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 section 6058(a) of the Internal Revenue Code (the Code).

2000

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

Р	ension Be	nefit Guaranty Corporation		▶ Complete all entries in accord	dance witl	h the instructions to the Form 5500	0-SF.		pcolion	
Pa	art I	Annual Report	t Ide	entification Information				•		
For	For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009									
Α.	This retu	urn/report is for:	X	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	nt plan	
		urn/report is for:		first return/report	final retur					
				an amended return/report	short plan	year return/report (less than 12 mor	nths)			
С	Check b	oox if filing under:	X	Form 5558	automatio	extension		DFVC progra	ım	
		Ü	Ī	special extension (enter description	on)					
Ps	rt II	Rasic Plan Info	orm	ation—enter all requested inform						
	Name o		<u> </u>	ation—enter an requested inform	allon		1b	Three-digit		
		INTED CIRCUITS, IN	NC. 4	01(K) PLAN				plan number		
								(PN) •	001	
							1c	Effective date o		
								01/01/1		
		oonsor's name and a INTED CIRCUITS, IN		ss (employer, if for single-employer	plan)		2b	Employer Identi		mber
UNIT	ED FKI	INTED CIRCUITS, IN	NC.				2c	(EIN) 63-099 Plan sponsor's t		number
1860	SPARK	KMAN DRIVE					ì	256-83		idiliboi
HUN	TSVILLI	E, AL 35816					2d	Business code (ctions)
2-	DI.				. "0	"	26	335900		
		aministrator's name a INTED CIRCUITS, IN		ddress (if same as Plan sponsor, e 1860 SPARK			30	Administrator's 63-099		
		,		HUNTSVILLI			3c	Administrator's		number
								256-83		
				sponsor has changed since the last		port filed for this plan, enter the	4b	EIN		
	name, E	in, and the plan hur	nber	from the last return/report. Sponso	rs name		4c	PN		
5a	Total n	number of participant	s at t	he beginning of the plan year			5a			10
b		•					5b			6
				account balances as of the end of		:	30			
						(5c			6
6a	Were	all of the plan's asse	ts du	ring the plan year invested in eligib	le assets?	(See instructions.)			X Yes	s No
b						ndent qualified public accountant (IQI			X Yes	з П No
						ons.)SF and must instead use Form 550			<u> </u>	, [] NO
Pa	rt III	Financial Infor			01111 3300-	or and must mistead use i orm so				
7		ssets and Liabilities				(a) Beginning of Year		(b) End	of Year	
					. 7a	64160)	(b) Liiu	OI ICUI	12402
b					. 7b					
С				from line 7a)	7c	64160)			12402
8		e, Expenses, and Tra				(a) Amount		(b) 1	otal	
а		outions received or re				(4) - 1110 1111		()		
	(1) En	mployers			. 8a(1)		_			
	(2) Pa	articipants			8a(2)	1196	<u> </u>			
	(3) Otl	hers (including rollov	ers).		. 8a(3)		_			
b	Other i	income (loss)			. 8b	9951				
C	Total in	ncome (add lines 8a)	(1), 8	a(2), 8a(3), and 8b)	. 8c					11147
d				llovers and insurance premiums	8d	62905	5_			
е	Certair	n deemed and/or cor	rectiv	re distributions (see instructions)	. 8e					
f	Admini	istrative service prov	iders	(salaries, fees, commissions)	. 8f					
g	Other 6	expenses			. 8g					
h	Total e	expenses (add lines 8	3d, 8e	e, 8f, and 8g)	. 8h					62905
i	Net inc	come (loss) (subtract	line	8h from line 8c)	. 8i					-51758
j				e instructions)						

