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

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

Part I	Annual Report	<u>t Identification Information</u>	า					
For calenda	ar plan year 2014 or f	iscal plan year beginning 01/01/2	2014	and ending 12	2/31/2014			
A This ret	A This return/report is for: a multiple-employer plan (not multiemployer) (Filers checking this box must attach of participating employer information in accordance with the form instructions)							
		a one-participant plan	a foreign plan					
B This retu	urn/report is	the first return/report	the final return/report					
	•	nonths)						
C Check	box if filing under:	X Form 5558	automatic extension		DFVC pro	ogram		
		special extension (enter desc	cription)					
Part II	Basic Plan Info	ormation—enter all requested in	nformation					
1a Name		·			1b Three-digit			
COLOR PRE	ESS PUBLISHING, IN	NC. RETIREMENT PLAN			plan numbe			
					(PN) •	001		
					1c Effective da	1/01/1999		
2a Plan sp COLOR PRE	ponsor's name and a SS PUBLISHING, IN	ddress; include room or suite numl C.	per (employer, if for a single	-employer plan)		entification Number I-1909143		
					2c Sponsor's te	elephone number		
1425 W ROS WALLA WAL	E ST LA, WA 99362-1645				2d Business code (see instruction			
					322200			
	dministrator's name a	Ц '			3b Administrato	r's EIN 1-1909143		
COLOR PRE	SS PUBLISHING, IN		ROSE ST WALLA, WA 99362-1645		3c Administrator's telephone number			
		WALLA	WALLA, WA 99302-1043			•		
					509	-525-6030		
4 If the r	name and/or EIN of th	ne plan sponsor has changed since	the last return/report filed	or this plan, enter the	4b EIN			
name		umber from the last return/report.	·	• ,	4c PN			
		s at the beginning of the plan year			+	45		
5a Total number of participants at the beginning of the plan year								
Total number of participants at the end of the plan yearNumber of participants with account balances as of the end of the plan year (defined benefit plans do not			. 30	42				
comple	ete this item)					37		
d(1) Total number of active participants at the beginning of the plan year			5d(1)					
d(2) Total number of active participants at the end of the plan year			5d(2)	28				
Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested			5e					
		or incomplete filing of this retu			use is established			
Under pena	alties of perjury and o	ther penalties set forth in the instru	uctions, I declare that I have	examined this return/re	port, including, if ap	plicable, a Schedule		
	edule MB completed a true, correct, and com	and signed by an enrolled actuary,	as well as the electronic ve	rsion of this return/repo	rt, and to the best of	my knowledge and		
		l/valid electronic signature.	10/13/2015	ROB FERGUSON				
SIGN HERE								
	Signature of plan	administrator	Date	Enter name of individ	er name of individual signing as plan administrator			
SIGN								
HERE	Signature of empl	oyer/plan sponsor	Date	Enter name of individ		oyer or plan sponsor		
Preparer's	name (including firm	name, if applicable) and address (include room or suite numb	er) (optional)	Preparer's telepho	one number (optional)		

