Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [X] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
UMPCO, INC., EMPLOYEES PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 08/31/1974

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
UMPCO, INC

7100 LAMPSON
P.O. BOX 5158
GARDEN GROVE, CA 92841-3914

2b Employer Identification Number (EIN)
95-2431216

2c Sponsor's telephone number
714-897-3536

2d Business code (see instructions)
332510

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, 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.

SIGN HERE	Filed with authorized/valid electronic signature.	09/12/2011	BOB DAVIS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/12/2011	BOB DAVIS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")

UMPCO, INC

7100 LAMPSON
P.O. BOX 5158
GARDEN GROVE, CA 92841-3914

3b Administrator's EIN
95-2431216

3c Administrator's telephone number
714-897-3536

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	128
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	84
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	40
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	124
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	124
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	18
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1A 1G

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

9a Plan funding arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	X	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	X	**H** (Financial Information)
(2)		**I** (Financial Information – Small Plan)
(3)		**A** (Insurance Information)
(4)	X	**C** (Service Provider Information)
(5)		**D** (DFE/Participating Plan Information)
(6)		**G** (Financial Transaction Schedules)

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
UMPCO, INC., EMPLOYEES PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
UMPCO, INC

D Employer Identification Number (EIN)
95-2431216

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2009

2	Assets:			
a	Market value	**2a**		2619259
b	Actuarial value	**2b**		2619259
3	Funding target/participant count breakdown		**(1)** Number of participants	**(2)** Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	0	0
b	For terminated vested participants	**3b**	16	900977
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		35584
	(2) Vested benefits	**3c(2)**		1781998
	(3) Total active	**3c(3)**	112	1817582
d	Total	**3d**	128	2718559
4	If the plan is at-risk, check the box and complete items (a) and (b) [ ]			
a	Funding target disregarding prescribed at-risk assumptions	**4a**		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	**4b**		
5	Effective interest rate	**5**		6.37 %
6	Target normal cost	**6**		184920

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

10/12/2010
Signature of actuary — Date

CAROL KOCHER
Type or print name of actuary

08-03458
Most recent enrollment number

METROPOLITAN LIFE INSURANCE COMPANY
Firm name

617-578-4382
Telephone number (including area code)

501 BOYLSTON STREET
BOSTON, MA 02116-3738
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8)	0	0
10	Interest on item 9 using prior year's actual return of _____%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		0
	b Interest on (a) using prior year's effective rate of _____%		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Reduction in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)	0	0

Part III Funding percentages

14	Funding target attainment percentage	14	96.35 %
15	Adjusted funding target attainment percentage	15	96.35 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	145.66 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/29/2010	197650	0			
			Totals ► 18(b)	197650	18(c)

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	184936

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.32 %	6.45 %	6.69 %	☐ N/A, full yield curve used

b Applicable month (enter code) — **21b**: 0

22 Weighted average retirement age — **22**: 65

23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment — **27**:

Part VII Reconciliation of unpaid minimum required contributions for prior years

28	Unpaid minimum required contribution for all prior years	**28**	0
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	**29**	0
30	Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	**30**	0

Part VIII Minimum required contribution for current year

31	Target normal cost, adjusted, if applicable (see instructions)	**31**	184920

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount — **33**:

34	Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33)	**34**	184920

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	0	0	0

36	Additional cash requirement (item 34 minus item 35)	**36**	184920
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	**37**	184936
38	Interest-adjusted excess contributions for current year (see instructions)	**38**	16
39	Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	**39**	0
40	Unpaid minimum required contribution for all years	**40**	

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2009** **This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
UMPCO, INC., EMPLOYEES PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
UMPCO, INC

D Employer Identification Number (EIN)
95-2431216

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☐ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

SEI INVESTMENT MGMT

23-3060382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	28715	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

CAREY THOMAS HOOVER BREAULT

48-1163843

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	13500	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN;
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN;
c Position:	
d Address:	**e** Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
UMPCO, INC., EMPLOYEES PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
UMPCO, INC

