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).

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OMB Nos. 1210-0110

1210-0089

2012

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in ac	cordance with the instr	uctions to the Form 550	0-SF.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Part I	Annual Report	Identification Information							
For calenda	ar plan year 2012 or fis	cal plan year beginning 01/01/	2012	and ending 1	2/31/2	2012			
	turn/report is for:	a single-employer plan	H	plan (not multiemployer)	er) a one-participant plan				
B This ret	turn/report is:	the first return/report	the final return/repor	t					
		an amended return/report	a short plan year retu	irn/report (less than 12 m	onths)	_			
C Check I	box if filing under:	X Form 5558	automatic extension			DFVC progra	ım		
		special extension (enter descr	iption)						
Part II	Basic Plan Info	rmation—enter all requested inf	ormation						
1a Name		•			1b	Three-digit			
T & T WASH	IING COMPANY, INC.	401(K) RETIREMENT SAVINGS I	PLAN			plan number			
						(PN) •	001		
					1c	Effective date o	•		
30 Diame			O.L.	01/01					
	ponsor's name and add HING COMPANY, INC.	dress; include room or suite number	er (employer, if for a single	e-employer plan)	26	Employer Identi	fication Number 82745		
	,				20	(=114)			
D O DOV 10	22				20	Sponsor's telephone number 270-825-3415			
P.O. BOX 18 MADISONV	ILLE, KY 42431-0183				2d		see instructions)		
					_~	81232	,		
3a Plan a	dministrator's name an	d address Same as Plan Spons	or Name Same as Pla	an Sponsor Address	3b	Administrator's	EIN		
	NG COMPANY, INC.	P.O. BOX	ш				82745		
			VILLE, KY 42431-0183		3с		telephone number		
						270-825	5-3415		
A 16 4h a 11			ub a la at wat was /wa a aut fila d	fauthia alam antautha	41-				
		plan sponsor has changed since to nber from the last return/report.	ine last return/report filed	for this plan, enter the	40	EIN			
	or's name	inder from the last return report.			4c	PN			
5a Total i	number of participants	at the beginning of the plan year			5a		9		
b Total i	number of participants	at the end of the plan year			5b		9		
		account balances as of the end of			30				
			. , ,	•	5c		6		
6a Were	all of the plan's assets	during the plan year invested in e	ligible assets? (See instru	ıctions.)			X Yes No		
_	· ·	the annual examination and repor	•	,					
		(See instructions on waiver eligib					X Yes No		
If you	answered "No" to ei	ther line 6a or line 6b, the plan c	annot use Form 5500-S	F and must instead use	Form	5500.			
		or incomplete filing of this return							
		ner penalties set forth in the instructed signed by an enrolled actuary, a							
	true, correct, and comp		s well as the electronic ve	ersion or this return/report	i, anu	to the best of my	knowledge and		
·	<u> </u>		1	1					
SIGN	Filed with authorized/v	valid electronic signature.	10/14/2013	GWENDA L. SELLER	RS				
HERE	Signature of plan ac	dministrator	Date	Enter name of individ	ual sig	ıning as plan adr	ninistrator		
SIGN									
HERE	Signature of employ	ver/plan sponsor	Date	Enter name of individ	ual sid	ıning as employe	er or plan sponsor		
							number (optional)		
•	, -			, , ,	·				