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b .	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a cunder 29 CFR 2520.104-46? (See instructions on waiver eligibility at a f you answered "No" to either line 6a or line 6b, the plan cannot with the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to the plan cannot want to be a second to the plan cannot want t	an indepe and condi ot use Fo	ndent qualified public accounta tions.) rm 5500-SF and must instead	nt (IQ	PA) Form	5500.	Yes
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40)21)? .		Yes	No Not determined
Par	III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea		_		(b) End of Year
	Total plan assets	7a	9964	133	_		1019052
	Total plan liabilities	7b	000	100	_		1010050
	Net plan assets (subtract line 7b from line 7a)	7c	9964	133	-		1019052
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from: 1) Employers	8a(1)					
	2) Participants	8a(2)	302	294			
	3) Others (including rollovers)	8a(3)					
-	Other income (loss)	8b	448	310			
C	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					75104
d I	Benefits paid (including direct rollovers and insurance premiums		546				
	o provide benefits)	8d	519	155			
	Certain deemed and/or corrective distributions (see instructions)	8e		20			
<u>t</u>	Administrative service providers (salaries, fees, commissions)	8f		530			
-	Other expenses	8g					50405
	Fotal expenses (add lines 8d, 8e, 8f, and 8g)	8h					52485
	Net income (loss) (subtract line 8h from line 8c)	8i					22619
Pari	Fransfers to (from) the plan (see instructions) Plan Characteristics	8j					
b	2E 2G 2J 2K 3D 2F If the plan provides welfare benefits, enter the applicable welfare fe V Compliance Questions	eature cod	les from the List of Plan Charad	cterist	ic Cod	les in t	he instructions:
10	During the plan year:				Yes	No	Amount
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) Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported) 					X	
	on line 10a.)	`	•	10b		X	
С	Was the plan covered by a fidelity bond?			10c	Χ		63800
d						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.)	of the ber	efits under the plan? (See	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 as	s of year	end.)	10g	Χ		72755
h	If this is an individual account plan, was there a blackout period? (this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 520.101-3.)				X	
i	,						
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
11a	Enter the unpaid minimum required contribution for current year from	om Sched	dule SB (Form 5500) line 39			11a	
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	or se	ction	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	-			and 6	enter th Day	

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lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to line 13.			
b	Enter the minimum required contribution for this plan year		12b		
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 negative amount)		1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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?		🔲 Y	′es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer the	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		inder the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify th	e plan(s) to		
1	3c(1) Name of plan(s):		13c(2) EI	N(s)	13c(3) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

OCT.13.2015 15:37 5095222921

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#1196 P.003 /005 Short Form Annual Return/Report of Small Employee

OMB Nos. 1210-0110

1210-0089

2014

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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).

Complete all entries in accordance with the instructions to the Form 5500-SE

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information		actions to the Form 55	00-3F.				
		cal plan year beginning	01/01/2014	and ending	12/31	/2014			
	The state of the s	X a single-employer plan		`					
X a single-employer plan									
R This retu	rn/renort is	the first return/report	the final return/report						
B This return/report is the first return/report the final return/report an amendod return/report a short plan year return/report (less than 12 no									
				mepor (ress man 12 m					
C Check b	ox if filing under:	X Form 5558	automatic extension		☐ DFVC	program			
	_	special extension (enter descr	ription)						
Part II	the state of the s	rmation—enter all requested inf	ormation		1 4 2	1			
1a Name (NO THE DESTRUCTION	T. T		1b Three-di				
COLOR P	KESS PUBLISHI	NG, INC. RETIREMENT	PLAN		plan nun (PN) ▶	nber 001			
					1c Effective	date of plan			
					01/01				
	onsor's name and ad RESS PUBLISH	dress; include room or suite numba ING, INC .	er (employer, if for a single-	employer plan)	2b Employer (dentification Number (EIN) 91-1909143				
					2c Sponsor's telephone number				
1425 W	ROSE ST				509-525-6030				
					2d Business code (see instructions)				
WALLA W		WA _ 99362 1.64	·		322200				
3a Plan ad	lministrator's name ar	nd address Same as Plan Spons	SOF .		3b Administrator's EIN				
COLOR E	RESS PUBLISH:	ING, INC.			91-1909143				
					3c Administrator's telephone number				
1425 W	ROSE ST				509-52	25-6030			
					1				
WALLA W	IAI,J.A	WA 99362-1645							
4 If the n	ame and/or EIN of the	e plan sponsor has changed since	the last return/report filed fo	or this plan, enter the	4b EIN				
		mber from the last return/report.							
a Sponse					4c PN				
		at the beginning of the plan year				45			
b Total r	number of participants	at the end of the plan year			5b	42			
		account balances as of the end of			5c	2.7			
comple	ete this item)					37			
u(1) Tota	al number of active pa	rticipants at the beginning of the pl	an year		5d(1)	35			
d(2) ⊤ota	al number of active pa	rticipants at the end of the plan ye:	ar	4	5d(2)	28			
e Numbo	r of participants that to	erminated employment during the p	olan year with accrued bene	fits that wore					
less the	an 100% vested		<u> </u>		5e				
Caution: A	penalty for the late	or incomplete filing of this return	n/report will be assessed	unless reasonable car	ıse is establish	ied,			
Under pena	allies of perjury and ot	her penalties set forth in the instru	ctions, I declare that I have	examined this return/re	port, including, i	f applicable, a Schedule			
58 or Sche belief, it is t	dule MB completed a rue, correct, and com	nd signed by an enrolled actuary, a plete	as well as the electronic ver	sion of this return/report	, and to the bes	st of my knowledge and			
SIGN	/ 2 /		10/13/15	Rob Ferguson		1			
HERE		<u>uno</u>	1 - 1 - 1 - 0	<u> </u>					
	Signature of plan a	dministrator	Date	Enter name of individ	ual signing as p	lan administrator			
SIGN									
HERE	Signature of emplo		Date	Enter name of individ	ual signing as e	mployer or plan sponsor			
Preparer's	name (including firm r	name, if applicable) and address (in	relude room or suite numbe	r) (optional)		ephone number (optional)			
		•							