D Employer Identification Number (EIN)
95-2431216

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		197650
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	745	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	267514
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2619443	2765757
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	2620188	3230921
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	2620188	3230921

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	197650	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		197650
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	48	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		48
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		581162
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		778860
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	125777	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		125777
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	42215	
(4) Other	2i(4)	135	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		42350
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		168127
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		610733
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [X] Unqualified (2) [ ] Qualified (3) [ ] Disclaimer (4) [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [ ] Yes [X] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: WINDES & MCCLAUGHRY (2) EIN: 95-3001170

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. (2) [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		400000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b 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.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
UMPCO, INC., EMPLOYEES PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
UMPCO, INC

D Employer Identification Number (EIN)
95-2431216

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): _____ _____

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3** 7

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 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 ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☒ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

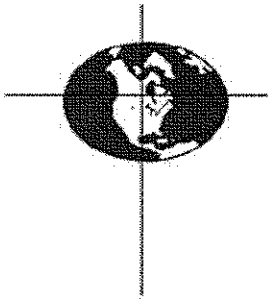
18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):



UMPCO, INC.

EMPLOYEES' PENSION PLAN

FINANCIAL STATEMENTS
DECEMBER 31, 2009

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WINDES & MCCLAUGHRY
ACCOUNTANCY CORPORATION
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INDEPENDENT AUDITORS' REPORT

To the Trustees of
Umpco, Inc. Employees' Pension Plan:

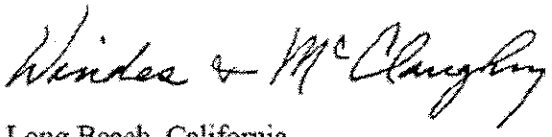
We have audited the accompanying statement of net assets available for benefits of Umpco, Inc. Employees' Pension Plan as of December 31, 2009 and 2008, and the related statement of changes in net assets available for benefits for the years then ended and the statement of accumulated plan benefits as of December 31, 2008, and the related statement of changes in accumulated plan benefits for the year then ended. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, information regarding the Plan's net assets available for benefits as of December 31, 2009, and the changes therein for the year then ended and its financial status as of December 31, 2008 and changes therein for the year then ended in conformity with accounting principles generally accepted in the United States of America.

As discussed in Note 9 to the financial statements, the amount reported as actuarial present value of the accumulated plan benefits as of December 31, 2008 was understated by $161,376 and discovered by management of the Company during the current year. Accordingly, the 2009 financial statements have been restated to correct the error.

Our audits were performed for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedules of assets held for investment purposes as of December 31, 2009, assets acquired and disposed of within the plan year ended December 31, 2009 and reportable transactions for the year ended December 31, 2009 are presented for the purpose of additional analysis and are not a required part of the basic financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. These supplemental schedules are the responsibility of the Plan's management. The supplemental schedules have been subjected to the auditing procedures applied in the audits of the basic financial statements and, in our opinion, are fairly stated in all material respects in relation to the basic financial statements taken as a whole.



Long Beach, California
September 7, 2011

UMPCO, INC.
EMPLOYEES' PENSION PLAN

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2009	2008
ASSETS		
Cash equivalents	$ 267,514	
Investments, at fair value:		
Registered investment companies	2,765,757	$ 2,619,443
	3,033,271	2,619,443
Receivables:		
Employer contributions	197,650	
Other		745
	197,650	745
NET ASSETS AVAILABLE FOR BENEFITS	$ 3,230,921	$ 2,620,188

The accompanying notes are an integral part of these financial statements.

UMPCO, INC.
EMPLOYEES' PENSION PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	For the Year Ended December 31,	
	2009	2008
ADDITIONS TO NET ASSETS		
Investment income:		
Net appreciation (depreciation) in fair value of investments	$ 118,846	($ 1,097,688)
Net gain (loss) on sale of investments	394,299	(21,105)
Dividend income	65,865	101,502
Other income	2,200	
	581,210	(1,017,291)
Contributions:		
Employer	197,650	
Total Additions	778,860	(1,017,291)
DEDUCTIONS FROM NET ASSETS		
Benefits paid directly to participants	125,777	38,784
Administrative expenses	42,350	31,664
Total Deductions	168,127	70,448
NET INCREASE (DECREASE)	610,733	(1,087,739)
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	2,620,188	3,707,927
END OF YEAR	$ 3,230,921	$ 2,620,188

The accompanying notes are an integral part of these financial statements.

