Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

Annual Report Identification Information

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).

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

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

For calenda	ar plan year 2016 or	fiscal plan year beginning 01/01/	2016	and ending 1	2/12/2016					
∆ This retu	urn/report is for:	r) (Filers checking this box must attach a accordance with the form instructions.)								
A This ret	um/report is ior.	a one-participant plan	a foreign plan							
B This retu	ırn/report is	the first return/report	X the final return/report							
		an amended return/report	a short plan year retu	a short plan year return/report (less than 12 months)						
C Check b	oox if filing under:	Form 5558	automatic extension		DFVC program	า				
		special extension (enter desc	cription)							
Part II	Basic Plan Inf	formation—enter all requested in	nformation							
1a Name of COLOR PRE		NC. RETIREMENT PLAN			1b Three-digit plan number (PN) ▶					
			1c Effective da	nte of plan 01/01/1999						
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box)					2b Employer Identification Number (EIN) 91-1909143					
	town, state or proving SS PUBLISHING, II	nce, country, and ZIP or foreign pos NC.	stal code (if foreign, see ins	tructions)	2c Sponsor's telephone number 509-525-6030					
1425 W ROS	F				2d Business code (see instructions)					
	LA, WA 99362-1645	5			`	322200				
3a Plan ac	dministrator's name	and address X Same as Plan Spo	onsor.		3b Administrate	or's EIN				
					3c Administrate	or's telephone number				
4 If the n	sama and/ar FINI of t	ha plan appropriate about a disco	a the least matiliary manager filed	for this plan appear the	4h FINI					
		the plan sponsor has changed since number from the last return/report.	e the last return/report filed	for this plan, enter the	4b EIN					
a Sponso					4c PN					
_		5a Total number of participants at the beginning of the plan year								
 Total number of participants at the end of the plan year Number of participants with account balances as of the end of the plan year (only defined contribution plans 					5a	43				
C Numbe		, ,			5b	43				
comple	er of participants wit ete this item)	h account balances as of the end o	f the plan year (only define	d contribution plans	5b 5c	43				
comple d(1) Tota	er of participants wit ete this item) al number of active p	h account balances as of the end o	f the plan year (only define	d contribution plans	5b 5c 5d(1)	43 ((26				
comple d(1) Tota d(2) Tota e Numb	er of participants wit ete this item) al number of active p al number of active p er of participants the	h account balances as of the end o participants at the beginning of the participants at the end of the plan year terminated employment during the	f the plan year (only define blan year earear with accrued b	d contribution plans	5b 5c	(
comple d(1) Tota d(2) Tota e Numb than 1	er of participants wit ete this item)al al number of active p al number of active p er of participants the 100% vested	h account balances as of the end of the control of the participants at the beginning of the participants at the end of the plan year terminated employment during the	f the plan year (only define blan year earear with accrued b	d contribution plans	5b 5c 5d(1) 5d(2) 5e	(26				
comple d(1) Tota d(2) Tota e Numb than 1 Caution: A Under pena SB or Sche	er of participants wite tet this item)	h account balances as of the end of the participants at the beginning of the participants at the end of the plan year terminated employment during the cor incomplete filing of this return the penalties set forth in the instruand signed by an enrolled actuary,	f the plan year (only define plan year	d contribution plans enefits that were less d unless reasonable ca	5b 5c 5d(1) 5d(2) 5e suse is established eport, including, if a	26 (d. applicable, a Schedule				
comple d(1) Tota d(2) Tota e Numb than 1 Caution: A Under pena SB or Sche belief, it is t	er of participants wite tet this item)	h account balances as of the end of the participants at the beginning of the participants at the end of the plan year terminated employment during the cor incomplete filing of this return the penalties set forth in the instruand signed by an enrolled actuary,	f the plan year (only define plan year	d contribution plans enefits that were less d unless reasonable ca	5b 5c 5d(1) 5d(2) 5e suse is established eport, including, if a	26 (d. applicable, a Schedule				
comple d(1) Tota d(2) Tota e Numb than 1 Caution: A Under pena SB or Sche belief, it is to	er of participants wite tet this item)	h account balances as of the end of the participants at the beginning of the participants at the end of the plan year terminated employment during the cor incomplete filing of this return other penalties set forth in the instruand signed by an enrolled actuary, mplete. d/valid electronic signature.	f the plan year (only define plan year	enefits that were less d unless reasonable ca e examined this return/repo	5b 5c 5d(1) 5d(2) 5e suse is established eport, including, if a rt, and to the best of	d. applicable, a Schedule of my knowledge and				
comple d(1) Tota d(2) Tota e Numb than 1 Caution: A Under pena SB or Sche belief, it is t SIGN HERE	er of participants wite tet this item)	h account balances as of the end of the participants at the beginning of the participants at the end of the plan year terminated employment during the cor incomplete filing of this return other penalties set forth in the instruand signed by an enrolled actuary, mplete. d/valid electronic signature.	f the plan year (only define plan year	enefits that were less d unless reasonable ca e examined this return/repo ROB FERGUSON	5b 5c 5d(1) 5d(2) 5e suse is established eport, including, if a rt, and to the best of	d. applicable, a Schedule of my knowledge and				
comple d(1) Tota d(2) Tota e Numb than 1 Caution: A Under pena SB or Sche belief, it is to SIGN HERE	er of participants wite tete this item)	h account balances as of the end of the participants at the beginning of the participants at the end of the plan year terminated employment during the cor incomplete filing of this return other penalties set forth in the instruand signed by an enrolled actuary, mplete. d/valid electronic signature.	f the plan year (only define plan year	enefits that were less d unless reasonable ca e examined this return/repo ROB FERGUSON Enter name of individ	5b 5c 5d(1) 5d(2) 5e suse is established apport, including, if a rt, and to the best of the dual signing as plant.	d. applicable, a Schedule of my knowledge and				

