Form 5500-SF	Short Form Annu	al Return/Repo Benefit Pla	-	Employee OMB Nos. 1210-0110 1210-0089				
Department of the Treasury Internal Revenue Service	This form is required to be file		-	etirement	2015			
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974		6057(b) and 6058(a) of the		This Form is Open to Public Inspection			
Pension Benefit Guaranty Corporation	Complete all entries in		structions to the Form 55	500-SF.				
Part IAnnual ReporFor calendar plan year 2015 or	t Identification Information fiscal plan year beginning 01/01/2		and ending 10)/14/2016				
A This return/report is for:	a single-employer plan a one-participant plan	a multiple-employe	employer information in ac	(Filers checkir	•			
B This return/report is	the first return/report	\times the final return/repo \times a short plan year re	ort turn/report (less than 12 m	onths)				
C Check box if filing under:	Form 5558	automatic extension	n		VC program			
Part II Basic Plan Inf	special extension (enter desc formation—enter all requested in							
1a Name of plan	C. 401K RETIREMENT SAVINGS F			1b Three-c plan nu (PN) ▶ 1c Effectiv	mber			
22 Plan anangor'a nama (amp	loyer, if for a single-employer plan)				01/01/2007			
Mailing address (include ro City or town, state or provin	om, apt., suite no. and street, or P.C nce, country, and ZIP or foreign post		nstructions)	(EIN)	er Identification Number 61-1182745 r's telephone number			
T & T WASHING COMPANY, INC).				270-825-3415			
P.O. BOX 183 MADISONVILLE, KY 42431-0004	4			20 Busines	s code (see instructions) 812320			
3a Plan administrator's name	and address XSame as Plan Spon	sor.		3b Adminis	trator's EIN			
				3c Adminis	trator's telephone numbe)r		
	he plan sponsor has changed since umber from the last return/report.	the last return/report file	d for this plan, enter the	4b EIN				
a Sponsor's name	umber from the last return/report.			4c PN				
5a Total number of participant	ts at the beginning of the plan year			5a		4		
	ts at the end of the plan year			5b		0		
	n account balances as of the end of		•	5c		0		
d(1) Total number of active p	articipants at the beginning of the p	an year		5d(1)		3		
	participants at the end of the plan ye			5d(2)		0		
than 100% vested	at terminated employment during the			5e		0		
Under penalties of perjury and o	e or incomplete filing of this return other penalties set forth in the instru and signed by an enrolled actuary, a polete	ctions, I declare that I ha	we examined this return/rep	oort, including,	if applicable, a Schedule	;		
	d/valid electronic signature.	12/12/2016	GWENDA L. SELLER	S				
HERE Signature of plan	administrator	Date	Enter name of individe	ual signing as	plan administrator			
SIGN HERE						\square		
Signature of emp	loyer/plan sponsor name, if applicable) and address (in	Date nclude room or suite nur			employer or plan sponsor lephone number	<u>r</u>		
For Paperwork Reduction Act Not	ice and OMB Control Numbers, see th	e instructions for Form 5	500-SF		Form 5500-SF (20	145)		

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 a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	an indepe	ndent qualified public a	ccount	ant (IQ	PA)				
	If you answered "No" to either line 6a or line 6b, the plan cann									
С	f the plan is a defined benefit plan, is it covered under the PBGC in	isurance p	orogram (see ERISA se	ction 4	021)?		Yes	No Not determined		
Par	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Yea	ar			(b) End of Year		
а	Total plan assets	7a			260		0			
	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c		528	260	0				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoເ	ınt				(b) Total		
а	Contributions received or receivable from:									
	(1) Employers	8a(1)	6640 39800							
	(2) Participants	8a(2)		39	800					
<u> </u>	(3) Others (including rollovers)	8a(3)				_				
	Other income (loss)	8b		14	471	_				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				_		60911		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
е	Certain deemed and/or corrective distributions (see instructions)	8e		589	071					
-	Administrative service providers (salaries, fees, commissions)	8f			100	_				
g	Other expenses	8g				_				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			589171					
	Net income (loss) (subtract line 8h from line 8c)	8i				_		-528260		
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 $$ 2J $$ 2K $$ 2T $$ 3D	feature co	odes from the List of Pla	an Cha	racteris	stic Co	odes in t	the instructions:		
В	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	les from the List of Pla	n Chara	acterist	ic Coo	des in th	ne instructions:		
Part	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 contribu	tions withi	n the time period							
	described in 29 CFR 2510.3-102? (See instructions and DOL's V	,	,	40-		х				
b	Program) Were there any nonexempt transactions with any party-in-interest			10a		~				
	reported on line 10a.)			10b		Х				
C	Was the plan covered by a fidelity bond?			10c	Х			50000		
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		Х				
e	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		х				
f	Has the plan failed to provide any benefit when due under the pla			10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		Х				
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 requirements? (If "Yes," see instructions and complete Scher 5500) and line 11a below)	lule SB	(Form	Yes	No
11a	Enter the unpaid minimum required contribution 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 Code or section	302 of E	RISA?	Yes	X No