UMPCO, INC.
EMPLOYEES' PENSION PLAN

STATEMENT OF ACCUMULATED PLAN BENEFITS
DECEMBER 31, 2008
(RESTATED)

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	
Vested Benefits:	
Participants currently receiving payments	
Other participants	$ 2,784,350
	2,784,350
Nonvested Benefits	40,897
TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	$ 2,825,247

The accompanying notes are an integral part of these financial statements.

UMPCO, INC.
EMPLOYEES' PENSION PLAN

STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2008
(RESTATED)

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT BEGINNING OF THE YEAR	$ 2,786,760
INCREASE (DECREASE) DURING THE YEAR ATTRIBUTABLE TO:	
Benefits paid	(38,784)
Interest for decrease in discount period	134,044
Change in actuarial assumptions	(280,485)
Benefits accumulated and experience losses	223,712
NET INCREASE	38,487
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT END OF THE YEAR	$ 2,825,247

The accompanying notes are an integral part of these financial statements.

UMPCO, INC.
EMPLOYEES' PENSION PLAN

NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2009

NOTE 1 – Description of the Plan

General

The Umpco, Inc. Employees' Pension Plan (the Plan) is a defined benefit pension plan covering substantially all employees of Umpco, Inc. (the Company). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Participants should refer to the plan agreement for more complete information.

Pension Benefits

To become a participant in the Plan, an employee must be at least 21 years of age and must have completed at least one year of service.

A participant becomes fully vested upon completing six years of service and is partially vested after two years of service.

Vested participants are entitled to annual pension benefits beginning at normal retirement age (65) in an amount equal to 32.6% of the average of the participant's five highest consecutive years of compensation. The total benefit is reduced for less than 27 years of credited service.

The normal form of benefit under the Plan is a life annuity, under which monthly payments commence on the participant's retirement date and continue for life.

Death and Disability

Pre-retirement – If a participant with a vested benefit dies prior to retirement, a benefit will be payable to the beneficiary equal to the present value of accrued benefits or insurance face value, whichever is greater.

Post-retirement – If a participant dies on or after the normal retirement date, any benefits payable are determined in accordance with the provisions of the annuity form elected.

Disability – If a participant with a vested benefit becomes totally disabled, a benefit will be payable to the participant equal to the present value of accrued benefits.

NOTE 2 – Significant Accounting Policies

Basis of Presentation of Financial Statements

In June 2009, the Financial Accounting Standards Board (FASB) established the Accounting Standards Codification (Codification) as the source of authoritative accounting principles recognized by the FASB to be applied by nongovernmental entities in the preparation of financial statements in accordance with generally accepted accounting principles (GAAP). Existing GAAP is not intended to be changed as a result of the Codification and, accordingly, the change did not impact the Plan's financial statements. The Codification does change the way the guidance is organized and presented.

Accounting Method

The accompanying financial statements are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Accordingly, actual results may differ from those estimates.

Valuation of Investments

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 6 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation and depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

NOTE 2 – Significant Accounting Policies (Continued)

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service that the employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on an employee's highest consecutive five-year average salary. The accumulated plan benefits for active employees are based on their average compensation during the five years ending on the date as of which the benefit information is presented (the valuation date). Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits, determined by an actuary from MetLife Retirement Plans Group, is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefit to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of December 31, 2008 were (a) life expectancy of participants according to the 430(h)(3)(A)-Opt'l Combined (RP-2000 Proj AA), (b) retirement age assumptions (the assumed average retirement age was 65), (c) annual salary increases of 4%, and (d) investment return. The valuations as of December 31, 2008 included assumed average rates of return of 5.5%. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Payments of Benefits

Benefit payments to participants are recorded upon distribution.