D = ==4 11/	DI	Characteristics	
Part IV	Plan	(haractaristics	

SIGN HERE

Signature of employer/plan sponsor

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions

art V	Compliance Questions									
0 D	uring the plan year:				Yes	No		Amount		
	as there a failure to transmit to the plan any participant contribution 9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia			10a		X				
	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)									
c V	as the plan covered by a fidelity bond?	10c	X				10000			
	d the plan have a loss, whether or not reimbursed by the plan's fide dishonesty?		X							
in	ere any fees or commissions paid to any brokers, agents, or other surance service or other organization that provides some or all of the structions.)		X							
fн	as the plan failed to provide any benefit when due under the plan?			10f		Χ				
g D	d the plan have any participant loans? (If "Yes," enter amount as o	of year end.)		10g		Χ				
h If	this is an individual account plan, was there a blackout period? (Se	ee instructions and 2	9 CFR	10h		Χ				
	10h was answered "Yes," check the box if you either provided the ceptions to providing the notice applied under 29 CFR 2520.101-3			10i						
art VI	Pension Funding Compliance									
1 1 Is	this a defined benefit plan subject to minimum funding requirement	ts? (If "Yes," see ins	tructions and com	plete	Sched	ule SB	(Form	Yes	s X No	
12 Is	this a defined contribution plan subject to the minimum funding red	quirements of sectio	n 412 of the Code	or se	ction 3	02 of E	ERISA?	Yes	s X No	
,	"Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicab	,								
	a waiver of the minimum funding standard for a prior year is being a									
	anting the waivercomplete lines 3, 9, and 10 of Schedule N			ın		Day _		rear		
_	ter the minimum required contribution for this plan year		-		[12b				
	ter the amount contributed by the employer to the plan for this plar				1	12c				
d St	btract the amount in line 12c from the amount in line 12b. Enter the gative amount)	e result (enter a min	us sign to the left of	of a		12d				
e w	II the minimum funding amount reported on line 12d be met by the	funding deadline?					Yes	No	N/A	
art VI	Plan Terminations and Transfers of Assets									
3a ∺	is a resolution to terminate the plan been adopted during the plan	year or any prior yea	ır?					Yes	s X No	
If	Yes," enter the amount of any plan assets that reverted to the emp	olover this vear			Г	13a				
b w	ere all the plan assets distributed to participants or beneficiaries, trathe PBGC?					ntrol		Yes	s X No	
	during this plan year, any assets or liabilities were transferred from nich assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify th	ne plar	n(s) to					
13c	1) Name of plan(s):				130	(2) EII	N(s)	13c(3) PN(s)	
aution	: A penalty for the late or incomplete filing of this return/repor	t will be assessed i	unless reasonabl	le cau	se is	establi	ished.	1		
Inder p BB or Se	enalties of perjury and other penalties set forth in the instructions, I shedule MB completed and signed by an enrolled actuary, as well a strue, correct, and complete.	declare that I have	examined this retu	ırn/rep	ort, in	cluding	g, if applic			
SIGN	Filed with authorized/valid electronic signature.	10/09/2010	C. PAT HILLIARD)						
SIGN					individual cigning as plan administrator					

Date

Enter name of individual signing as employer or plan sponsor

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 section 6058(a) of the Internal Revenue Code (the Code).

Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

	art I Annual Report Identification Information				
For)1/01/200	9 and ending		12/31/2009
Α	This return/report is for:	multiple-emp	loyer plan (not multiemployer)		one-participant plan
В	This return/report is for: first return/report	final return/re	eport		
	an amended return/report	short plan ye	ar return/report (less than 12 mo	nths)	
C	Check box if filing under: X Form 5558	automatic ex	tension		DFVC program
•	special extension (enter description	on)			
D	art II Basic Plan Information—enter all requested information				
	Name of plan	ation		1b	Three-digit
ıa	UNITED PRINTED CIRCUITS, INC. 401(k) PLA	ιN		"	plan number
					(PN) ▶ 001
				1c	Effective date of plan
•					01/01/1998
2a	Plan sponsor's name and address (employer, if for single-employer UNITED PRINTED CIRCUITS, INC.	plan)		25	Employer Identification Number (EIN) 63-0990859
				2c	Plan sponsor's telephone number
	1860 SPARKMAN DRIVE				(256)830-5998
				2d	Business code (see instructions)
2-	HUNTSVILLE		AL 35816	26	335900
sa	$\mathop{\hbox{Plan}}$ administrator's name and address (if same as $\mathop{\hbox{Plan}}$ sponsor, e $_{\mathop{\hbox{\scriptsize SAME}}}$	nter "Same")		SD	Administrator's EIN
				3c	Administrator's telephone number
	If the name and/or EIN of the plan sponsor has changed since the last		t filed for this plan, enter the	4b	EIN
	name, EIN, and the plan number from the last return/report. Sponso	or's name		4c	PN
5a	Total number of participants at the beginning of the plan year			5a	10
b				5b	6
0	Total number of participants with account balances as of the end of			30	
C	complete this item).			5c	6
6a	Were all of the plan's assets during the plan year invested in eligib	le assets? (Se	e instructions.)		X Yes No
	Are you claiming a waiver of the annual examination and report of	an independe	nt qualified public accountant (IC	(APA	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility				X Yes ∐ No
D	If you answered "No" to either 6a or 6b, the plan cannot use For III Financial Information	orm 5500-SF	and must instead use Form 55	00.	
7	Appendix to the production of	100	(a) Danissian of Year	\top	(h) End of Voca
1	Plan Assets and Liabilities	-	(a) Beginning of Year	5.0	(b) End of Year 12,402
	Total plan assets		64,16	50	12,402
b			64.10	- 0	12,402
c	10 200 300 300 300 300 300 000 000 300 000	. 7c	64,16	0	SERVICE CONTROL OF THE PARTY OF
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount		(b) Total
а	(1) Employers	. 8a(1)			
	(2) Participants		1,19	96	
	(3) Others (including rollovers).	N1900400400	****		
b			9,95	51	
c		200			11,147
d				186	
u	to provide benefits)	. 8d	62,90)5	
е	Certain deemed and/or corrective distributions (see instructions)	. 8e			
f	Administrative service providers (salaries, fees, commissions)	. 8f		THE STATE OF	
g	Other expenses	. 8g			
	Total expenses (add lines 8d, 8e, 8f, and 8g)	1477			62,905
h	Total expenses (add lines od, oc, or, and og)	. 8h			02,903
h i	Net income (loss) (subtract line 8h from line 8c)				(51,758)

