## 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).

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension Be	enerit Guaranty Corporation	▶ Complete all entries in ac	cordance with the instru	ctions to the Form 550	0-SF.		
Part I		<b>Identification Information</b>					
For calenda	ar plan year 2012 or fi	scal plan year beginning 07/01/2	2012	and ending 0	6/30/2	2013	
	urn/report is for:	a single-employer plan	H	olan (not multiemployer)		a one-participa	ınt plan
<b>B</b> This ret	urn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year retu	rn/report (less than 12 mo	onths)	_	
C Check box if filing under: Form 5558 automatic extension						DFVC program	1
		special extension (enter descri	iption)				
Part II	Basic Plan Info	ermation—enter all requested info	ormation				
1a Name					1b	Three-digit	
		CES, INC. 401(K) PROFIT SHARIN	NG PLAN & TRUST			plan number	
						(PN) <b>•</b>	002
					1c	Effective date of p	
						07/01/1	
<b>2a</b> Plan sp WESTERN	ponsor's name and ad ASSOCIATION SERV	dress; include room or suite numbe ICES, INC.	er (employer, if for a single	e-employer plan)	2b	Employer Identification (EIN) 91-0964	
					2c	Sponsor's telepho	one number
	DGE DRIVE SW					360-943-	3054
P.O. BOX 16 OLYMPIA, V					2d	Business code (se 561900	,
3a Plan a	dministrator's name ar	nd address XSame as Plan Spons	or Name Same as Pla	n Sponsor Address	3b	Administrator's El	
					2-		<del> </del>
					3C	Administrator's tel	lephone number
4 If the r	name and/or FIN of the	e plan sponsor has changed since t	he last return/report filed t	for this plan, enter the	4h	EIN	
		mber from the last return/report.	ille last return/report lileu i	or this plan, enter the	40	EIIN	
	or's name	•			4c	PN	
<b>5a</b> Total r	number of participants	at the beginning of the plan year			5a		2
<b>b</b> Total r	number of participants	at the end of the plan year			5b		2
		account balances as of the end of t			36		
			. , ,	•	5c		2
<b>6a</b> Were	all of the plan's assets	s during the plan year invested in el	ligible assets? (See instru	ctions.)			X Yes No
•	•	f the annual examination and report	·		,		V v. □ v.
		? (See instructions on waiver eligibi					X Yes   No
-		ither line 6a or line 6b, the plan ca					
		or incomplete filing of this return					
		her penalties set forth in the instruc nd signed by an enrolled actuary, a					
	true, correct, and com		3 Well as the electronic ve	raion of this return report	, and	to the best of my k	nowicage and
	<u></u>						
SIGN	Filed with authorized/	valid electronic signature.	10/01/2013	SIDNEY CASEY VOO	RHEE	is	
HERE	Signature of plan a	dministrator	Date	Enter name of individu	ual sig	ıning as plan admir	nistrator
SIGN							
HERE	Signature of emplo	ver/plan sponsor	Date	Enter name of individu	ual sio	ning as employer	or plan sponsor
Preparer's		name, if applicable) and address; inc				parer's telephone n	
	, ,	, , , , , , , , , , , , , , , , , , , ,		, ,		•	, ,

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Pa	rt III   Financial Information										
7	Plan Assets and Liabilities		(a) Reginning of Ver				(b) End	of Voc			
<del>'</del>		7-	(a) Beginning of Year 313440		+	(b) End of Year 367485					
_ <u>a</u>	Total plan assets  Total plan liabilities	7a 7b	313440					30	07400		
	Net plan assets (subtract line 7b from line 7a)	76 7c	242440					26	7105		
	,	76	313440				/b\ T		7485		
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount		(b) Total						
a	(1) Employers	8a(1)	1461	5							
	(2) Participants	8a(2)	730	08							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	3365	59							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						5	5582		
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	153	87							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1537		
i	Net income (loss) (subtract line 8h from line 8c)	8i						5	54045	,	
j	Transfers to (from) the plan (see instructions)	8j									
Pa	rt IV Plan Characteristics										_
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instruct	ions:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	he instruction	ons:			
Par	t V Compliance Questions										
10					Yes	No		<b>A</b>			
a	During the plan year:  Was there a failure to transmit to the plan any participant contribute.	tione withi	n the time period described in		162	NO		Amou	ınt		
ŭ	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	,	•	10b		X					
	Was the plan covered by a fidelity bond?			10c	X					500	າດດ
C				10d		Х				000	700
	or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth			100							
	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See			_					
	instructions.)			10e		X					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
Q	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	X					10	028
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							
Par	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)											
11:	11a Enter the amount from Schedule SB line 39										
12									Nο		
12	(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 beir granting the waiver.	ng amortiz	ed in this plan year, see instru		, and e	enter th		ne lette Year	er ruli	ng	
——————————————————————————————————————	you completed line 12a, complete lines 3, 9, and 10 of Schedule					⊔ay		ı <del>c</del> al			_
	Enter the minimum required contribution for this plan year	•				12b					
	= and minimized required contribution for this plant 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 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?		Yes 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	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	<b>14b</b> ⊤	rust's EIN		