Subsequent Events

The Plan has evaluated subsequent events through September 7, 2011, the date the financial statements were available to be issued.

NOTE 3 – Funding Policy

The Administrative Committee has established a funding policy and method for the Plan, which is consistent with the objectives of the Plan and the requirements of ERISA. The Company's contribution for 2009 met the minimum funding requirements for ERISA. There were no funding requirements of ERISA for the year ended December 31, 2008.

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time or to terminate the Plan subject to the provisions set forth in ERISA.

NOTE 4 – Plan Termination

In the event the Plan terminates completely, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

a. Benefits attributable to participant contributions, taking into account those paid out before termination.

b. Annuity benefits that former participants or their beneficiaries have been receiving for at least three years, or that participants eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.

NOTE 4 – Plan Termination (Continued)

c. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a US governmental agency) up to applicable limitations (discussed below).

d. All other vested benefits (that is, vested benefits not insured by the PBGC).

e. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of the benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, a statutory ceiling exists, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For Plan terminations occurring during 2009, that ceiling is $4,500 per month. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of the retirement or plan termination (whichever comes later).

If the Plan terminates, distribution of benefits to participants will depend on the sufficiency of the Plan's net assets to provide for accumulated benefit obligations, the financial condition of the Plan sponsor, and the level of benefits guaranteed by the PBGC.

NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2009

NOTE 5 – Investments

The following table presents the fair values of investments. Investments that represent 5% or more of the Plan's assets are separately identified.

	December 31,	
	2009	2008
CTHB Portfolios American Funds Capital World Growth and Income Fund	$ 257,070	
CTHB Portfolios American Funds New World Fund	387,801	
CTHB Portfolios Hartford Cap Appreciation Fund	211,697	
CTHB Portfolios John Hancock High Yield Fund	653,802	
CTHB Portfolios Pioneer High Yield Fund	929,892	
Various mutual funds	325,495	
SEI Portfolios Large-Cap Growth Fund		$ 538,859
SEI Portfolios Large-Cap Value Fund		495,991
SEI Portfolios International Fixed Income Fund		294,576
SEI Portfolios Core Fixed Income Fund		843,505
SEI Portfolios International Equity Fund		289,484
Various mutual funds		157,028
	$ 2,765,757	$ 2,619,443

During the years ended December 31, 2009 and 2008, the Plan's investment in registered investment companies (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value by $513,145 and ($1,118,793), respectively.

NOTE 6 – Fair Value Measurements

Financial Accounting Standards Board (FASB) *Accounting Standards Codification* (ASC) 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1
Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2
Inputs to the valuation methodology include

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability; and
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3
Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

NOTE 6 – Fair Value Measurements (Continued)

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2009 and 2008.

> ***Registered investment companies:*** Valued on a daily basis using quoted market prices.

The preceding method described may produce a fair value calculation that may not be indicative of net realized value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009 and 2008:

	Assets at Fair Value as of December 31, 2009			
	Level 1	Level 2	Level 3	Total
Registered investment companies				
Small Cap	$ 105,196			$ 105,196
International	776,048			776,048
Income	1,795,391			1,795,391
Other	89,122			89,122
Total assets at fair value	$ 2,765,757	None	None	$ 2,765,757

NOTE 6 – Fair Value Measurements (Continued)

	Assets at Fair Value as of December 31, 2008			
	Level 1	Level 2	Level 3	Total
Registered investment companies				
Large Cap	$ 1,034,850			$ 1,034,850
Small Cap	148,328			148,328
International	584,060			584,060
Income	843,505			843,505
Other	8,700			8,700
Total assets at fair value	$ 2,619,443	None	None	$ 2,619,443

NOTE 7 – Income Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated July 1, 2005, that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

NOTE 8 – Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

NOTE 8 – Risks and Uncertainties (Continued)

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

NOTE 9 – Restatement of the Actuarial Present Value of the Accumulated Plan Benefits