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-					Т			
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
a	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	you c	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				
С	Enter	the amount contributed by the employer to the plan for this plan year		12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative 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 Y	es No		
		es," enter the amount of any plan assets that reverted to the employer this year		13a			0	
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou					0	
of the PBGC?						X Yes	No	
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th assets or liabilities were transferred. (See instructions.)	ify the plan(s) to	I				
-	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)	
Dert	1/111	Truck Information						
Part		Trust Information		116	T	15.1		
14a	Name	e of trust		14b Trust's EIN				
14c Name of trustee or custodian				14d Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions		1				
15a	Is th	e plan a 401(k) plan?		Y	es	No		
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?			Design- ased safe arbor nethod	e AD	PP/ACP st	
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.42)(ii))?		Υ	es	No		
16a	Cheo	sk the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):	Цр	Ratio ercentag est		verage enefit test	
16b		s the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con plan with any other plans under the permissive aggregation rules?	0	ΓY	es	No		
17a	Hast	the plan been timely amended for all required tax law changes?		Y	es	No	N/A	
	for ta	the last plan amendment/restatement for the required tax law changes was adopted////	•				structions	
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play sory letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable	IRS opinio	n or	
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e rmination letter/	nter the date of	the pla	an's last f	avorable		
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		∏ Y€	es	No		
19	Were	in-service distributions made during the plan year?		Y	es	No		
	lf "Ye	es," enter amount		19				
20		e required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wed), as required under section 401(a)(9)?	[] Y	es	No	N/A		

						OMB Nos. 1210-0110		
Form 5500-SF	of Small Employ	yee		1210-0089				
Department of the Treasury Internal Revenue Service	This form is required to be file	Benefit Plan ed under sections 104 and 4	4065 of the Employee Ret	irement		2015		
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974	(ERISA), and sections 60 Revenue Code (the Code		nternal	This Form is Open to			
Pension Benefit Guaranty Corporation	Complete all entries in	accordance with the inst	ructions to the Form 550	0-SF.	Put	olic Inspection		
Part I Annual Report	Identification Information	the second s						
For calendar plan year 2015 or fis	cal plan year beginning	01/01/2016	and ending		14/201			
A This return/report is for:	X a single-employer plan		lan (not multiemployer) (F nployer information in acco					
B This return/report is	the first return/report	X the final return/report						
	an amended return/report	X a short plan year retur	n/report (less than 12 mor	nths)				
C Check box if filing under:	Form 5558	automatic extension		Пс	OFVC prog	Iram		
U	special extension (enter desc				, ,			
Part II Basic Plan Info	rmation—enter all requested in	1 7						
1a Name of plan	mation—enter all requested in	Ionnation		1b Three	e-diait			
T & T Washing Compan	y, Inc. 401k Retirem	nent Savings Plar			number	001		
				1c Effec	tive date o			
2a Plan sponsor's name (employ			01/200 over Ident	ification Number				
Mailing address (include roon	n, apt., suite no. and street, or P.C	D. Box)			61-11			
City or town, state or province T & T Washing Compa	e, country, and ZIP or foreign post	al code (if foreign, see insti	ructions)	2c Sponsor's telephone number				
i a i washing compa	ny, me.				-825-3			
P.O. Box 183			:	2d Business code (see instructions) 812320				
Madisonville	KY 42431-00	04						
3a Plan administrator's name an				3b Admi	nistrator's	EIN		
				3c Admir	nistrator's	telephone number		
	plan sponsor has changed since ber from the last return/report.	the last return/report filed f	or this plan, enter the	4b ein				
a Sponsor's name				4c PN				
5a Total number of participants	at the beginning of the plan year			5a		4		
	at the end of the plan year			5b		0		
C Number of participants with a	ccount balances as of the end of	the plan year (defined bene	efit plans do not	5c		0		
	ticipants at the beginning of the pl			5d(1)		3		
				5d(2)		0		
e Number of participants that t	ticipants at the end of the plan yea erminated employment during the	plan year with accrued be	nefits that were less	5e				
than 100% vested Caution: A penalty for the late o	r incomplete filing of this retur	n/report will be assessed	unless reasonable cause		lished.	0		
Under penalties of periury and oth	er penalties set forth in the instruct	ctions, I declare that I have	examined this return/repo	rt, includir	ng, if applic	cable, a Schedule		
SB or Schedule MB completed an	d signed by an enrolled actuary, a	as well as the electronic ver	rsion of this return/report, a	and to the	best of my	/ knowledge and		
belief, it is true, correct, and comp	0 8 00	10 10 11	Gwenda L. Selle	ers				
JIGN Cultura Allen 12121P								
Signature of plan administrator Date Enter name of individual sin						ministrator		
SIGN Jupupa	A Sellen	12-12-16	Gwenda L. Selle	ers				
HERE Signature of employer/plan sponsor Date Enter name of indiv Preparer's name (including firm name, if applicable) and address (include room or suite number) Enter name of indiv					the second s	the second se		
Preparer's name (including firm na	ame, if applicable) and address (ir	nclude room or suite numbe	er) F	-reparer's	telephone	number		
	and OMB Control Numbers see the	- instantions for Form FFOO	CE.			Form 5500-SE (2015)		