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	Form	EEOO	CE	200

Page 2-

		1 01111 0000 01 2000		.gc =	_	_				
Part	IV	Plan Characteristics								
9a	If th	e plan provides pension benefits, enter the applicable pension feat	ure codes from the	List of Plan Char	acteri	stic Co	des in	the instruct	ions:	
b	If th	2E 2F 2G 2J 2K 3D e plan provides welfare benefits, enter the applicable welfare featu	ure codes from the I	List of Plan Chara	acteris	tic Cod	des in t	he instructi	ons:	
Part	٧	Compliance Questions								
		ring the plan year:				Yes	No		Amount	
	29	s there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciar	y Correction Progra	am)	10a		Х			
b		re there any nonexempt transactions with any party-in-interest? (Dine 10a.)			10b		Х			
С	W	as the plan covered by a fidelity bond?			10c	X				10,000
d		the plan have a loss, whether or not reimbursed by the plan's fide dishonesty?			10d		Х			
	ins	re any fees or commissions paid to any brokers, agents, or other purance service or other organization that provides some or all of the tructions.)	e benefits under the	plan? (See	10e		Х			
		s the plan failed to provide any benefit when due under the plan?			10f		- X			
q	Did	the plan have any participant loans? (If "Yes," enter amount as of	vear end.)		10g		Х			
	If th	nis is an individual account plan, was there a blackout period? (See	instructions and 29	9 CFR	10g		X			
i	If 1	Oh was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3	equired notice or on	e of the	10ii		**			
Part '		Pension Funding Compliance			101					
		nis a defined benefit plan subject to minimum funding requirements	2 (If "Yes " see inst	tructions and com	nlete	Sched	ule SB	(Form		
		0))							Yes	X No
12	Is t	his a defined contribution plan subject to the minimum funding requ	uirements of section	n 412 of the Code	or se	ction 3	302 of E	ERISA?	Yes	X No
	(If "	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	e.)							
		waiver of the minimum funding standard for a prior year is being a								
		nting the waivercomplete lines 3, 9, and 10 of Schedule MB					Day .		Year	
		er the minimum required contribution for this plan year					12b			
		er the amount contributed by the employer to the plan for this plan				1	12c			
		er the amount contributed by the employer to the plan for this plan stract the amount in line 12c from the amount in line 12b. Enter the	7.			···	1300000			
		ative amount)					12d			
е	Will	the minimum funding amount reported on line 12d be met by the f	unding deadline?					Yes	No	N/A
Part \	VII	Plan Terminations and Transfers of Assets								
13a	Has	a resolution to terminate the plan been adopted during the plan ye	ear or any prior yea	r?		<u>.</u>			Yes	X No
	If "Y	es," enter the amount of any plan assets that reverted to the employer	oyer this year				13a			
b		re all the plan assets distributed to participants or beneficiaries, tra he PBGC?		Part of the Control o					Yes	X No
		uring this plan year, any assets or liabilities were transferred from t ch assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify the	he pla	n(s) to				
1:	3c(1) Name of plan(s):				13	c(2) Ell	N(s)	13c(3) PN(s)
					-				+	
Cauti	on:	A penalty for the late or incomplete filing of this return/report	will be assessed u	unless reasonab	le ca	use is	establ	ished.		
Under	r pe	nalties of perjury and other penalties set forth in the instructions, I onedule MB completed and signed by an enrolled actuary, as well as	declare that I have e	examined this reti	urn/re	port, ir	cluding	g, if applical	ble, a Sch	nedule e and
		true, correct, and complete.								
SIGN	,	1/2:11/2U	7.27.10	CHRIS CAUD	LE					
HERE	200		Date	Enter name of in	ndivid	ual sig	ning as	plan admi	nistrator	
SIGN				CHRIS CAUD	LE					
HERE	of an in the	Signature of employer/plan sponsor	Date	Enter name of in	ndivid	ual sig	ning as	employer	or plan sp	onsor

Date

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor