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).

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

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to **Public Inspection**

<u> </u>	art I	Annual Report	i identification	intormation								
For	calenda	ır plan year 2015 or fi	iscal plan year begi	nning 01/01/2	2015 and ending 12	2/31/20)15					
Α	This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) a foreign plan											
B	B This return/report is											
С	Check b	ox if filing under:	Form 5558	sion (enter desc	automatic extension DFVC program							
D	£ 11	Dania Dian Info										
	art II	Basic Plan Info	ormation—enter	all requested in	formation	4.						
	Name of WASH	of plan IING COMPANY, INC	C. 401(K) RETIREM	MENT SAVINGS	PLAN		Three-digit plan number (PN) ▶	001				
						1c	Effective date of plan 01/01/2007					
2a	Mailing	oonsor's name (emplo address (include roo	om, apt., suite no. ai	nd street, or P.C		2b Employer Identification Number (EIN) 61-1182745						
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) **Example 1. **Example 2. **Example 2. **Example 3. **Ex							2c Sponsor's telephone number 270-825-3415					
P.O. BOX 183 MADISONVILLE, KY 42431-0183							2d Business code (see instructions) 812320					
3a	Plan ac	lministrator's name a	ind address Sam	e as Plan Spon	sor.	3b	Administrator's I	EIN				
- & Т	WASHI	NG COMPANY, INC.	. <u>-</u>	P.O. BO	X 183		61-1	182745				
				MADISO	NVILLE, KY 42431-0183	3c		elephone number 25-3415				
4		ame and/or EIN of th EIN, and the plan nu			the last return/report filed for this plan, enter the	4b	EIN					
а	Sponso	or's name				4c	PN					
5a	Total n	umber of participants	s at the beginning o	f the plan year		58	3	8				
b	Total n	umber of participants		5k	o	5						
С	C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)						5c					
d(1) Total number of active participants at the beginning of the plan year						5d(8					
d(2) Total number of active participants at the end of the plan year							(2)	5				
e	Numb	er of participants that	t terminated employ	ment during the	e plan year with accrued benefits that were less	56		0				
Cai					n/report will be assessed unless reasonable cau	ıse is	established.					
Und SB	der pena or Sche	lities of perjury and of	ther penalties set fo and signed by an en	orth in the instru	ctions, I declare that I have examined this return/repas well as the electronic version of this return/report	port, in	cluding, if applic					

SIGN Filed with authorized/valid electronic signature. 05/31/2016 **GWENDA L. SELLERS HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator **SIGN HERE** Date Signature of employer/plan sponsor Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF. Form 5500-SF (2015)