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

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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	ndent qualified public a lions.)	iccount	ant (IQ	PA)		
CI	f the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes [No Not determined
Par	t III Financial Information	•						
7 8	Plan Assets and Liabilities		(a) Beginning	g of Ye	ar			(b) End of Year
<u>a</u> -	Total plan assets	. 7a		52	8,26	0		0
b -	Total plan liabilities	. 7b						
1 2	Net plan assets (subtract line 7b from line 7a)	7c		52	8,26	0		0
<u>1 8</u>	ncome, Expenses, and Transfers for this Plan Year		(a) Amou	ount				(b) Total
	Contributions received or receivable from:	0-(4)			6,64	0		
	(1) Employers	. 8a(1)			9,80			
	2) Participants	8a(2)			5,80	<u> </u>		
·	(3) Others (including rollovers)	8a(3)	· · ·	1	4,47	1		
	Other income (loss)	8b			1,1/	-		60,911
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c				-		00,,111
	o provide benefits)	. 8d						······································
e	Certain deemed and/or corrective distributions (see instructions)	. 8e		58	9,07	1		
f /	Administrative service providers (salaries, fees, commissions)	. 8f			10	0		
g	Other expenses	8g						
h 1	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						589, <u>171</u>
1 i	Net income (loss) (subtract line 8h from line 8c)	8i						-528,260
j	Transfers to (from) the plan (see instructions)	8j						
Part	IV Plan Characteristics	·						
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare f							
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 contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	/oluntary F	iduciary Correction	10a		x		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		х		
С	Was the plan covered by a fidelity bond?			10c	Х			50,00
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	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 benefits under	10e		х		
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		х		
g	Did the plan have any participant loans? (If "Yes," enter amount a	is of year e	end.)	10g		Х		
	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	uctions and 29 CFR	10h		Х		
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	he required	d notice 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 requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below).	🗌 Yes	No.
11a	Enter the unpaid minimum required contribution 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 Code or section 302 of ERISA?...

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(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	iono and ante	ar the date of	the letter rul	
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing granting the waiver.	ions, and enæ iC	Day	Year	ing
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	1	2b		
C Enter the amount contributed by the employer to the plan for this plan year	1	2c		
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)	fa 1	2d	<u> </u>	
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?		X Ye	es 🗌 No	
If "Yes," enter the amount of any plan assets that reverted to the employer this year		3a		
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought up of the PBGC?		ol	X Yes	No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	plan(s) to			
13c(1) Name of plan(s):	13c(2) EIN	V(s)	13c(3) P	N(s)
Part VIII Trust Information				
	1	4b Trust's E		
14a Name of trust				
14c Name of trustee or custodian	1	4d Trustee telephor	's or custodia ne number	an's
Part IX IRS Compliance Questions				
15a Is the plan a 401(k) plan?] Yes	No	_
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and em matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	pløyer	Design- based safe harbor method	e ADF test	
15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "curren testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(n 2(a)(2)(ii))?	it year 1)-] Yes	No	
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 4	IO(b):	Ratio percentag test		erage efit test
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combinin this plan with any other plans under the permissive aggregation rules?	9	Yes	No	
17a Has the plan been timely amended for all required tax law changes?] Yes	No	N/A
for tax law changes and codes).	Enter the app			
17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that advisory letter, enter the date of that favorable letter and the letter's serial numbers of the serial numbers of the serial numbers of the serial numbers of the series	er	:		or
17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter t determination letter	<u> </u>		avorable	
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islar	been nds)?	Yes	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 whether retired), as required under section 401(a)(9)?	er or not	Yes	No No	[] N/A