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor

## 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

OMB Nos. 1210-0110 1210-0089

2012

Employee Benefits Security Administration	the Internal F	Revenue Code (the (	Code).	`´   TI	his Form is Op		lic		
Pension Benefit Guaranty Corporation	) Complete all entries in accorda	mce with the instru	ctions to the Form 550t	D-SF.	Inspec	tion			
Part I Annual Report Identification Information									
For calendar plan year 2012 or fisc	al plan year beginning 07	/01/2012	and ending	06,	/30/2013				
A This return/report is for:	🛚 a single-employer plan 📗 a	multiple-employer p	dan (not multiemployer)	, Па	one-participant	plan			
B This return/report is:	The first return/report	he final return/report		11		•			
		•	m/report (less than 12 m	feithna					
C Check box if filling under:	A A	automatic extension	minopost gode tildri 12.11		CV//> ~~~~~~				
O check box ii ming under.	Пп	FVC program							
Part II Basic Plan Inform	special extension (enter description)		THE RESERVE THE PROPERTY OF TH		<del></del>	**************************************			
1a Name of plan	mation—enter all requested informati	on		41					
•	- 7	w	1	1b Three	e-digit number				
1	n Services, Inc. 401(k)	FLOLIE	. ]	(PN)		002			
Sharing Plan & True	st	•	r de la companya de		tive date of plan	n			
					01/1993				
	ess; include room or suite number (emp	ployer, if for a single	-employer plan)	2b Empk	oyer Identificati	an Numbe	,		
Western Association	n Services, Inc.		[	(EIN)	91-096411	12			
			'		sors telephone				
909 Lakeridge Drive	e SW				)) 943-30	. <u></u>			
P.O. Box 1699					ess code (see i	instructions	i)		
Olympia 39 Plan administrators name and	address XSame as Plan Sponsor Nar	WA Deamana Dia	98502		900				
ou 1 mm addismanator 3 Horne and	addiese Moanie as Fish obolisor Har	me Doame as rian	opolisor Address	au Admir	nistrator's EIN				
				3c Admir	nistrator's telep	hone numi			
						*			
	•								
4 10		<del></del>							
4 If the name and/or EIN of the p name, EIN, and the plan numb	plan sponsor has changed since the last	t return/report filed fo	or this plan, enter the	4b ein		************			
a Sponsor's name	ret nom die iast tetorimeport.			4c PN					
	the beginning of the plan year			5a					
	I the end of the plan year		1			τ			
	count balances as of the end of the plan			5b			2		
complete this item)	where predices do or the end or the files	n year (denned bene	nt hans do not	5c			2		
	luring the plan year invested in eligible :			<del></del>	- <u>v</u>	Yes			
<ul> <li>b Are you claiming a waiver of the</li> </ul>	re annual examination and report of an	independent qualifie	d mblic accountagt fOF	ZΔ1	-	) , oo [],	•		
under 29 CFR 2520,104-467 (	See instructions on waiver eligibility and	d conditions,),	- 	**********	🗵	Yes []	10		
	er line 6a or line 6b, the plan cannot								
Caution: A penalty for the late or	incomplete filing of this return/repor	d will be assessed	uniess reasonable cau:	se is establ	ished.				
Under penalties of perjury and other	r penalties set forth in the instructions, I	declare that I have	examined this return/rep	ort, including	g, il applicable,	a Schedul	е		
belief, it is true, correct, and comple	signed by an enrolled actuary, as well a	as me electronic ver	sion of this return/report,	and to the t	oest of my knov	viedge and			
	7	· · · · · · · · · · · · · · · · · · ·	I		·				
sign S. Car Le	1	9/26/12	SIDNEY CASEY V	OORHEES	•		ļ		
HERE Signature of plan adn	ninistrator	Date	Enter name of individu	al sionino a	s plan administ	rator	$\neg \neg$		
sign 5. Car	1/6	9/26/13		, g	P. P. W. Gallanda		$\dashv$		
HERE Signature of employe	Walan ananas	1	HT. 1						
Preparer's name (including firm name	ne, if applicable) and address; include r	Date com or suite numbe	Enter name of Individu	ai signing a: Prenarer e	s employer or p telephone num	han sponse	ol)		
, үчлэгэгээ шин наг	, in the state of the state	or well (Minde	(chantiny	i reparer S	reschiona imili	nei (abiiaii	31}		
							-		
·			L						
						· ·			
						•	. ]		

