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

2012

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in acc	cordance with the instru	ections to the Form 550	0-SF.	
Part I	Annual Report	Identification Information				
For calenda	ar plan year 2012 or fi	scal plan year beginning 01/01/2	2012	and ending 1	2/31/2	2012
	turn/report is for:	a single-employer plan	H	olan (not multiemployer)		a one-participant plan
B This ret	turn/report is:	the first return/report	the final return/report			
		an amended return/report	a short plan year retu	rn/report (less than 12 mg	onths))
C Check I	box if filing under:	X Form 5558	automatic extension			DFVC program
		special extension (enter descri	iption)			
Part II	Basic Plan Info	rmation—enter all requested info	ormation			
1a Name	of plan				1b	Three-digit
JTI, LLC 401	(K) PROFIT SHARING	3 PLAN				plan number
					_	(PN) • 001
					1c	Effective date of plan
20 Dlan a					26	01/01/2008
JTI, LLC	ponsor's name and ad	ldress; include room or suite numbe	r (employer, ir for a single	e-employer plan)	20	Employer Identification Number (EIN) 43-2068958
					2c	Sponsor's telephone number
304 N 9TH	I I A WA 00200					509-525-6620
VVALLA VVAI	LLA, WA 99362				2d	Business code (see instructions) 441300
3a Plan a	dministrator's name ar	nd address XSame as Plan Sponse	or Name Same as Pla	an Sponsor Address	3b	Administrator's EIN
					3c	Administrator's telephone number
						, and a series of the property of the series of
		e plan sponsor has changed since t	he last return/report filed f	for this plan, enter the	4b	EIN
	•	mber from the last return/report.			4.	
	or's name				4c	
		at the beginning of the plan year			5a	6
		at the end of the plan year			5b	9
	' '	account balances as of the end of the	' '	•	5c	3
6a Were	all of the plan's asset	s during the plan year invested in el	igible assets? (See instru	ctions.)		X Yes No
		f the annual examination and report				
		? (See instructions on waiver eligibil				_
lf you	answered "No" to e	ither line 6a or line 6b, the plan ca	annot use Form 5500-SF	and must instead use	Form	5500.
		or incomplete filing of this return				
		her penalties set forth in the instruct				
	true, correct, and com	nd signed by an enrolled actuary, as plete.	s well as the electronic ve	rision of this return/report	, and	to the best of my knowledge and
,		•		1		
SIGN	Filed with authorized/	valid electronic signature.	07/31/2013	CASEY JONES		
HERE	Signature of plan a	dministrator	Date	Enter name of individu	ual sig	gning as plan administrator
SIGN						
HERE	Signature of emplo	ver/plan sponsor	Date	Enter name of individu	ual sio	gning as employer or plan sponsor
Preparer's		name, if applicable) and address; inc				parer's telephone number (optional)
•	-				•	,

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Dor	4 III Financial Information		<u> </u>								
Par						(I) Ford of Vers					
	Plan Assets and Liabilities	_	(a) Beginning of Yea	(b) End of Year							
	Total plan assets	7a	1336	5		—			21796		
	Total plan liabilities	7b	4000						24700		
	Net plan assets (subtract line 7b from line 7a)	7c	1336	15		21796					
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount	Amount			(b) Total				
	(1) Employers	8a(1)		0							
•	(2) Participants										
	(3) Others (including rollovers)	8a(3)		0							
b	Other income (loss)	8b	158	8							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							8431		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0							
е	Certain deemed and/or corrective distributions (see instructions)	8e		0							
f	Administrative service providers (salaries, fees, commissions)	8f		0							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							8431		
j	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2T 3D	feature co	des from the List of Plan Char	acterist	ic Codes	s in th	ne instruc	tions:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cteristic	Codes	in the	e instructi	ons:			
Part	V Compliance Questions										
10	During the plan year:				Yes N	ю		Amo	unt		
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a	X			Allio	<u> </u>		
b		? (Do not	include transactions reported	10b	×	(
c	Was the plan covered by a fidelity bond?			10c	Х	(
d				100		+					
	or dishonesty?			10d	^	_					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)	of the bene	efits under the plan? (See	10e	×	(
f	Has the plan failed to provide any benefit when due under the plan			10f	X						
g	Did the plan have any participant loans? (If "Yes," enter amount a				X	+					
h	If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR	10g 10h	×						
i	2520.101-3.) If 10h was answered "Yes," check 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	1 1 5 11	1-0		10i							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							П	Yes	X No	
11a	Enter the amount from Schedule SB line 39										
12	Is this a defined contribution plan subject to the minimum funding					of E	RISA?	$\overline{\square}$	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 beir granting the waiver.	ng amortiz	ed in this plan year, see instru		_	er the	date of t	he lett Year		ng	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedulo										
b	Enter the minimum required contribution for this plan year				12	b					

