Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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 the Internal Revenue Code (the Code).

Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information				
For calend	ar plan year 2016 or f	iscal plan year beginning 07/01/2	016	and ending 0	1/18/2017	
A This ret	turn/report is for:	a single-employer plan a one-participant plan		olan (not multiemployer) (mployer information in ad		
B This retu	urn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year retu	irn/report (less than 12 m	nonths)	
C Check	box if filing under:	Form 5558	automatic extension		DFVC program	
		special extension (enter descr	iption)			
Part II	Basic Plan Info	ormation—enter all requested inf	ormation			
1a Name WESTERN		ICES, INC. 401(K) PROFIT SHARII	NG PLAN & TRUST		1b Three-digit plan number (PN) ▶	002
					1c Effective date	e of plan 7/01/1993
Mailing	g address (include roc	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O		(mark)		entification Number 1-0964112
	ASSOCIATION SERV	ce, country, and ZIP or foreign posta ICES, INC.	ai code (if foreign, see ins	tructions)	2c Sponsor's te	lephone number 943-3054
000 41/5011					2d Business coo	de (see instructions)
OLYMPIA, W	DGE DRIVE SW VA 98502				56	61900
3a Plan a	dministrator's name a	nd address X Same as Plan Spon	sor.		3b Administrator	r's EIN
					3c Administrator	r's telephone number
		e plan sponsor has changed since to mber from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN	
	or's name	imber from the last return/report.			4c PN	
5a Total	number of participants	s at the beginning of the plan year			5a	2
		s at the end of the plan year			5b	C
	per of participants with lete this item)	account balances as of the end of t	he plan year (only define	d contribution plans	5c	C
d(1) Tota	al number of active pa	articipants at the beginning of the pla	an year		5d(1)	2
		articipants at the end of the plan yea			5d(2)	(
than	100% vested	terminated employment during the			5e	C
		or incomplete filing of this return				
SB or Sche		ther penalties set forth in the instruc and signed by an enrolled actuary, a aplete.				
SIGN	Filed with authorized	/valid electronic signature.	04/10/2017	SIDNEY CASEY VOC	RHEES	
HERE	Signature of plan	administrator	Date	Enter name of individ	dual signing as plan	administrator
SIGN HERE						
	Signature of emplo		Date	Enter name of individ		
Preparer's	name (including firm i	name, if applicable) and address (in	clude room or suite numb	oer)	Preparer's telepho	ne number

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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	an indepe and condi	ndent qualified public a	account	ant (IQ	PA)		X Yes N	
С	If the plan is a defined benefit plan, is it covered under the PBGC in					_	_		t
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Year			((b) End of Year	
a	Total plan assets	7a		466918					
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c		466918				0	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) Total	
а	Contributions received or receivable from:	90(4)		7996					
	(1) Employers	8a(1)		3998					_
	(2) Participants	8a(2)		0000					
	Other income (loss)	8a(3) 8b		27546					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						39540	_
	Benefits paid (including direct rollovers and insurance premiums	- 55							
	to provide benefits)	8d		504669					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions).	8e							
f	Administrative service providers (salaries, fees, commissions)	8f		1789					
g	Other expenses	8g			_				
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						506458	_
<u></u>	Net income (loss) (subtract line 8h from line 8c)	8i						-466918	_
j	Transfers to (from) the plan (see instructions)	8j							
	t IV Plan Characteristics								
9a 	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	acterist	tic Cod	des in t	he instructions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No	N/A	Amount	_
а	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	Fiduciary Correction	10a		X			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X			
С	Was the plan covered by a fidelity bond?			10c	X			500	00
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X			
е	Were any fees or commissions paid to any brokers, agents, or oth 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 failed to provide any benefit when due under the pla	ın?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	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 2520.10			10i					

Form	5500	-SF	201	6

Page 3-	1	

Part	VI	Pension Funding Compliance						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)						Yes X No
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a		_	
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co. A?						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.	/lonth _	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			
С	Enter	the amount contributed by the employer to the plan for this plan year			12c			
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the live 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)	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					s or custo ne numbe	
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes		[No	
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	- ILI ,		n-based arbor	d [] "Prior y test	ear" ADP
				"Curre	ent year est	<u>"</u>	N/A	
16a 		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	entage		verage enefit test	□ N/A
	for the	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	
	the le							
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, e	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	

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).