Form 5500-SF 2012 Page **2**

Pai	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) En	d of Y	ear		
a	al plan assets						317221				
	Total plan liabilities	7b									
	Net plan assets (subtract line 7b from line 7a)	7c	242696			317221				1	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total					
	Contributions received or receivable from:		(a) Amount				(15)	Total			
	(1) Employers	8a(1)	1378	9							
	(2) Participants	8a(2)	5402	27							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	670	9							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							74525	5	
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									
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								0	
	Net income (loss) (subtract line 8h from line 8c)	8i							7452	5	
	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics	<u> </u>	l								
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instr	uctions	s:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cteristi	ic Coc	les in t	he instru	ctions:			
D	V Commission of Overstions										
Par	•			Ī	V	NI -	I				
10	During the plan year:	da a a a a dual	and the Caraman Sand day and the	1	Yes	No		Am	ount		
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corı	rection Program)	10a		X					
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c	X					25	000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d		X					
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		X					
f	Has the plan failed to provide any benefit when due under the plan					X					
				10f							
g			<u>, </u>	10g		X					
h	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							
Part	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)											
11a						11a					
12								No			
	(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 enter the date of the letter ruling granting the waiver										
If	you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (For	m 5500), and skip to line 13.				Π				
<u>b</u>	b Enter the minimum required contribution for this plan year										

	Form 5500-SF 2012 Page 3 - 1			
	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 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 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 ➤ Complete all entries in accordance with the instructions to the Form 5500-SF.

	art I	Annual Report	Identification Information								
For	calend	iar plan year 2012 or f	scal plan year beginning	01/01/2012	and ending	12/31/2	012				
Α	This re	tum/report is for:	a single-employer plan	a multiple-employer p	olan (not multiemployer)	a one-pai	ticipant plan				
В	This re	tum/report is:	the first return/report	the final return/report							
		•	an amended return/report	a short plan year retu	m/report (less than 12 m	nonths)					
C	Check	box if filing under:	X Form 5558	automatic extension		DFVC pro	ogram				
			special extension (enter descrip	ution)		<u> </u>					
Pa	art II	Basic Plan Info	rmation—enter all requested infor	mation			· · · · · · · · · · · · · · · · · · ·				
		of plan				1b Three-digit					
T & T WASHING COMPANY, INC. 401(K) RETIREMENT SAVINGS PLAN						plan number	001				
						1c Effective dat 01/01/20					
2a	Plan s	ponsor's name and ad	dress; include room or suite number	(employer, if for a single	-employer plan)	2b Employer Ide	entification Number				
T	& T	WASHING COMPAI	NY, INC.			(EIN) 61-1	182745				
P .	O. B	OX 183				2c Sponsor's te	•				
- •	·	021 200				270-825-	- 3415 de (see instructions)				
MA	DISO	NVILLE	KY 42431-0183			812320	de (see matructions)				
3a	Plan a	dministrator's name ar	d address Same as Plan Sponsor	Name Same as Pla	n Sponsor Address	3b Administrato					
T	&Т	WASHING COMPAN	NY, INC.			61-1182745					
						3c Administrator's telephone number 270 - 825 - 3415					
P.(Э. B	OX 183				270-825-	2412				
M 7:1	nten	NVILLE	KY 42431-0183								
4			plan sponsor has changed since the nber from the last return/report.	e last return/report filed for	or this plan, enter the	4b EIN					
	Spons	or's name				4c PN					
5a	Total r	number of participants	at the beginning of the plan year		***************************************	5a	9				
			at the end of the plan year			5b	9				
С	Number compl	er of participants with a ete this item)	eccount balances as of the end of the	plan year (defined bene	efit plans do not	5c	6				
6a			during the plan year invested in eligi			*************	X Yes No				
þ	Are yo	u claiming a waiver of	the annual examination and report o	f an independent qualifie	ed public accountant (IQI	PA)	X Yes ∏ No				
			(See instructions on waiver eligibility ther line 6a or line 6b, the plan can				IXI fes ∐ No				
			r incomplete filing of this return/re								
Unde	er pena	ities of perjury and oth	er penalties set forth in the instructio	ns, I declare that I have	examined this return/rep	port, including, if app	licable, a Schedule				
SB q	r Sche	dule MB completed an	d signed by an enrolled actuary, as v	well as the electronic ver	sion of this return/report	, and to the best of	my knowledge and				
nelle	1, 1L 1S U	ue, correct, and comp	iele.		·						
SiGN		Swanda.	L Sellen	10-11-13	Gwenda L. Sell	lers					
HER	E.	Signature of plan ac	lministrato r	Date	Enter name of individu	ual signing as plan a	administrator				
SIGN		Supriso	L Sellon-	10-11-13	Gwenda L. Sell	lers					
HER	[Signature of employ	er/plan sponsor	Date	Enter name of individu						
Prep	arer's r	name (including firm na	me, if applicable) and address; inclu	de room or suite numbe	r (optional)	Preparer's telepho	ne number (optional)				
					ì		i				

