Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

SIGN HERE 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

2015

This Form is Open to Public Inspection

Pension Be	neill 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 2015 or fis	cal plan year beginning 01/01/201	16	and ending 03/3	31/2016				
A This retu	urn/report is for:	a single-employer plan a one-participant plan		an (not multiemployer) (Find ployer information in acco	_				
B This retu	rn/report is		the final return/report	n/report (less than 12 mor	nths)				
C Check b	oox if filing under:	Form 5558	automatic extension		DFVC prog	gram			
Don't II	Dania Dian Info	special extension (enter descript	,						
Part II		rmation—enter all requested infor	mation		41	1			
1a Name o	•				1b Three-digit plan number (PN) ▶	001			
					1c Effective date of 01/0	of plan 01/2014			
Mailing	address (include roon	ver, if for a single-employer plan) n, apt., suite no. and street, or P.O. E			2b Employer Ident (EIN) 45-	tification Number 5035220			
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) TB, LLC					2c Sponsor's telephone number 509-987-1880				
					2d Business code	(see instructions)			
200 BURDE 'ASCO, WA					423	3100			
3a Plan ac	dministrator's name an	d address Same as Plan Sponsor	·.		3b Administrator's	EIN			
					3c Administrator's	telephone number			
4 If the n	ame and/or EIN of the	plan sponsor has changed since the	e last return/report filed for	or this plan, enter the	4b EIN				
	EIN, and the plan num	nber from the last return/report.	·		4c PN				
5a Total n	umber of participants	at the beginning of the plan year			5a	9			
b Total n	number of participants	at the end of the plan year			5b	0			
C Number	er of participants with a	account balances as of the end of the	e plan year (defined bene	fit plans do not	5c	0			
d(1) Tota	al number of active par	ticipants at the beginning of the plan	year		5d(1)	0			
` '	·	ticipants at the end of the plan year.	•	<u> </u>	5d(2)	0			
e Numb	er of participants that t	terminated employment during the pl	lan year with accrued bei	nefits that were less	5e	0			
Caution: A	penalty for the late of	or incomplete filing of this return/r	eport will be assessed	<u>unless reasonable caus</u>		2			
SB or Sche		ner penalties set forth in the instruction and signed by an enrolled actuary, as solete.							
SIGN	Filed with authorized/\	valid electronic signature.	10/14/2016	TIMOTHY BUSH, JR.					
HERE	Signature of plan ac	dministrator	Date	Enter name of individua	al signing as plan ad	ministrator			

Date

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

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 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 a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cann 	an indepen and conditi	dent qualified public a	ccount	ant (IQ	PA)			X Yes	
c If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	X No 🔲 I	Not detern	nined
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End o	f Year	
a Total plan assets	7a		203	685					0
b Total plan liabilities	7b		202	COE					0
Net plan assets (subtract line 7b from line 7a) Income. Expenses, and Transfers for this Plan Year	7c	(a) A		685			/b) To	4-1	0
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b) To	tai	
(1) Employers	8a(1)								
(2) Participants	8a(2)								
(3) Others (including rollovers)	8a(3)								
b Other income (loss)	8b		-6	671					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							-66	/1
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		197	014					
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							1970	
i Net income (loss) (subtract line 8h from line 8c)	8i							-2036	85
j Transfers to (from) the plan (see instructions)	8j								
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature cod	des from the List of Pla	an Cha	racteris	stic Co	des in t	he instructi	ons:	
B If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Pla	n Chara	acterist	ic Coc	les in th	e instructio	ns:	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amount	
Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fi	duciary Correction	10a		X				
b Were there any nonexempt transactions with any party-in-interest					X				
reported on line 10a.)			10b						
C Was the plan covered by a fidelity bond?			10c		X				
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
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.)	ner persons	by an insurance the benefits under	10e		X				
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	•	,	10g		X				
h If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		Χ				
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						
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)								Yes	X No
11a Enter the unpaid minimum required contribution for all years from						11a			
12 Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of t	he Cod	e or se	ction (302 of E	RISA?	Yes	X No