	Form 5500-SF 2015		Page 2								
b	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 indeper and condit not use Fo	ndent qualified public a ions.) orm 5500-SF and mus	ccount	ant (IQ	PA) Form	5500.			X Ye	
C	f the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	<u> </u>	Not dete	ermined
Par	t III Financial Information	1	•			_					
7	Plan Assets and Liabilities		(a) Beginning	•				(b) E	nd of	Year	
	Fotal plan assets	. 7a		460)581	-				528	3260
	Fotal plan liabilities	. 7b		460)E04	-				F00	2260
	Net plan assets (subtract line 7b from line 7a)ncome, Expenses, and Transfers for this Plan Year	. 7c	460581 (a) Amount				528260				
	Contributions received or receivable from:		(a) Alliot	ant				<u> (r</u>) Tot	ıaı	
	1) Employers	. 8a(1)		15	304						
	2) Participants	. 8a(2)		54	1879						
	3) Others (including rollovers)	. 8a(3)									
	Other income (loss)	. 8b		-2	2504						
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c								61	7679
	o provide benefits)	. 8d									
е	Certain deemed and/or corrective distributions (see instructions)	. 8e									
<u>f</u>	Administrative service providers (salaries, fees, commissions)	. 8f									
g	Other expenses	. 8g									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h									0
	Net income (loss) (subtract line 8h from line 8c)	. 8i								67	7679
	Transfers to (from) the plan (see instructions)	8j									
Par											
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	teature co	ides from the List of Pl	an Cha	ıracteri	stic Co	ides in t	ne ins	ruction	ons:	
В	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Char	acterist	ic Coc	les in th	e instr	uctio	ns:	
Part	•				Ι.,	Ι					
10	During the plan year: Was there a failure to transmit to the plan any participant contribu	ıtione withi	n the time period		Yes	No	N/A			Amoun	t
а	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	10a		X					
b	Were there any nonexempt transactions with any party-in-interest					Х					
	reported on line 10a.)			10b		^					
c	Was the plan covered by a fidelity bond?			10c	X						50000
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 some	her person ne or all of	s by an insurance the benefits under	10e		X					
f	the plan? (See instructions.)					X					
-	Has the plan failed to provide any benefit when due under the plan?										
<u>g</u>						X					
"	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					X					
i	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										
j	Did the plan trust incur unrelated business taxable income?			10j							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									Ye	s No
11a	Enter the unpaid minimum required contribution for all years from	Schedule	SB (Form 5500) line 4	0	<u></u>		11a				
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of t	he Cod	le or se	ection (302 of E	RISA	,	Ye	s X No

	F	orm 5500-SF 2015 Page 3 - 1							
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
а	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								
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui			
b	Enter t	ne minimum required contribution for this plan year		12b					
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c					
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d					
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A		
Part		Plan Terminations and Transfers of Assets			100	110	1471		
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No			
		s," 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 brough	ght under the co	ontrol		Yes X	No		
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)							
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)		
Part	: VIII	Trust Information							
14a	Name o	f trust		14b Trust's EIN					
14c	Name	of trustee or custodian		14d Trustee's or custodian's					
Name of trustee of custodian						telephone number			
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan?		Yes N					
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?						Design- based safe ADP/ACP harbor test method			
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No			
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test		
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?						No			
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A		
17b	17b Date the last plan amendment/restatement for the required tax law changes was adopted/ Enter the applicable code (See instructions for tax law changes and codes).								
17c	17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter / / and the letter's serial number								
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable			
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No			
19	Were in	n-service distributions made during the plan year?		Ye	s	No			
	If "Yes	" enter amount		19					
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A		

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).

2015

This Form is Open to **Public Inspection**

OMB Nos. 1210-0110

1210-0089

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

Annual Report Identification Information For calendar plan year 2015 or fiscal plan year beginning 12/31/2015 01/01/2015 and ending X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) A This return/report is for: a one-participant plan a foreign plan the first return/report the final return/report B This return/report is an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: Form 5558 DFVC program automatic extension special extension (enter description) Basic Plan Information—enter all requested information Part II 1b Three-digit 1a Name of plan T & T WASHING COMPANY, INC. 401(K) RETIREMENT SAVINGS PLAN plan number 001 (PN) > 1c Effective date of plan 01/01/2007 2a Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) (EIN) 61-1182745 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor's telephone number T & T WASHING COMPANY, INC. 270-825-3415 2d Business code (see instructions) P.O. BOX 183 812320 MADISONVILLE KY 42431-0183 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN 61-1182745 T & T WASHING COMPANY, INC. 3c Administrator's telephone number 270-825-3415 P.O. BOX 183 MADISONVILLE KY 42431-0183 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 5a 8 5a Total number of participants at the beginning of the plan year..... 5_b 5 b 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 (defined benefit plans do not 5c complete this item) 4 5d(1) d(1) Total number of active participants at the beginning of the plan year 8 5d(2) d(2) Total number of active participants at the end of the plan year..... 5 Number of participants that terminated employment during the plan year with accrued benefits that were less 0 Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true correct, and complete 5.31-1 Gwenda L. Sellers SIGN HERE Date Enter name of individual signing as plan administrator Signature of plan administrator Gwenda L. Sellers 531-16 SIGN HERE Enter name of individual signing as employer or plan sponsor Date Signature of employer/plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number