Pa	rt III Financial Information					······································					
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır	(b) End of Year			ar			
а	Total plan assets	. 7a		313,440			· ( /			7,485	
b	Total plan liabilities	7b		•						<del></del>	
c	Net plan assets (subtract line 7b from line 7a)	. 7c	31.	3,44	.0		367,48			7,485	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total				
а	Contributions received or receivable from:										
	(1) Employers	. 8a(1)	-	14,615			ra (sprince la ciude del prince de la ciude de la compaña. El del al maria manore del controles de la ciude d				
	(2) Participants	. 8a(2)	7,308								
	(3) Others (including rollovers)	. 8a(3)									
<u>b</u>	Other income (loss)	. 8b	3	3,65	9						
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							5	5,582	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d									
e	Certain deemed and/or corrective distributions (see instructions)	. 8e									
f	Administrative service providers (salaries, fees, commissions)	8f		1,53	7						
g	Other expenses	. 8g									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						,		1,537	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i				· · · · · · · · · · · · · · · · · · ·			5	4,045	
j	Transfers to (from) the plan (see instructions)	8j									
Pa	rt IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature co	odes from the List of Plan Char	acteris	stic Co	odes in	the instruc	tions:			
þ	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 instructi	ons:			
Par	Part V Compliance Questions										
10	During the plan year:				Yes	No		Amo	unt		
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide			10a		Х					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х					
				10c	Х	<b></b>				0,000	
	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud		- 27	Х				0,000	
	or dishonesty?			10d		Δ.				<del></del>	
е	insurance service or other organization that provides some or all										
,	instructions.)		***************************************	10e		Х				• • • • • • • • • • • • • • • • • • • •	
f	Has the plan failed to provide any benefit when due under the pla	in?		10f		Х					
. g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10g	Х					1,028	
ŀ	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 the exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i							
Pari						<u> </u>					
11	Is this a defined benefit plan subject to minimum funding requirem							П	Yes	XNo	
41-	5500) and line 11a below)				<del></del>				100	₹71.40	
	Enter the amount from Schedule SB line 39					11a	EDIOAS		Vac	X No	
12	Is this a defined contribution plan subject to the minimum funding	· · · · · · · · · · · · · · · · · · ·		orse	ection	302 of	ERISA?		Yes	VIN0	
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below.  If a waiver of the minimum funding standard for a prior year is being the standard for a prior year is being the standard for a prior year.	ng amortiz	ed in this plan year, see instru		and	_	ne date of t			ing	
	granting the waiver				· · · · · · · · · · · · · · · · · · ·	Day	/man/00000000000000000000000000000000000	Year			
					1	12b	i				
N.	<ul> <li>Enter the minimum required contribution for this plan year</li> </ul>						1				

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			·····		
c Enter the amount contributed by the employer to the plan	n for this plan year		12c		
d Subtract the amount in line 12c from the amount in line 1 negative amount)			12d		
e Will the minimum funding amount reported on line 12d be	e met by the funding deadline?		[	Yes	No N/A
Part VII Plan Terminations and Transfers of A	ssets	•			
13a Has a resolution to terminate the plan been adopted in any p	olan year?		Y	es X No	)
If "Yes," enter the amount of any plan assets that reverte	ed to the employer this year	,	. 13a		·
b Were all the plan assets distributed to participants or ber of the PBGC?		Yes X No			
c If during this plan year, any assets or liabilities were tran which assets or liabilities were transferred. (See instructions)		olan(s), identify the plan(s)	to		
13c(1) Name of plan(s):			13c(2) Ell	V(s)	13c(3) PN(s)
			-		
•				.*	
Part VIII Trust Information (optional)		•			•
14a Name of trust					