During the current year, the Company discovered the Actuarial Present Value of the Accumulated Plan Benefits was calculated incorrectly. The Company retained an actuary and the Actuarial Present Value of the Accumulated Plan Benefits was calculated in the amount of $2,825,247. It was also discovered that the participants currently receiving benefits was presented incorrectly. The amounts previously stated and restated as of and for the year ended December 31, 2008 are as follows:

	As Previously Stated	As Restated
Actuarial Present Value of Accumulated Plan Benefits		
Vested Benefits:		
Participants currently receiving payments	$ 2,574,299	
Other participants	55,098	$ 2,784,350
	2,629,397	2,784,350
Nonvested Benefits	34,474	40,897
Total Actuarial Present Value of Accumulated Plan Benefits	$ 2,663,871	$ 2,825,247

NOTE 9 – Restatement of the Actuarial Present Value of the Accumulated Plan Benefits (Continued)

	As Previously Stated	As Restated
Actuarial Present Value of Accumulated Plan Benefits at Beginning of the Year	$ 2,786,760	$ 2,786,760
Increase (Decrease) During the Year Attributable to:		
Benefits paid	(38,784)	(38,784)
Interest for decrease in discount period	134,213	134,044
Change in actuarial assumptions	(418,014)	(280,485)
Benefits accumulated and experience losses	199,696	223,712
Net Increase (Decrease)	(122,889)	38,487
Actuarial Present Value Accumulated at End of the Year	$ 2,663,871	$ 2,825,247

UMPCO, INC.
EMPLOYEES' PENSION PLAN

SCHEDULE H, PART IV, ITEM 4i –
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
DECEMBER 31, 2009
EIN: 95-2431216
PLAN NO. 001

	Shares	Current Cost	Current Value
CTHB Portfolios			
American Funds Capital World Growth and Income Fund	7,581	$ 251,151	$ 257,070
American Funds Growth Fund of America Fund	3,309	85,536	89,122
American Funds New World Fund	8,295	378,999	387,801
American Funds Small Cap World Fund	3,403	100,476	105,196
Hartford Cap Appreciation Fund	6,900	200,007	211,697
John Hancock High Yield Fund	190,613	603,341	653,802
John Hancock Technical Opportunities Fund	12,112	125,004	131,177
Pioneer High Yield Fund	101,962	902,353	929,892
		$ 2,646,867	$ 2,765,757

UMPCO, INC.
EMPLOYEES' PENSION PLAN

SCHEDULE H, PART IV, ITEM 4i –
SCHEDULE OF ASSETS ACQUIRED AND DISPOSED OF WITHIN
THE PLAN YEAR ENDED DECEMBER 31, 2009
EMPLOYER I.D. 95-2431216
PLAN NO. 001

(a) (b) & (c) Identity and Description		(d) Cost	(e) Proceeds
Amer Funds Growth America A	Mutual Fund	$ 85,004	$ 85,004
Amer Funds Cap World G&I A	Mutual Fund	$ 250,007	$ 250,007
Amer Funds New World A	Mutual Fund	$ 375,007	$ 375,007
Amer Funds Small Cap World A	Mutual Fund	$ 100,007	$ 100,007

UMPCO, INC.
EMPLOYEES' PENSION PLAN

SCHEDULE H, PART IV, ITEM 4j –
SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2009
EMPLOYER I.D. 95-2431216
PLAN NO. 001