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 6a Were all of the plan's assets during the plan year invested in eligib b 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 c If the plan is a defined benefit plan, is it covered under the PBGC in 	an indeper and conditi not use Fo	ndent qualified public ions.) rm 5500-SF and mus	accoun st inste	tant (IC ad use	PA) Form	າ 5500.	X Yes No
Part III Financial Information	isurance p	rogram (see ERISA's	ection	1021)?		l tes []	10 I Not determined
7 Plan Assets and Liabilities	T 1	(a) Barinnin	= of Vo		T	(15) End of Year
a Total plan assets	7a	(a) Beginnin		6058	1		528260
b Total plan liabilities	7b				_		
C Net plan assets (subtract line 7b from line 7a)	7c		4	6058	1	NUMBER OF STREET	528260
8 Income, Expenses, and Transfers for this Plan Year		(a) Amo	unt				(b) Total
a Contributions received or receivable from:	5 (4)			1530	4		
(1) Employers	8a(1)			5487	_	W. C.	
(2) Participants	8a(2)			3467	-		
b Other income (loss)	8a(3) 8b			-250	4		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			200	+	i de pois de la post dela post de la post de	67679
d Benefits paid (including direct rollovers and insurance premiums	- 55				1		
to provide benefits)	8d	****					
e 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	CATALOG CATALO			_		67679
Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)	8i				+		67679
Part IV Plan Characteristics	8j						
B If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Pla	n Chara	acterist	ic Cod	les in the in	structions:
10 During the plan year:				Yes	No	N/A	Amount
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 Fi	duciary Correction	10a		х		
b Were there any nonexempt transactions with any party-in-interest			10b		х		
reported on line 10a.)			10c	Х			5000
d Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bon	d, that was caused	10d		Х		
e Were any fees or commissions paid to any brokers, agents, or oth	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under				х		
	Has the plan failed to provide any benefit when due under the plan?						
Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					Х		
	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)				х		
i If 10h was answered "Yes," check the box if you either provided th	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						
j Did the plan trust incur unrelated business taxable income?	Did the plan trust incur unrelated business taxable income?						
Part VI Pension Funding Compliance			•				
11 Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	ents? (If "Y	es," see instructions a	and con	ıplete	Sched	ule SB (For	m Yes No
11a Enter the unpaid minimum required contribution for all years from 8						11a	
12 Is this a defined contribution plan subject to the minimum funding	requiremen	nts of section 412 of the	ne Code	e or se	ction 3	02 of ERIS	A? Yes X No

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(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 engranting the waiver. Monih	nter the	date of	the letter ru Year	ling	
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	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				
e 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	За			
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the con of the PBGC?					
C 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) E	IN(s)		13c(3) F	PN(s)	
Part VIII Trust Information					
14a Name of trust	14b Trust's EIN				
				¥ _e	
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?	Yes	3	No		
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	ba:	sign- sed safe rbor ethod	ADF	P/ACP	
15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	Yes		∏No		
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	Ra per tes	rcentage		erage efit test	
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	Yes	3	□No		
17a Has the plan been timely amended for all required tax law changes?	Yes	<u> </u>	No	□ N/A	
17b Date the last plan amendment/restatement for the required tax law changes was adopted Enter the ap for tax law changes and codes).				nstructions	
17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to advisory letter, enter the date of that favorable letter and the letter's serial number				or	
17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the determination letter.	ne plan	's last fav	orable		
made), American Samoa, Guam, the Commonwealth of the Northern Mahana Islands of the C.S. Virgin Islands)?	Yes		□No		
19 Were in-service distributions made during the plan year?	Yes		No No		
If "Yes," enter amount	19				
Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)?	Yes		No	□N/A	