Pa	rt III rinancial information						
7	Plan Assets and Liabilities		(a) Beginning of Ye	ar			(b) End of Year
a	Total plan assets	7a	· · · · · · · · · · · · · · · · · · ·	426	96		317221
<u>b</u>	Total plan liabilities	7b					
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	. 2	426	96		317221
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		<u> </u>		(b) Total
а	Contributions received or receivable from:			137			
	(1) Employers	8a(1)			_		
	(2) Participants	8a(2)		540	27		
	(3) Others (including rollovers)			670	20		· · · · · · · · · · · · · · · · · · ·
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b		671	73		PACOE
	Benefits paid (including direct rollovers and insurance premiums	8c			+		74525
	to provide benefits)	8d					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e					
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f			\bot		
g	Other expenses	8g					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					0
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	81					74525
j	Transfers to (from) the plan (see instructions)	8j					
	rt IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension to	feature co	des from the List of Plan Char	acteris	stic Co	odes ir	the instructions:
b	2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare fe	atura aad	on from the Liet of Dies. Chara	-4			(l ! ! !
IJ	In the plan provides wehate behelits, effer the applicable wehate te	ature coo	es from the List of Pian Chara	ctensi	IC COO	jes in	the instructions:
Par	t V Compliance Questions						
10	During the plan year:	****			Yes	No	Amount
	Was there a failure to transmit to the plan any participant contribut	ions within	the time period described in		-		randant
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Corr	ection Program)	10a		X	
d	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	10b		Х	
c	Was the plan covered by a fidelity bond?			10c	Х		25000
d	Did the plan have a loss, whether or not reimbursed by the plan's to dishonesty?			10d		Х	
е	Were any fees or commissions paid to any brokers, agents, or other	er persons	s by an insurance carrier,				
	insurance service or other organization that provides some or all o instructions.)	f the bene	fils under the plan? (See	10e		Х	
f	Has the plan failed to provide any benefit when due under the plan			1		Х	
				10f			
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? (10g		Х	
**	2520.101-3.)			10h		Х	
į		e required	notice or one of the	10i			
Part	VI Pension Funding Compliance	• • •					
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)	ents? (If "Y	es," see instructions and com	plete	Sched	lule SE	3 (Form Yes No
11a	Enter the amount from Schedule SB line 39				1	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? Yes X No						
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applica	ble.)				
	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	g amortize	d in this plan year, see instruc		and e	nter th Day	ne date of the letter ruling Year
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule						
b	Enter the minimum required contribution for this plan year					12b	

	Form 5500-SF 2012	Page 3 -					
	nter the amount contributed by the employer to the plan for this plan ubtract the amount in line 12c from the amount in line 12b. Enter the			12c			
ne	egative amount)			12d		1	
1	fill the minimum funding amount reported on line 12d be met by the	unding deadline?			Yes	No N/A	
Part Vi	Plan Terminations and Transfers of Assets						
13а на	as a resolution to terminate the plan been adopted in any plan year?	1**************************************		Y	es X No		
lf	"Yes," enter the amount of any plan assets that reverted to the emp	oyer this year		13a			
	ere all the plan assets distributed to participants or beneficiaries, tra the PBGC?					Yes X No	
C If	during this plan year, any assets or liabilities were transferred from thick assets or liabilities were transferred. (See instructions.)						
13c(1) Name of plan(s):		13	3c(2) EIN	i(s)	13c(3) PN(s)	
							
Part VII	Trust Information (optional)					· · · · · · · · · · · · · · · · · · ·	
				14b Trust's EIN			