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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):	3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

Form 5500-SF

Department of the Tressury Internal Revenue Service

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4085 of the Employee

OMB Nos. 1210-0110 1210-0089

2012

Department of Labor Employee Benefits Security Administration Retirement income Security Act of 1974 (ERISA), and sections 8057(b) and 6058(a) of the internal Revenue Code (the Code). This Form is Open to Pub							
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5800-SF.							
Part I Annual Report le	dentification Information						
For calendar plan year 2012 or fied	al plan year beginning 01/01/2012		and ending	12/31/2	2012		
A This return/report is for:	r)	a one-participant plan					
B This return/report is:		e final retum/report					
	an amended return/report as	short plan year retur	n/report (less than 12	months)			
C Check box if filling under:	Form 5558	utomatic extension			DFVC program		
200	special extension (enter description)				_		
Part II Basic Plan Infor	mation—enter all requested information	on	***************************************		//////////////////////////////////////		
1a Name of plan				1b	Three-digit		
JTI, LLC 401(k) Profit Sharing Plan				0.043.54	plan number		
orn and formy rom ondring right					(PN) ▶ 001		
				10	Effective date of plan 01/01/2008		
2a Plan sponsor's name and addr JTI, LLC	ress; include room or suite number (emp	ployer, if for a single	-employer plan)		Employer Identification Number (EIN) 43-2068958		
* 1.000000 € 1.0000000 bits 1					Sponsor's telephone number		
304 N 9th				20	(509) 525-6620		
Waila Walla, WA 99362				2d	Business code (see Instructions) 441300		
	address Same as Plan Sponsor Nam	ne Same as Plai	Sponsor Address	3b .	Administrator's EIN		
	_	_					
				3c	Administrator's telephone number		
				1			
A If the name and/or FIN of the r	nian craneor has channed since the lace	t return/report filed fo	or this plan enter the	Ab	E th.		
	plan sponsor has changed since the last per from the last return/report.	t return/report filed for	or this plan, enter the	4b	EIN		
4 If the name and/or EIN of the pame, EIN, and the plan numb		t return/report filed fo	or this plan, enter the	4b 4c			
name, EIN, and the plan numb a Sponsor's name				4c			
name, EIN, and the plan numb a Sponsor's name 5a Total number of participants at	per from the last return/report. It the beginning of the plan year			4c 5a	PN 6		
name, EIN, and the plan numb a Sponsor's name 5a Total number of participants at b Total number of participants at	oer from the last return/report. It the beginning of the plan year It the end of the plan year			4c 5a	PN		
name, EIN, and the plan numb a Sponsor's name 5a Total number of participants at b Total number of participants at c Number of participants with ac	per from the last return/report. It the beginning of the plan year	n year (defined bene	Alt plans do not	4c 5a 5b	PN 6		
name, EIN, and the plan numb a Sponsor's name 5a Total number of participants at b Total number of participants at c Number of participants with ac complete this item)	per from the last return/report. It the beginning of the plan year It the end of the plan year	n year (defined bene	fit plans do not	4c 5a 5b	PN 6 9 3		
name, EIN, and the plan number of participants at b Total number of participants at c Number of participants with ac complete this item)	t the beginning of the plan yeart the end of the plan year	n year (defined bene assets? (See instruc	fit plans do not	4c 5a 5b 5c	PN 6 9 3		
name, EIN, and the plan number of synonsor's name 5a Total number of participants at b Total number of participants with accomplete this item)	the beginning of the plan year	n year (defined bene assets? (See instruc independent qualified d conditions.)	filt plans do not tions.)d public accountant (I	4c 5a 5b 5c QPA)	PN 6 9 3		
name, EIN, and the plan number of synonsor's name 5a Total number of participants at b Total number of participants with accomplete this item)	the beginning of the plan yeart the beginning of the plan yeart the end of the plan year	n year (defined bene assets? (See instruc independent qualified d conditions.)	filt plans do not tions.)d public accountant (I	4c 5a 5b 5c QPA)	PN 6 9 3		
name, EIN, and the plan number of participants at b Total number of participants at b Total number of participants at complete this item)	the beginning of the plan year	n year (defined bene assets? (See instruc independent qualifie d conditions.)	and must instead us	4c 5a 5b 5c QPA)	PN 6 9 3		
name, EIN, and the plan number of participants at b Total number of participants at b Total number of participants at c Number of participants with accomplete this item)	the beginning of the plan year	n year (defined bene assets? (See instruction independent qualified conditions.)	tions.) d public accountant (land must instead us	4c 5a 5b 5c QPA)	9 3 Yes No Yes No Stablished.		
name, EIN, and the plan number of participants at b Total number of participants at b Total number of participants at c Number of participants with accomplete this item)	the beginning of the plan year	n year (defined bene assets? (See instruc- independent qualified d conditions.)	tions.) d public accountant (land must instead us	4c 5a 5b 5c QPA)	9 3 Yes No Yes No Stablished.		
