n/report will be assessed unless reasonable ca		stablished	· · · · · · · · · · · · · · · · · · ·			
Linder consister of perior and of	or meanine set forth in the instru	ctions, I declare that I have examined this return/re	port. In	ciudino, if apoli	cable, a Schedule			
S8 or Schedule M8 completed a belief, it is true, correct, and com	nd signed by an enrolled actuary, i	as well as the electronic version of this return/report	t, and t	o the best of m	y knowledge and			
SIGN	1 Ach	1.1 Micha	eT	Noor	2			
HERE Signature of planadom	inistator	Date 8/5//4 Enter name of individu	al signi	ng as plan adm	inistrator			
	Th	111						
HERE Signature of Imployed	plan sponsor	Date 8/5/14 Enter name of individua	al signi	 ng as employer	or plan sponsor			
	Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)							
		ş <del>-</del>						
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			1					
For Paperwork Reduction Act	Notice and OMB Control Numbe	rs, see the instructions for Form 5500-SF.		F	orm 5500-8F (2013)			

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## Form 5500-SF 2013

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Part III Financial Information								
7 Plan Assets and Liabilities		(a) Beginning of Year				(b) End o	of Year	
a Total plan assets	7a	595,4	31					0
b Total plan liabilities	plan liabilities 7b							0
c Net plan assets (subtract line 7b from line 7a)			31					Û
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(a) Amount			(b) T	otal	
a Contributions received or receivable from:	(in)		0					
(1) Employers	<u>88(1)</u>		0	+				
(2) Participants(3) Others (Including rollovers)	8a(2) 8a(3)							
b Other income (loss)	8b	2,5	16	+				
C Total income (add lines Ea(1), 8a(2), 8a(3), and Eb)	8c			+				2,506
d Benefits paid (including direct rollovers and insurance premiums								2,300
to provide benefits)	8d	597,9	37					
e Certain deemed and/or corrective distributions (see instructions)	8e	·····						
f Administrative service providers (salaries, fees, commissions)	8F			<u> </u>				
g Other expenses	<u>8g</u>							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	<u>8h</u>			<u> </u>			59	7,937
Net income (loss) (subtract line 8h from line 8c)	8i	- ·····		<u> </u>			(595	,431)
Transfers to (from) the plan (see instructions)	8j							
Part IV Plan Characteristics								
a If the plan provides pension benefits, enter the applicable pension fe	ature code	s from the List of Plan Characte	ristic	: Code	s in th	e instructio	ins:	
2A 2E 2F 2G 2J 3D								
b       If the plan provides welfare benefits, enter the applicable welfare feat         Part V       Compliance Questions								
0 During the plan year:		<u></u>		Yes	No		Amoun	t
a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci	iary Correc	tion Program)	10a		x			
b Were there any nonexempt transactions with any party-in-interest? on line 10a.)			10b		x			
C Was the plan covered by a fidelity bond?			10c	x				20,00
d Did the plan have a loss, whether or not reimbursed by the plan's fi or dishonesty?			10d		x			
e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all o insurance service.	of the benel	its under the plan? (See			x			
instructions.)			10e					
f Has the plan failed to provide any benefit when due under the plan	12	********	1 <b>0</b> f		X			
g Did the plan have any participant loans? (If "Yes," enter amount as	of year en	d.)	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 2520.101			10i					
Part VI Pension Funding Compliance								
11 Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)						Form		es 🗵 No
11a Enter the unpaid minimum required contribution for current year fro	m Schedul	e SB (Form 5500) line 39			11a		-	
12 Is this a defined contribution plan subject to the minimum funding re-						RISA?	<u></u> Ч	'es 🗶 No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applicat	ole.)						
	g amortized	t in this plan year, see instruction				date of th		-
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a If a walver of the minimum funding standard for a prior year is being	g amortized	t in this plan year, see instruction						-

	Form 5500-SF 2013 Page 3-						
c	Enter the amount contributed by the employer to the plan for this plan year	12c					
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d					
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes 🔲 🕯				
Part	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?	X Y	es 🗌 No				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		0			
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control IX Yes No							
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)						
1	3c(1) Name of plan(s): 13c	(2) EIN(	s) 1	13c(3) PN(s)			
Part	VIII Trust Information (optional)						
		14b T	rust's E{N				
14a Name of trust Moore Ink. 401 (k) Plan				56-2519487			