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	(If "Ye	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ng the waiver		enter the Day	e date of	the letter ru Year	ling
If		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_		Τσαι	
b	Enter ti	he 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			
	Subtra	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the	left of a	12d			
		ve amount)			Yes	No	N/A
Part		e minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets			163	NO	IN/A
		resolution to terminate the plan been adopted in any plan year?			X Ye	sПNo	
		s," enter the amount of any plan assets that reverted to the employer this year		13a		<u> </u>	(
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou PBGC?	ght under the co	ontrol	×	Yes	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		Trust Information					
14a	Name o	f trust		14b 1	rust's Ell	N	
14c	Name	of trustee or custodian				s or custodi	an's
					telepnon	e number	
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		☐ Ye	s	No	
	10 110			_ D	esign-		
15b		"," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ha ha	sed safe arbor ethod	ADF test	P/ACP
15c		DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c		Ye		No	
		method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?					
16a		the box to indicate the method used by the plan to satisfy the coverage requirements under section			atio ercentage		erage efit test
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye		No	
17a		e plan been timely amended for all required tax law changes?		Ye	S	No	N/A
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions
17c	If the p	lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play letter, enter the date of that favorable letter/ and the letter's serial r		t to a fa	vorable I	RS opinion	or
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, entire termination from the IRS, entire termination letter from the IRS, entire termination		the plai	 n's last fa	vorable	
18	Is the I	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	S	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