Form 5500-SF 2016 Page **2**

6a Were all of the plan's assets during the plan year invested in eligi	hle assets?	(See instructions)						X Yes	No	
b Are you claiming a waiver of the annual examination and report of		` ,								
under 29 CFR 2520.104-46? (See instructions on waiver eligibility		,						X Yes	No	
If you answered "No" to either line 6a or line 6b, the plan can					_	_] Nat datama:	المصما	
c If the plan is a defined benefit plan, is it covered under the PBGC	insurance pr	ogram (see ERISA se	ection 4	021)?		res	No	Not determi	nea	
Part III Financial Information										
7 Plan Assets and Liabilities		(a) Beginning				-	(b) End o	Year		
a Total plan assets	7a		862176)				0		
b Total plan liabilities			000470					0		
C Net plan assets (subtract line 7b from line 7a)	7c	862176								
8 Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt		(b) Total					
Contributions received or receivable from: (1) Employers	8a(1)		C							
(2) Participants	8a(2)		5802							
(3) Others (including rollovers)										
b Other income (loss)	8b		63131							
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				68933					
d Benefits paid (including direct rollovers and insurance premiums										
to provide benefits)	8d		909076							
e Certain deemed and/or corrective distributions (see instructions).	8e	14625								
f Administrative service providers (salaries, fees, commissions)	8f		7408	5						
g Other expenses										
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						931109			
Net income (loss) (subtract line 8h from line 8c)								-862176		
j Transfers to (from) the plan (see instructions)	8j									
Part IV Plan Characteristics										
9a If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3D 2F	n feature cod	des from the List of Pl	an Cha	racteri	stic Co	odes in	the instru	ctions:		
b If the plan provides welfare benefits, enter the applicable welfare	feature code	es from the List of Pla	n Chara	acteris	tic Cod	des in t	he instruc	tions:		
Part V Compliance Questions										
10 During the plan year:				Yes	No	N/A		Amount		
Was there a failure to transmit to the plan any participant contrib	utions within	the time period								
described in 29 CFR 2510.3-102? (See instructions and DOL's		•	40-		X					
Program) b Were there any nonexempt transactions with any party-in-interest			10a							
reported on line 10a.)	,		10b		X					
C Was the plan covered by a fidelity bond?			10c	X				(6380	
	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?				X					
• Were any fees or commissions paid to any brokers, agents, or o carrier, insurance service, or other organization that provides so										
the plan? (See instructions.)			10e		X					
f Has the plan failed to provide any benefit when due under the pl	an?		10f	.,						
g Did the plan have any participant loans? (If "Yes," enter amount	as of year-e	nd.)	10g	Х					(
h If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		X					