1210-0089

2016

OMB Nos. 1210-0110

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information	occordance with the mi	structions to the Form	5500-SF.	
	dar plan year 2016 or fi	scal plan year beginning	07/01/2016	and ending	01/10	/2017
		X a single-employer plan		plan (not multiemployer	01/18/ (Filers checking t	
A This re	eturn/report is for:	a one-participant plan	list of participating e	employer information in	accordance with th	e form instructions.)
B This re	turn/report is	the first return/report	the final return/repor	t		
		an amended return/report	X a short plan year reti	urn/report (less than 12	months)	
C Check	box if filing under:	Form 5558	automatic extension		DFVC progra	m
		special extension (enter descri				
Part II	Basic Plan Info	rmation—enter all requested info	ormation			
1a Name Western Sharing	and the same of th	Services, Inc. 401(k)	Profit		1b Three-digi	
					1c Effective d	late of plan
2a Plan s Mailin	sponsor's name (emplo	yer, if for a single-employer plan) m, apt., suite no. and street, or P.O.	Pov			dentification Number
City o	r town, state or province	e, country, and ZIP or foreign posta	l code (if foreign, see ins	structions)		-0964112
Western	Association S	Services, Inc.		,		telephone number 43-3054
000 + 1					2d Business c	ode (see instructions)
	eridge Drive S	SW			561900	
Olympia		d address 🗓 Same as Plan Spons	WZ	98502		
4 If the	name and/or EIN of the	plan sponsor has changed since th	e last return/report filed	for this plan, enter the	4b EIN	
name	, EIN, and the plan nun or's name	nber from the last return/report.	•	premi enter une	4c PN	
5a Total	number of participants a	at the beginning of the plan year			5a	
b Total	number of participants a	at the end of the plan year			5b	×
C Numb	er of participants with a	ccount balances as of the end of the	e plan year (only defined	contribution plans	5c	
d(1) Tota	al number of active part	icipants at the beginning of the plar	vear		5d(1)	
d(2) Tota	al number of active part	icipants at the end of the plan year				
e Numb	er of participants that to 100% vested	erminated employment during the p	lan year with accrued be	enefits that were less	5e	
Caution. A	penalty for the late of	incomplete filing of this return/r	eport will be assessed	unless reasonable es	una in antabliaba	4
SB or Sche		d signed by an enrolled actuary, as				
SIGN HERE	5.6	lu-	4/5/17	SIDNEY CASEY	VOORHEES	
	Signature of plan ad	ministrator	Date	Enter name of individ		administrator
SIGN HERE	Si					
Preparer's r	Signature of employ	er/plan sponsor me, if applicable) and address (inclu	Date	Enter name of individ	ual signing as emp	loyer or plan sponsor
	,	TEPPERSON AND AUGUSTS (IIIII)	see room or suite number	er),	Preparer's teleph	one number

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b	Were all of the plan's assets during the plan year invested in eligil Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan can of the plan is a defined benefit plan, is it covered under the PBGC is	an independ and condition not use Form	ent qualified public ns.) n 5500-SF and mu	accour	ntant (I	IQPA)	m 5500		X Yes [] No
	rt III Financial Information	risurance pro	grain (See ERISA :	section	4021)	·	Yes	□ NO [Not detern	ined
7	Plan Assets and Liabilities		(a) Reginning	of Voc				/b) ===1 =		
a		. 7a	(a) Beginning	466,				(b) End o	rrear	
b				100,	, 510					_
С	Net plan assets (subtract line 7b from line 7a)	7c		466,	918					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou		7210			(b) To	tal	
a	Contributions received or receivable from:		(a) Alliou					(b) 10	lai	A TO
	(1) Employers	8a(1)		7,	996					
	(2) Participants	8a(2)		3,	998					
_	(3) Others (including rollovers)	8a(3)								
	Other income (loss)	8b		27,	546					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							39	,54
a	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		504,	660					
е	Certain deemed and/or corrective distributions (see instructions)	8e		504,	009					
f	Administrative service providers (salaries, fees, commissions)	8f		1	789					100
g	Other expenses	8g			703					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			maye		-10-110		F.O.C	4.5
i	Net income (loss) (subtract line 8h from line 8c)	8i			10/10				506	
j	Transfers to (from) the plan (see instructions)	8j							-466	91
Pai	t IV Plan Characteristics	oj								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature code	s from the List of P	lan Cha	aracter	istic C	odes in	the instru	ctions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature codes	from the List of Pla	ın Char	acteris	stic Co	des in th	he instruct	ions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
а	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)	oluntary Fidu	ciary Correction	10a		Х			Amount	
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not incl	ude transactions	10b		X				
С	Was the plan covered by a fidelity bond?			10c	Х				EO	000
d		fidelity bond.	that was caused	10d	Λ	Х			50,	000
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	er persons b	y an insurance	10a		X				
f	Has the plan failed to provide any benefit when due under the plan			10f						
	provide any periodic whom add and the plan	1					100			
g						X				
g	Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the	of year-end) ons and 29 CFR	10g		X				

_			
Form	5500	-SE	2016

Page 3-	

Part	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co (Form 5500) and line 11a below)	omplete So	chedule S	SB	Y	es 🛛 No
11:	Enter the unpaid minimum required contributions 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 Co ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	ode or secti	on 302 o	f	Y	es 🛛 No
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst granting the waiver.	tructions, a	nd enter		e of the letter Year	ruling
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1				1001	
b	Enter the minimum required contribution for this plan year		12b			
	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 le negative amount)	eft of a	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?			X Ye	s No	1
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		. 13a			
b	control of the PBGC?				X Yes	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	y the plan(s) to			
	13c(1) Name of plan(s):	13c(2) EIN(s)		13c(3)	PN(s)
Part	VIII Trust Information					
4 4	Name of trust		14b T	rust's E	EIN	
14c	Name of trustee or custodian		93		s or custodia ne number	n's
Par	t 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 401(k)(3) for the plan year? Check all that apply:	☐ safe I	n-based narbor ent year"		"Prior year test	r" ADP
		ADP			N/A	
16a	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	. Ratio	entage		verage enefit test	N/A
16b	Did 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		[No	
17a	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS on the letter and the serial number					
	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the letter	er the date	of the mo	ost rece	ent determina	tion
	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 separa service?	ated from	Yes] No	
19	Was any plan participant a 5% owner who had attained at least age $70~\%$ during the prior plan year?		Yes		No	