Form 5500-SF 2014 Page 2 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes | | 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. c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Not determined Part III | Financial Information (b) End of Year Plan Assets and Liabilities (a) Beginning of Year 996433 1019052 a Total plan assets..... 7a b Total plan liabilities 7b 996433 1019052 C Net plan assets (subtract line 7b from line 7a)...... 7c Income, Expenses, and Transfers for this Plan Year (b) Total (a) Amount Contributions received or receivable from: (1) Employers ______ 8a(1) 30294 (2) Participants 8a(2) (3) Others (including rollovers) 8a(3) **b** Other income (loss) 44810 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)...... 75104 8c d Benefits paid (including direct rollovers and insurance premiums 51955 to provide benefits). 84 e Certain deemed and/or corrective distributions (see instructions)... 80 530 f Administrative service providers (salaries, fees, commissions)...... 8f 89 h Total expenses (add lines 8d, 8e, 8f, and 8g) 52485 8h i Net income (loss) (subtract line 8h from line 8c) 22619 Transfers to (from) the plan (see instructions) Part IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 3D 2F 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 Amount Was there a failure to transmit to the plan any participant contributions within the time period described in Х 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)..... 10a b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported Х on line 10a.)..... 10b C Was the plan covered by a fidelity bond?..... Х 63800 10c d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud \mathbf{X} or dishonesty? 10d 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 Х instructions.) 10e f Has the plan failed to provide any benefit when due under the plan? Х 10f g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)..... Х 72755 10g h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR Х 10h if 10h was answered "Yes," chock 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 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). Yes Nο 11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39...... Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (if "Yes," complete line 12a or lines 12b, 12c, 12d, and 12c 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

	Form 5500-SF 2014	Page 3 -					
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and	skip to li	ne 13.			
b	Enter the minimum required contribution for this plan year				12b		
						' '	
С	Enter the amount contributed by the employer to the plan for this plan ye	ear			12c		''-
d	Subtract the amount in line 12c from the amount in line 12b. Enter the re negative amount)				12d		
е	Will the minimum funding amount reported on line 12d be met by the fun					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?		,		Y	es X No	,
	If "Yes," enter the amount of any plan assets that reverted to the employ	er this year			13a		
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?						
С	If during this plan year, any assets or liabilities were transferred from this which assets or liabilities were transferred. (See instructions.)	s plan to another	plan(s), ide	entify the plan(s)	to		
1	3c(1) Name of plan(s):			1	3c(2) Elì	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)						
14a Name of trust					14b Tr	ust's EIN	