Form 5500-	SF Short Form Ani	•	ort of Small Empl	oyee	C	0MB Nos. 1210-0110 1210-0089		
Department of the Trease Internal Revenue Service		Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee Retirement						
	Department of Labor bloyee Benefits Security Administration peion Benefit Guaranty Comportion							
5	eport Identification Informati		nstructions to the Form 5	500-SF.				
	•)1/2015	and ending 12	2/31/2015				
A This return/report is for	x a single-employer plan a one-participant plan		er plan (not multiemployer) employer information in ac	`	0			
B This return/report is	the first return/report	the final return/rep	ort eturn/report (less than 12 m	onths)				
C Check box if filing und	ler: Form 5558	automatic extension		· —	FVC progra	m		
	special extension (enter de							
1a Name of plan	In Information—enter all requested	d information		(PN)	number	001 Dlan		
	(employer, if for a single-employer pla ude room, apt., suite no. and street, or			-	-	/1999 cation Number 09143		
	province, country, and ZIP or foreign p		nstructions)	(EIN) 2c Spon		one number		
1425 W ROSE NALLA WALLA, WA 99362	2-1645			2d Busin	ess code (s 32220	ee instructions)		
3a Plan administrator's r COLOR PRESS PUBLISHI	NG, INC. 1425	ionsor. W ROSE ST .A WALLA, WA 99362-164	5			N 09143 lephone number		
					509-525	-6030		
name, EIN, and the	IN of the plan sponsor has changed sir plan number from the last return/report		ed for this plan, enter the	4b EIN				
a Sponsor's name				4C PN		42		
	icipants at the beginning of the plan yes			5a 5b		42		
C Number of participar	icipants at the end of the plan year ts with account balances as of the end	of the plan year (defined b	enefit plans do not	50 50		36		
	ctive participants at the beginning of the			5d(1)		28		
()	ctive participants at the end of the plan			5d(2)		26		
e Number of participa	nts that terminated employment during	the plan year with accrued	benefits that were less	5e		0		
Under penalties of perjury	he late or incomplete filing of this re- and other penalties set forth in the ins- bleted and signed by an enrolled actuar and complete	tructions, I declare that I have a second second	ave examined this return/re	port, includin	ıg, if applica			
	horized/valid electronic signature.	08/05/2016	ROB FERGUSON					
HERE	f plan administrator	Date	Enter name of individ	ual signing a	s plan admi	nistrator		
SIGN HERE Signature o	f amplovar/plan ananan	Data	Enterneme of individu		o omolour-			
	f employer/plan sponsor ng firm name, if applicable) and address	Date s (include room or suite nu	Enter name of individ		is employer telephone r			
For Paperwork Reduction A	Act Notice and OMB Control Numbers, see	e the instructions for Form 5	500-SF.		F	orm 5500-SF (2015)		

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g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X 50934 h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X 50934 i If 10h was answered "Yes," check the box if you either provided the required notice or one of the Image: Comparison of the state of the st	f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X				
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X i If 10h was answered "Yes," check the box if you either provided the required notice or one of the Image: Comparison of the Compari	g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	ənd.)	-	Х				50	0934
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	h	If this is an individual account plan, was there a blackout period?	(See instr	uctions and 29 CFR			Х				
	i	If 10h was answered "Yes," check the box if you either provided the	he require	d notice or one of the							

Part	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Scher 5500) and line 11a below)	lule SB	(Form	Yes	No
11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40	11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section	302 of E	RISA?	Yes	X No

