Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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).

2009

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

P	ension Ber	nefit Guaranty Corporation		▶ Complete all entries in accor	dance wit	h the instructions to the Form 550	0-SF.	1110	pcotion	
	art I			entification Information						
For	calenda	r plan year 2009 or	fiscal	plan year beginning 07/01/200	9	and ending 0	06/30/2	2010		
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:	П	first return/report	final retur	n/report				
_	TIIIS TOLO	arriviciport is ior.	H	an amended return/report]]	n year return/report (less than 12 mo	nthe)			
_			Y	·] ' 1	, , ,	111113)	□ pc//c		
C	Check b	ox if filing under:		Form 5558	ı	cextension		☐ DFVC progra	ım	
				special extension (enter description						
Pa	art II	Basic Plan Inf	orm	ation—enter all requested inform	ation					
	Name o	•					1b	Three-digit		
WIMS	SATT M	ANAGEMENT COM	IPAN'	Y 401(K) PLAN				plan number	001	
							10	(PN)	(1	
							10	Effective date of 08/01/1		
22	Plan en	oneor's name and a	ddro	ss (employer, if for single-employer	· nlan)		2h	Employer Identif		umber
		ANAGEMENT COM			piai i)		20	(EIN) 26-0722		JIIIDEI
							2c	Plan sponsor's t	elephone	number
		STOWN ROAD						502-49		
LOUI	SVILLE,	, KY 40291					2d	Business code (ıctions)
32	Dlop od	Iminiatratar'a nama	and a	ddroog (if come og Plan angeres	ntor "Com	2"\	3h	531390 Administrator's I		
		ANAGEMENT COM		ddress (if same as Plan sponsor, e 4910 BARDS			30	26-072		
				LOUISVILLE	KY 4029	1	3c	Administrator's t	elephone	number
								502-49		
				sponsor has changed since the la		eport filed for this plan, enter the	4b	EIN		
	name, E	in, and the plan nur	mber	from the last return/report. Sponso	ors name		4c	PN		
	Total n	umber of participant	s at t	he beginning of the plan year			5a	T		18
b		•					-			
							5b			21
С				account balances as of the end o		defined benefit plans do not	5c			5
6a		•				(See instructions.)		I	X Ye	s No
b						ndent qualified public accountant (IQ				
						ions.)			X Ye	s No
					orm 5500-	SF and must instead use Form 55	00.			
Pa	rt III	Financial Info	rma	tion						
7	Plan As	ssets and Liabilities				(a) Beginning of Year		(b) End	of Year	
а	Total pl	lan assets			. 7a	215286	6			191024
b	Total pl	lan liabilities			. 7b					
С	Net pla	n assets (subtract li	ne 7b	from line 7a)	. 7с	215286	6			191024
8	Income	e, Expenses, and Tra	ansfe	rs for this Plan Year		(a) Amount		(b) 1	otal	
а		outions received or re								
	(1) Em	nployers			. 8a(1)	3665	5			
	(2) Pa	rticipants			. 8a(2)	7330)			
	(3) Oth	ners (including rollov	/ers).		. 8a(3)		_			
b	Other in	ncome (loss)			. 8b	7959	9			
С	Total in	ncome (add lines 8a	(1), 8	a(2), 8a(3), and 8b)	. 8c					18954
d				llovers and insurance premiums		40044	,			
_		,			. 8d	43216	<u>-</u>			
e				re distributions (see instructions)			_			
f	Admini	strative service prov	/iders	(salaries, fees, commissions)			_			
g		·								
h				e, 8f, and 8g)						43216
į	Net inc	come (loss) (subtract	t line	8h from line 8c)	. 8i					-24262
j	Transfe	ers to (from) the plar	n (see	instructions)	. 8j					