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Part	VI	Pension Funding Compliance							
11	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sc (Form 5500) and line 11a below)							Yes No	
	11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40								
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sect ERISA?								Yes X No	
	(lf "\	'es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	Nonth _	s, and	d enter t Day		of the lett Year	er ruling 	
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.	1		1			
<u>b</u>	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									
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the litive amount)			12d				
		he 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?				X Yes	S [] I	No	
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year			13a			0	
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougol of the PBGC?		er the			X Yes	No	
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	lan(s)	s) to				
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3) PN(s)	
Part	VIII	Trust Information							
14a	Name	of trust			14b ⁻	Trust's E	EIN		
14c	Name	of trustee or custodian			14d Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions		<u> </u>					
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No		
		lid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	LL		n-based arbor	d [] "Prior y test	ear" ADP	
				"Curre	rrent year" N/A P test				
					o entage Average benefit test			□ N/A	
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) are plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes	No No				
	the le								
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, en/	nter the	date	of the m	nost rece	ent determ	nination	
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		rom	Ye	s [No		
19	Wasa	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			Ye	s	No		

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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).

OMB Nos, 1210-0110 1210-0089

2016

This Form is Open to **Public Inspection**

Part Annual Repor	t Identification information	accordance with the ins	tructions to the Form	5500-SF.	<u> </u>			
For calendar plan year 2016 or	fiscal plan year beginning	01/01/2016	and ending	12/12/	2016			
7	X a single-employer plan		rer) (Filers checking this box must attach					
A This return/report is for:	a one-participant plan	list of participating employer information in accordance with the form ins						
B This return/report is	the first return/report	X the final return/report	ŧ					
,	an amended return/report	a short plan year retu		months)	•			
C Check box if filing under:	_			_ `				
- The street box is many under.	Form 5558	automatic extension		DFVC program	m			
Part II Basic Plan Info	special extension (enter descr							
1a Name of plan	ormation—enter all requested inf	formation	,					
COLOR PRESS PUBLISHI		1b Three-digit						
				(PN)				
				1c Effective date of plan 01/01/1999				
Mailing address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O). Box)	-	2b Employer i	dentification Number			
Color Press Publish:	ce, country, and ZIP or foreign posts	al code (if foreign, see inst	tructions)	(EIN)91-1909143 2c Sponsor's telephone number				
				509-525-6030				
1425 W Rose					ode (see instructions)			
				322200				
Walla Walla	WA 99362-1645							
3a Plan administrator's name ar	nd address 🗵 Same as Plan Spon	isor.		3b Administrator's EIN				
				3C Administrat	or's telephone number			
<u> </u>	·							
4 If the name and/or EIN of the	e plan sponsor has changed since to	he last return/report filed f	for this plan, enter the	4b EIN	<u>, , , , , , , , , , , , , , , , , , , </u>			
name, EIN, and the plan nur a Sponsor's name	mber from the last return/report.			· · ·				
	at the haringing of the classes	_	<u></u>	4c PN				
b Total number of participants	at the beginning of the plan year			·				
C Number of participants with a	at the end of the plan year account balances as of the end of the	ha alaa waar faalu dafinad	A 4 - 12 AT	5b	C			
,		***************************************	***************************************	5c	c			
Q(1) Total number of active par	rticipants at the beginning of the plan	ın year		5d(1)				
Q(2) Total number of active par	rticipants at the end of the plan year	Г		5d(2)	26			
TEND EXILIBITION OF PARTICIPATION OF THE PARTICIPAT	terminated employment during the r	Alan yaassaath aaassaatta.	Et- 15 1 1	. 1	¢			
Caution: A penalty for the late of	or incomplete filing of this setume			5e	0			
Under penalties of perjury and oth	ner penalties set forth in the instruction signed by an enrolled actuary as	ions, I declare that I have	examined this return/re	use is established port, including, if a	i. policable a Schodule			
belief, it is true, correct, and comp	id signed by an enrolled actuary, as plete.	, well as the electronic ven	sion of this return/report	t, and to the best o	f my knowledge and			
SIGN April Dua	1 11 MA		Rob Ferguson					
HERE Signature of plan	iministrator	Date 2-20-17	 					
SIGN		- Date of COT/	Enter name of individu	ual signing as plan	administrator			
HERE Signature of employ	/er/plan sponsor	Date						
Preparer's name (including firm na	ame, if applicable) and address (incl	Date lude room or suite number	Enter name of individuer)	ral signing as emp	loyer or plan sponsor			
	•		'' !	Preparer's telepho	one number			
			1					
or Paperwork Reduction Act Notice	. see the instructions for Form 6500 s	AP						

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	Form 5500-SF 2016		Page 2		,	_					
	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								Yes		No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								X Yes	□ 1	No
	If you answered "No" to either line 6a or line 6b, the plan cann										
C	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA se	ection 40	021)?	····· 🛄	Yes	∐No ∐	Not dete	rmine	bé
Par	tills Financial Information										
7	Plan Assets and Liabilities	Hadden I I I I I I I I I I I I I I I I I I I	(a) Beginning	of Year			1 ((b) End of	/ear		
а	Total plan assets	7a		862,	176				<u></u>		0
<u>b</u>	Total plan liabilities	7b									
С	Net plan assets (subtract line 7b from line 7a)	7c		862,	176						0
8	Income, Expenses, and Transfers for this Plan Year	SRAMPHEY AND A	(a) Amoun	rt				(b) Tota	<u> </u>		
	Contributions received or receivable from: (1) Employers	8a(1)			0	News 1		P Difference	Pro- 14		
	(2) Participants	8a(2)		5,	802		Section 1	- 181 9 31		PARTERIOR DE	SAME OF
	(3) Others (including rollovers)	8a(3)			(3) (1)		CONTROL OF	of Morney (The Control of the Co		
<u>b</u>	Other income (loss)	8b	Process of the sector's contract the sector contract to the sector of th	63,		Sec.		Contractive Contra		Application of	2 - 37375 2 - 37375
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	"大学"的一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	Section 18 Section 1	A SOLO	<i>;</i>				58,9	933
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		909,	076		je j				e Gusto Intimotica
e	Certain deemed and/or corrective distributions (see instructions)	8e			5 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f	7,4			Total Articles					13192
g	Other expenses	8g	Localitation of the second sec		05 20						i (i)
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	(1995年) (1995年) (1995年) (1995年) (1995年)	24. UL 24. 27			931,10				
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 81			4.17.196		W-11 - 170 - 2"	-862,			
<u>j</u>	Transfers to (from) the plan (see instructions)	- 8j			7	199					100 100 100 100 100 100 100 100 100 100
Par	Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3D 2F	feature co	des from the List of Pl	an Chai	racteri	stic Co	des in	the instruct	ions:		
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	les in t	he instruction	enc:		
Pan	tiV⊮ Compliance Questions				,	,					
10	During the plan year:				Yes	No	N/A		Amount		
а	Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-1027 (See instructions and DOL's Norgram)	√oluntary F	iduciary Correction	10a		х					
b	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	t? (Do not	include transactions	10b		Х				•	
				10c	х		Service of Service of	<u></u>		63,	80
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 of carrier, insurance service, or other organization that provides son the plan? (See instructions.)	her person ne or all of	s by an insurance the benefits under	10e		х	SAPEL SAPEL SAPEL SAPEL				
f				10f		х	75 / 14 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /				_
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g	х						
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See Instr	uctions and 29 CFR	10h		х	304000E	Art see a	非理		
i	If 10h was answered "Yes," check the box if you either provided t	he require		401			148/44/A	e comment			

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Part Vi-**Pension Funding Compliance** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see Instructions and complete Schedule SB Yes (Form 5500) and line 11a below)..... 11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40...... 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 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 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 12¢ 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 12d negative amount) 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 Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the X Yes control of the PBGC?. No 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 14d Trustee's or custodian's telephone number Part IX IRS Compliance Questions **15a** is the plan a 401(k) plan? If "No," skip b..... Yes No 15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section Design-based "Prior year" ADP 401(k)(3) for the plan year? Check all that apply: safe harbor test "Current year" N/A ADP test 16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan Ratio year? Check all that apply: Average percentage benefit test test 16b Dld the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?...... Yes l No 17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of and the serial number 17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from Yes service? _____ No 19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year? Yes No