name, EIN, and the plan number of participants at b Total number of participants at b Total number of participants at c Number of participants with accomplete this item). 6a Were all of the plan's assets of b Are you claiming a waiver of it under 29 CFR 2520.104-487 (If you enswered "No" to eith Caution: A penalty for the late or Under penalties of perjury and other SB or Schedule MB completed and belief, it is true, correct, and complete sign.	the beginning of the plan year	n year (defined bene assets? (See instruction independent qualified conditions.)	tions.) d public accountant (land must instead us	4c 5a 5b 5c QPA)	9 3 Yes No Yes No Stablished.		
name, EIN, and the plan number of spensor's name 5a Total number of participants at b Total number of participants at complete this item). 6a Were all of the plan's assets of	the beginning of the plan year	n year (defined bene assets? (See instruc- independent qualified d conditions.)	tions.) d public accountant (land must instead us unless reasonable coexamined this return/report of this return/report casey Jones	4c 5a 5b 5c 5c GPA) a Form 9 ause is eleport, incort, and to	9 3 Yes No Yes No Stablished.		
name, EIN, and the plan number of spensor's name 5a Total number of participants at b Total number of participants at c Number of participants with accomplete this item)	the beginning of the plan year	n year (defined bene assets? (See instruc- independent qualified conditions.)use Form 5500-8F t will be assessed declare that I have as the electronic ver	tions.) d public accountant (land must instead us unless reasonable coexamined this return/report of this return/report casey Jones	4c 5a 5b 5c 5c GPA) a Form 9 ause is eleport, incort, and to	PN 6 9 3		
name, EIN, and the plan number of spensor's name 5a Total number of participants at b Total number of participants at complete this item). 6a Were all of the plan's assets of	the beginning of the plan year	n year (defined bene assets? (See instruc- independent qualified d conditions.)	tions.) and must instead us unless reasonable or examined this return/report Casey Jones Enter name of indivi	4c 5a 5b 5c GPA) a Form 9 ause is eeport, incrt, and to dual sign	PN 6 9 3 X Yes No X Yes No Established. Cluding, if applicable, a Schedule of the best of my knowledge and		
name, EIN, and the plan number of spensor's name 5a Total number of participants at b Total number of participants at complete this item). 6a Were all of the plan's assets of	the beginning of the plan year	n year (defined beneassets? (See instruction independent qualified conditions.)	tions.) and must instead us unless reasonable or examined this return/report Casey Jones Enter name of indivi	4c 5a 5b 5c OPA) a Form 9 ause Is eport, incrt, and to dual sign	PN 6 9 3		
name, EIN, and the plan number of spensor's name 5a Total number of participants at b Total number of participants at complete this item). 6a Were all of the plan's assets of	the beginning of the plan year	n year (defined beneassets? (See instruction independent qualified conditions.)	tions.) and must instead us unless reasonable or examined this return/report Casey Jones Enter name of indivi	4c 5a 5b 5c OPA) a Form 9 ause Is eport, incrt, and to dual sign	PN 6 9 3 X Yes No X Yes No Established. Cluding, if applicable, a Schedule of the best of my knowledge and solutions as plan administrator.		
name, EIN, and the plan number of spensor's name 5a Total number of participants at b Total number of participants at complete this item). 6a Were all of the plan's assets of	the beginning of the plan year	n year (defined beneassets? (See instruction independent qualified conditions.)	tions.) and must instead us unless reasonable or examined this return/report Casey Jones Enter name of indivi	4c 5a 5b 5c OPA) a Form 9 ause Is eport, incrt, and to dual sign	PN 6 9 3 X Yes No X Yes No Established. Cluding, if applicable, a Schedule of the best of my knowledge and solutions as plan administrator.		
name, EIN, and the plan number of spensor's name 5a Total number of participants at b Total number of participants at complete this item). 6a Were all of the plan's assets of	the beginning of the plan year	n year (defined beneassets? (See instruction independent qualified conditions.)	tions.) and must instead us unless reasonable or examined this return/report Casey Jones Enter name of indivi	4c 5a 5b 5c 5c GPA) a Form 5 ause is eport, incrt, and to dual sign Prepa	PN 6 9 3 X Yes No X Yes No Established. Sluding, if applicable, a Schedule of the best of my knowledge and onling as plan administrator Sing as employer or plan sponsor arer's telephone number (optional)		
name, EIN, and the plan number of spensor's name 5a Total number of participants at b Total number of participants at complete this item). 6a Were all of the plan's assets of	the beginning of the plan year	n year (defined beneassets? (See instruction independent qualified conditions.)	tions.) and must instead us unless reasonable or examined this return/report Casey Jones Enter name of indivi	4c 5a 5b 5c OPA) a Form 9 ause Is eport, incrt, and to dual sign	PN 6 9 3 X Yes No X Yes No Established. Sluding, if applicable, a Schedule of the best of my knowledge and onling as plan administrator Sing as employer or plan sponsor arer's telephone number (optional)		