j Did the plan trust incur unrelated business taxable income? 10j

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 (If "Yes," complete line 12a or lines 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 in granting the waiver. 		enter the Day	e date of th	he letter ru Year	ling
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_			
b Enter the minimum required contribution for this plan year		12b			
		12c			
 C Enter the amount contributed by the employer to the plan for this plan year d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the 					
negative amount)	12d			1	
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 resolution to terminate the plan been adopted in any plan year?			X Yes	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 brou of the PBGC?		ontrol		Yes 🗙	No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident which assets or liabilities were transferred. (See instructions.)	fy the plan(s) to	1			
13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)
Part VIII Trust Information					
14a Name of trust		14b ⊺	rust's EIN	l	
14c Name of trustee or custodian			Trustee's telephone	or custodi number	an's
Part IX IRS Compliance Questions		I			
15a Is the plan a 401(k) plan?		Ye:	S	No	
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals ar matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	Design- based safe harbor method		ADI tes		
15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "or testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.2(a)(2)(ii))?		Yes		No	
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):		atio rcentage st		erage nefit test
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con this plan with any other plans under the permissive aggregation rules?	0	Ye:	S	No	
17a Has the plan been timely amended for all required tax law changes?		Ye	s	No	N/A
17b Date the last plan amendment/restatement for the required tax law changes was adopted//for tax law changes and codes).	Enter the ap	plicable	code	(See ins	structions
17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pl advisory letter, enter the date of that favorable letter/ and the letter's serial protocols and the letter's series and protocols		ct to a fa	vorable IF	RS opinion	or
17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, e determination letter/	nter the date of	the plar	n's last fav	vorable	
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No	
19 Were in-service distributions made during the plan year?		Ye	s	No	
If "Yes," enter amount		19			
20 Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w retired), as required under section 401(a)(9)?		Ye	S	No	N/A

Form 5500-SF	Short Form Annual Return/Report of Small Employee OMB Nos. 1210 Benefit Plan							
Department of the Treasury Internal Revenue Service	This form is required to be filed u	elirement 2015						
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974 (Ef	RISA), and sections 6057 evenue Code (the Code)	7(b) and 6058(a) of the	Internal		orm is Open to		
Pension Benefit Guaranty Corporation Complete all entries in accordance with the Instructions to the Form 5500-SF. Public Inspection								
	Ientification Information				/ /			
For calendar plan year 2015 or fisc		01/01/2015	and ending		/31/201			
A This return/report is for:	X a single-employer plan		an (not multiemployer) ployer information in ac					
B This return/report is	the first return/report] the final return/report] a short plan year return	report (less than 12 m	nathe)				
C Check box if filing under:		- -		-		ram.		
	X Form 5558	automatic extension			DFVC prog	lam		
Part II Basic Plan Infor	mation—enter all requested inform	· · · · · · · · · · · · · · · · · · ·						
1a Name of plan	G, INC. RETIREMENT PL			(PN	number	001		
					ctive date o			
	apt., suite no. and street, or P.O. B				loyer Identi) 91-190	fication Number		
Color Press Publishi	country, and ZIP or foreign postal oling, Inc.	code (il foreign, see instru	ictions)	2c Sponsor's telephone number 509-525-6030				
1425 W Rose				2d Business code (see instructions) 322200				
Walla Walla	WA 99362-1645							
3a Plan administrator's name and COLOR PRESS PUBLISHIN	address Same as Plan Sponsor.	2		3b Administrator's EIN 91-1909143				
1425 W ROSE ST	ine, inc.				nnistrator's -525-60	telephone number		
WALLA WALLA	WA 99362-1645							
name, EIN, and the plan num	plan sponsor has changed since the ber from the last return/report.	e last return/report filed fo	r this plan, enter the	4b EIN				
a Sponsor's name			<i>u</i>	4c PN 5a	1			
	t the beginning of the plan year			5a 5b		42		
c Number of participants with ac	t the end of the plan year	e plan year (defined bene	fit plans do not	50 50		43		
	cipants at the beginning of the plan			5d(1)		36 28		
	icipants at the end of the plan year.	•		5d(2)		26		
 Number of participants that te 	erminated employment during the pl	an year with accrued ber	nefits that were less	5e		0		
Caution: A penalty for the late of Under penalties of perjury and other	r incomplete filing of this return/re er penalties set forth in the instruction d signed by an enrolled actuary, as w	eport will be assessed ons, I declare that I have	unless reasonable car examined this return/re	port, includ	ling, if appli	cable, a Schedule		
SIGN Moltin D	Juquion	08/05/2016	Rob Ferguson					
HERE Signature of plan ad	ministrator	Date	Enter name of individ	ual signing	as plan ad	ministrator		
SIGN								
HERE Signature of employ		Date	Enter name of individ					
Preparer's name (including firm na	me, if applicable) and address (inclu	ude room or suite numbe	r)	Preparer	's telephone	e number		
					10 mil			
For Paperwork Reduction Act Notice	and OMB Control Numbers, see the in	nstructions for Form 5500-	SF.			Form 5500-SF (2015) v. 150123		