Part IV	Dian	Charac	torictics
Partiv	Pian	C.narac	teristics

SIGN HERE

Signature of employer/plan sponsor

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

D	11 (11)	e pian provides weirare benefits, enter the applicable weirare featur	re codes nom the t	151 OI FIAIT GHATAC	lens	iic Coc	ies III	ine instruc	aioris.	
Part	٧	Compliance Questions								
10	Dui	ing the plan year:				Yes	No		Amount	
а		s there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary			10a		X			
b		re there any nonexempt transactions with any party-in-interest? (Do ine 10a.)		·	10b		X			
С	Wa	as the plan covered by a fidelity bond?			10c	X				250000
d		the plan have a loss, whether or not reimbursed by the plan's fidelit			10d		X			
	ins	re any fees or commissions paid to any brokers, agents, or other pe urance service or other organization that provides some or all of the ructions.)	benefits under the	plan? (See	10e		Х			
f	Has	s 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 as of ye	/ear end.)		10g		X			
h		is is an individual account plan, was there a blackout period? (See i) CFR	10h		X			
i		Oh was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3			10i		X			
Part '	VI	Pension Funding Compliance								
11		nis a defined benefit plan subject to minimum funding requirements? 0))						`	Yes	X No
12	ls t	his a defined contribution plan subject to the minimum funding requi	irements of section	1 412 of the Code	or se	ction 3	302 of	ERISA?	Yes	X No
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.								
	gra	waiver of the minimum funding standard for a prior year is being am nting the waiver.		Month						
If y	ou (completed line 12a, complete lines 3, 9, and 10 of Schedule MB	(Form 5500), and	l skip to line 13.		_		Г		
		er the minimum required contribution for this plan year				t	12b			
		er the amount contributed by the employer to the plan for this plan y				⊢	12c			
	neg	tract the amount in line 12c from the amount in line 12b. Enter the reative amount)				_	12d		П.,	<u> </u>
		the minimum funding amount reported on line 12d be met by the fundamental and the fund	ınding deadline?					Yes	No	N/A
Part \		Plan Terminations and Transfers of Assets								
13a	Has	a resolution to terminate the plan been adopted during the plan year	ar or any prior yea	r?		r			Yes	X No
		es," enter the amount of any plan assets that reverted to the employer					13a			
	of t	re all the plan assets distributed to participants or beneficiaries, trans ne PBGC?							Yes	X No
		uring this plan year, any assets or liabilities were transferred from the ch assets or liabilities were transferred. (See instructions.)	nis plan to another	plan(s), identify the	e pla	n(s) to			1	
13	3c(1) Name of plan(s):				130	(2) EI	IN(s)	13c(3	9) PN(s)
_	_				_	_	_			
Cauti	on:	A penalty for the late or incomplete filing of this return/report w	will be assessed ι	ınless reasonable	e cau	se is	estab	lished.		
SB or	Sch	nalties of perjury and other penalties set forth in the instructions, I de ledule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.								
SIGN	ı	iled with authorized/valid electronic signature.	14/12/2011	PAT STANSBURY	<u></u>					
HERE	- T	Signature of plan administrator	Date	Enter name of inc	dividu	ıal sig	ning a	s plan adm	ninistrator	

Date

Enter name of individual signing as employer or plan sponsor

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Form 5500-S	F Short Form Annual Return/Report	t of Small	Employee) OME	Nos. 1210-0110 1210-0089
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Department of Labor Imployee Usnefita Socially Admin	Retirement Income Security Act of Internal Revolue Code (the Internal Revolue Code (the Internal Revolue Code (the Internal Revolue Code)	etructions t	o the Form 5500-SF.	to Publi	c Inspection
	the Complete all Citates in the	150 000000			
Dout I Annual	Report Identification information		and ending	06/30/2	010
or calendar plan year 20	09 or fiscal plan year beginning 0770172003	lover plan (no	ot multiemployer)	one-particip	ant plan
A This rotum/report is	for: K single-cimpleyor plan	nort			
B This roturn/report is	for: first return/report - maintenance	ar return/rep	ort (less than 12 mont	hs)	
	L an amanda	tension	78.5.1.4.1.989-4.001	DFVC prog	ram
Check box if filing up					
	Lengtial Avionsion (entur description)				
Part II Basic P	lan Information - enter all requested information		1b Three-digit	(2) D	0.01
	AND		plan numbe		001
WIMSATT MANA	GEMENT COMPANY 401(K) PLAN		1c Effective de	ite of plan	
			08,	01/1995	<u> </u>
	- La La constant plant		2b Employer I	dentification N	umber (EIN)
2a Plan sponsor's nam	ne and address (employer, if for single-employer plan)		26	-0722322	2
WIMSATT MANA	GEMENT COMPANY		2¢ Plan spons	or's telephone	number
			(5	02) 495-	-2151
4910 BARDSTO	WN ROAD		2d Business	code (see înstri	uctions)
		. 1	53	1390	
LOUISVILLE	KY 40291	2")	3b Administra	tor's FIN	
3a Plan administrator	's name and address (if same as Plan sponsor, enter "Same	7)			
SAME			3c Administra	stor's tolephon	e number
	doing the fact return/re	port filed for	this 4b EIN		
4 If the name and/or E	IN of the plan sponsor has changed since the last return/report.	Sponsor's na	.me		
plan, onter the name	e. EIN, and the plan number from the last return/report.	Sportage	4c PN		
			5a	18	
5a Total number of p	the booling of the Dian Year				
	articipants at the beginning of the pre-		5b	21	
P 10tal Bullion of F	participants at the beginning of the plan year sarticipants at the end of the plan year				
C Total number of t	participants at the end of the plair year. participants with account balances as of the end of the plan	year (define	d 5c	5	
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nt V Compliance Questions		Yes_	No		Amo	uni	
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Was there a failure to transmit to the plant any participant continuous programs of the plant any participant continuous Programs of 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Programs)	10a		<u>X</u>				
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Did the plan have any participant loans? (If Yes) If this is an individual account plan, was there a blackout period? (See instructions			x	1: : .			. /
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