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

OMB Nos. 1210-0110 1210-0089

2015

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		Identification Information			The same of the sa					
For calend	ar plan year 2015 or tis	scal plan year beginning 01/01/20° X a single-employer plan		and ending 03/3						
-			yer) (Filers checking this box must attach a							
A This ref	turn/report is for:		list of participating em	ccordance with the for	rm instructions)					
		a one-participant plan	a foreign plan							
B This retu	urn/report is	the first return/report	the final return/report							
		an amended return/report	ort X a short plan year return/report (less than 12 months)							
C Chook	box if filing under:				П					
• Check	box ir filling under.	Form 5558	automatic extension		☐ DFVC pro	gram				
		special extension (enter descr	ription)							
Part II	Basic Plan Info	rmation—enter all requested in	formation							
1a Name	of plan				1b Three-digit					
TTB, LLC 40)1(k) PSP				plan number	001				
					(PN) ▶	001				
					1c Effective date	of plan				
					01/01/2014					
		ver, if for a single-employer plan)			2b Employer Iden	tification Number				
		n, apt., suite no. and street, or P.C e, country, and ZIP or foreign post		uctions)	(EIN) 45-50352	220				
TTB, LLC	town, state or province	s, country, and zir or loreign post	ai code (il loreign, see ilisti	uctions)	2c Sponsor's tele	phone number				
					(509)	987-1880				
					2d Business code	(see instructions)				
7200 Burder	Blvd.				423100					
-										
Pasco, WA 9	CA 510 14					NEGOVIN .				
3a Plan a	dministrator's name an	d address X Same as Plan Spons	sor.		3b Administrator's	EIN				
					•					
				3c Administrator's telephone						
4 If the r	name and/or EIN of the	plan sponsor has changed since	the last return/report filed fo	or this plan, enter the	4b FIN					
		plan sponsor has changed since ober from the last return/report.	the last return/report filed fo	or this plan, enter the	4b EIN					
	EIN, and the plan nun		the last return/report filed fo	or this plan, enter the	4b EIN 4c PN					
name, a Sponso	EIN, and the plan nun or's name				320	9				
a Sponso	EIN, and the plan nun or's name number of participants	nber from the last return/report.			4c PN 5a					
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	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 If the plan is a defined benefit plan, is it covered under the PBGC in	an independ and conditio oot use Forn	ent qualified public ans.) n 5500-SF and mus	ccount	ant (IC	PA) Form	5500.		<u> </u>	Yes [] Yes []	No No
	t III Financial Information	iodi di ioo pi o	gram (000 Errier rot				100	A 110 [_ nor ac	- Committee	<u> </u>
7	Plan Assets and Liabilities	IT EXIST	(a) Beginning	a of Vo	25	1		(h) End	of Year		
a	Total plan assets	. 7a	(a) Degiiiiiii	2036	escion i	+		(b) End	OI Teal	0	_
100	Total plan liabilities	7b				1					
С	Net plan assets (subtract line 7b from line 7a)	7c		20368	35					0	_
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	ınt				(b)	Total		
а	Contributions received or receivable from:										
	(1) Employers	8a(1)				-					
	(2) Participants	8a(2)									
h	(3) Others (including rollovers)	8a(3) 8b		-667	71	130					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		144					-6/	671	
	Benefits paid (including direct rollovers and insurance premiums	oc				100		I NAST	NA LIEU	211	20
	to provide benefits)	8d		19701	14	J.	5044				
е	Certain deemed and/or corrective distributions (see instructions)	8e				199		254			
f	Administrative service providers (salaries, fees, commissions)	8f				1					
-	Other expenses	8g	*** #*** *******		5-51						
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							197		_
	Net income (loss) (subtract line 8h from line 8c)	8i							-203	685	24,1
Par	Transfers to (from) the plan (see instructions) t IV Plan Characteristics	8j				100					
B Part	If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides wel	eature codes	TOTT THE LIST OF Plan	i Chara	acterist	10 000	ies in th	e instruci	ions:	11-00	
10	During the plan year:				Yes	No	N/A		Amou	nt	
а	Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fid	uciary Correction	10a		Х					
b	Were there any nonexempt transactions with any party-in-interest			401		Х					
_	reported on line 10a.) Was the plan covered by a fidelity bond?			10b		V		SID			_
				10c		Х					_
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х					
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	e benefits under	10e		Х					
f	Has the plan failed to provide any benefit when due under the plan			10f		Х					_
g	Did the plan have any participant loans? (If "Yes," enter amount as			10g		Х					_
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instruct	ions and 29 CFR	10g 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	ne required r	otice or one of the	10i							
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)	ents? (If "Ye	s," see instructions a	and con	nplete	Sched	ule SB	(Form	Y	es X	No
11a	Enter the unpaid minimum required contribution for all years from	Schedule SE	3 (Form 5500) line 40	0			11a				
12	Is this a defined contribution plan subject to the minimum funding	requirement	s of section 412 of th	ne Cod	e or se	ction ?	302 of F	RISA?	П	es X	No

	Form 5500-SF 2015 Page 3 - 1					
	(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 ins granting the waiver		enter the Day_	date of the	ne letter ru Year _	ling
	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 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?			X Yes	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougof the PBGC?			×	Yes 🗌	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi- which assets or liabilities were transferred. (See instructions.)	fy the plan(s) to				
-	13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)
Part	VIII Trust Information					
14a	Name of trust		14b ⊤	rust's EIN		
140	Name of trustee or custodian			Trustee's elephone	or custodia number	an's
Par	t IX IRS Compliance Questions					
15a	Is the plan a 401(k) plan?		Yes	i	No	
	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		bas	sign- sed safe bor thod	ADF test	PACP
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cutesting method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.42(a)(2)(ii))?	01(m)-	Yes		No	
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section		Ra per tes	centage		rage efit test
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by com this plan with any other plans under the permissive aggregation rules?		Yes	E VEV	No	
0000 00	Has the plan been timely amended for all required tax law changes?		Yes		No	□ N/A
	Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).	Enter the a	NATO			structions
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter planadvisory letter, enter the date of that favorable letter and the letter's serial and the	number		34	···	or
17d	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, endetermination letter	nter the date of	the plan	's last fav	orable	
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin	has been Islands)?	Yes Ne		No	
19	Were in-service distributions made during the plan year?	***************************************	Yes		No	
	If "Yes," enter amount		19			
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of what retired), as required under section 401(a)(9)?		Yes	0	No	□ N/A