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	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indeper	ndent qualified public ad	ccounte	ant (IQ	PA)		
	If you answered "No" to either line 6a or line 6b, the plan cann							
	If the plan is a defined benefit plan, is it covered under the PBGC in					-		No Not determined
Pai	t III Financial Information							
7	Plan Assets and Liabilities	•	(a) Beginning	of Yea	٩r			(b) End of Year
a	Total plan assets	7a		1,01		2		862,176
	Tota) plan liabilities	70						
	Net plan assets (subtract line 7b from line 7a)	7c		1,01	9,05	2		862,176
	Income, Expenses, and Transfers for this Plan Year	1	(a) Amou		-	-		(b) Total
	Contributions received or receivable from: (1) Employers	8a(1)				0		
	(2) Participants	8a(2)		3	0,16	2		
-	(3) Others (including rollovers)	8a(3)			2,16	33.80		
b	Other income (loss)	. 8b		- (6,38	6		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		Addad				25,945
	Benefits paid (including direct rollovers and insurance premiums					48	261.813	C DATE AND DESCRIPTION OF THE OWNER OF THE OWNE
	to provide benefits)	. 8d		18.	2,24	4	Sade	
e	Certain deemed and/or corrective distributions (see instructions)	. 8e				0	Page 1	
f	Administrative service providers (salaries, fees, commissions)	. 8f			57	7,	al Mar	and the second second second
g	Other expenses	8g	Concerning and the second second			0 38		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						182,821
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	. 81	and the second s			i.	1000mm0.	-156,876
j	Transfers to (from) the plan (see instructions)	8				100		
B	2E 2G 2J 2K 3D 2F If the plan provides welfare benefits, enter the applicable welfare to V Compliance Questions	leature coo	des from the List of Plar	Chara	acterist	ic Coc	des in th	
10					Yes	No	N/A	Amayork
a	During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	Voluntary f	iduciary Correction	10a	163	x		Amount
b	Were there any nonexempt transactions with any party-in-interes					x		
	reported on line 10a.)	_		105			stage) p	
				10c	X			63,800
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х		
e	Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		x		
f	Has the plan falled to provide any benefit when due under the pla	an?		10f		X	81.3	
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year	end.)	10g	x			50,934
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 t exceptions to providing the notice applied under 29 CFR 2520.10	the require	d notice or one of the	101				
j	Did the plan trust incur unrelated business taxable income?			10j				
Раг	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)							
11a	Enter the unpaid minimum required contribution for all years from	n Schedule	e SB (Form 5500) line 4	0	<u></u>		11a	

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?...

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Form 5500-SF 2015 Page 3 -		
(If "Yes," complete line 12a or lines 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 e granting the waiver	nter the dat	e of the letter ruling Year
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		
b Enter the minimum required contribution for this plan year	12b	
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?	Ye:	s 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?		Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a	<u>, (</u>
	-0	
 b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the co of the PBGC? 		Yes X 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.)		
13c(1) Name of plan(s) 13c(2)	EIN(s)	13c(3) PN(s)
Part VIII Trust Information		
14a Name of trust	14b Trust	's EIN
14c Name of trustee or custodian	21 00 0429 0.0700409	stee's or custodian's phone number
Part IX IRS Compliance Questions		
15a is the plan a 401(k) plan?	Yes	No
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	Design based harbor metho	safe ADP/ACP test
15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	Yes	Νο
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	Ratio percer test	ntage Average benefit test
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	Yes	Νο
17a Has the plan been timely amended for all required tax law changes?	Yes	No N/A
17b Date the last plan amendment/restatement for the required tax law changes was adopted	applicable o	ode (See instruction
17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject advisory letter, enter the date of that favorable letter and the letter's serial number	t to a favora	able IRS opinion or
advisory letter, enter the date of that favorable letter and the letter's serial number	the plan's l	ast favorable
 18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)? 	Yes	Νο
19 Were in-service distributions made during the plan year?	Yes	No
If "Yes," enter amount	19	/
20 Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not		
retired), as required under section 401(a)(9)?	Yes	No N/A