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The state of the s	

Pa	rtill Financial Information							
7	Plan Assets and Liabilities	Mary Mary	(a) Beginning of Yes	ar	T	(E) End of Y	'ear
a	Total plan assets	78	1336		\top			21798
b	Total pian liabilities	7b						
C	Net plan assets (subtract line 7b from line 7a)	7c	1336	5	1			21796
8	Income, Expenses, and Transfers for this Plan Year	3 (4)	(a) Amount		1		(b) Total	
a	Contributions received or receivable from: (1) Employers	Ba(1)		0		in A		
	(2) Participants	8a(2)	684	13			1 2 1	u vieteli.
	(3) Others (including rollovers)	8a(3)	Maria Caracteria Carac	0	North T			A Property
b	Other Income (loss)	- 8b	158	8		SELL OF		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c					- Water	8431
	Benefits paid (Including direct rollovers and insurance premiums to provide benefits).	. 8d		0		Wax.	:	1.00 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
e	Certain deemed and/or corrective distributions (see instructions)	. Be		0	9% 4		*** *	A Section of the Sect
-F	Administrative service providers (salaries, fees, commissions)	Bf	1	0			64 2 2 3 3	Mind and the same and the same of the same
g	Other expenses.	8g			30.0		1	
	Total expenses (add lines 8d, 8e, 8f, and 8g)	_	Algania dinasahai (A	(Wells				0
"	Net Income (loss) (subtract line 8h from line 8c)		20 A/75 M 15 15 15 15 15	()				
÷	Transfers to (from) the plan (see instructions)		A STATE	1	AND MALES		:	8431
Caking	IV Plan Characteristics	8]			1- 37		*	<u> </u>
9a b Par	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2T 3D If the plan provides welfare benefits, enter the applicable welfare for the compliance Questions							
10	During the plan year:	- Control	NAME AND ASSESSED ASSESSEDANCE ASSESSED	Т	Yes	No	Am	ount
_	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide			10a		×		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	7 (Do not	include transactions reported	10Ь		х		
С	Was the plan covered by a fidelity bond?			10c		×		****
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		x	**	100° 100 100 100 100 100 100 100 100 100
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of instructions.)	ner person of the ben	e by an insurance carrier, efits under the plan? (See	10a		x		
f	Has the plan falled to provide any benefit when due under the plan	n?		10f		×		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	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			101				
Part	VI Pension Funding Compliance						-	
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Yes X No
11a	Enter the amount from Schedule SB line 39					1a		
12	Is this a defined contribution plan subject to the minimum funding		URALLY WARRANT TO THE PARTY OF		-	2 of ERIS	SA?	Yes No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,							
a	If a waiver of the minimum funding standard for a prior year is beingranting the waiver.	ng amortiz	ed in this plan year, see instruc		and en	ter the da Day	te of the le Yea	
If	you completed line 12s, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.			-		
b	Enter the minimum required contribution for this plan year				. 1	2b		

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c	Enter the amount contributed by the employer to the p	lan for this plan year			120					
d	Subtract the amount in line 12c from the amount in line negative amount)				120	1				
e	Will the minimum funding amount reported on line 12d	be met by the funding	deadline?				Yes	N	0 [N/A
Part	VII Plan Terminations and Transfers of	***	•							
-	Has a resolution to terminate the plan been adopted in an	y plan year?	***************************************			Yes	XN	0		
	If "Yes," enter the amount of any plan assets that reve	rted to the employer ti	his year		13a		-			
b	Were all the plan assets distributed to participants or to the PBGC?					ol			Yes	No.
C	If during this plan year, any assets or liabilities were to which assets or liabilities were transferred. (See Instru		an to another plan(s), ident	ify the plan(s)	to		380			
1	3c(1) Name of plan(s):			1:	3c(2)	EIN(3)	1	3c(3)	PN(s)
Part	VIII Trust Information (optional)		21.000							
William III	Name of trust				14b	Trus	's EIN			
		1 100								