(a) & (b) Description	(c) Purchase price	(d) Selling price	(e) Cost	(f) Current value	(g) Gain(loss)
Amer Funds Cap World G&I A (Mutual Fund)					
Purchase on 11/6/09	$ 33.30093		$ 125,004		
Purchase on 11/9/09	$ 33.31093		$ 125,004		
Sale on 12/15/09		$ 33.31093	$ 124,985	$ 125,004	$ 19
Sale on 12/15/09		$ 33.30093	$ 125,022	$ 125,004	($ 19)
Hartford Cap Appreciation Fd A (Mutual Fund)					
Purchase on 11/6/09	$ 28.91101		$ 100,004		
Purchase on 11/9/09	$ 29.06102		$ 100,004		
John Hancock High Yield Fd A (Mutual Fund)					
Purchase on 11/6/09	$ 3.15004		$ 300,004		
Purchase on 11/9/09	$ 3.18005		$ 300,005		
Purchase on 12/2/09	$ 3.22000		$ 3,333		
SW FDIC Bank Insured Acct. (Money Market)					
Purchase on 11/4/09	$ 1.00000		$ 17,170		
Purchase on 11/7/09	$ 1.00000		$ 81,830		
Purchase on 11/10/09	$ 1.00000		$ 99,000		
Sale on 11/10/09		$ 1.00000	$ 99,000	$ 99,000	$ 0
Purchase on 11/12/09	$ 1.00000		$ 99,000		
Purchase on 11/12/09	$ 1.00000		$ 99,000		
Sale on 11/12/09		$ 1.00000	$ 99,000	$ 99,000	$ 0
Sale on 11/16/09		$ 1.00000	$ 99,000	$ 99,000	$ 0
Purchase on 11/30/09	$ 1.00000		$ 11		
Sale on 12/1/09		$ 1.00000	$ 11	$ 11	$ 0
Purchase on 12/5/09	$ 1.00000		$ 11,301		
Sale on 12/7/09		$ 1.00000	$ 11,301	$ 11,301	$ 0
Purchase on 12/31/09	$ 1.00000		$ 14		
Dreyfus 696 General MMKT B (Money Market)					
Purchase on 11/4/09	$ 1.00000		$ 17,170		
Sale on 11/4/09		$ 1.00000	$ 17,170	$ 17,170	$ 0
Purchase on 11/9/09	$ 1.00000		$2,892,496		

UMPCO, INC.
EMPLOYEES' PENSION PLAN

SCHEDULE H, PART IV, ITEM 4j –
SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2009
EMPLOYER I.D. 95-2431216
PLAN NO. 001
(Continued)

(a) & (b) Description	(c) Purchase price	(d) Selling price	(e) Cost	(f) Current value	(g) Gain(loss)
Dreyfus 696 General MMKT B (Money Market) (Continued)					
Sale on 11/9/09		$ 1.00000	$ 81,830	$ 81,830	$ 0
Sale on 11/10/09		$ 1.00000	$ 99,000	$ 99,000	$ 0
Sale on 11/10/09		$ 1.00000	$ 1,322,839	$ 1,322,839	$ 0
Sale on 11/12/09		$ 1.00000	$ 363,514	$ 363,514	$ 0
Sale on 11/12/09		$ 1.00000	$ 99,000	$ 99,000	$ 0
Sale on 11/14/09		$ 1.00000	$ 99,000	$ 99,000	$ 0
Sale on 11/16/09		$ 1.00000	$ 651,010	$ 651,010	$ 0
Purchase on 11/30/09	$ 1.00000		$ 16		
Purchase on 12/1/09	$ 1.00000		$ 11		
Sale on 12/5/09		$ 1.00000	$ 11,301	$ 11,301	$ 0
Purchase on 12/28/09	$ 1.00000		$ 3,451		
Purchase on 12/28/09	$ 1.00000		$ 12		
Purchase on 12/31/09	$ 1.00000		$ 7		
Amer Funds New World A (Mutual Fund)					
Purchase on 11/6/09	$ 46.14086		$ 187,504		
Purchase on 11/9/09	$ 46.20086		$ 187,504		
Sale on 12/15/09		$ 46.14086	$ 187,625	$ 187,504	($ 122)
Sale on 12/15/09		$ 46.20086	$ 187,382	$ 187,504	$ 122
American Fds New World Fd R3 (Mutual Fund)					
Purchase on 12/15/09	$ 45.71085		$ 187,504		
Purchase on 12/15/09	$ 45.66085		$ 187,504		
Purchase on 12/24/09	$ 45.97984		$ 3,992		
Amer Funds Cap World G&I Fd R3 (Mutual Fund)					
Purchase on 12/15/09	$ 33.13093		$ 125,004		
Purchase on 12/15/09	$ 33.12092		$ 125,004		
Purchase on 12/18/09	$ 33.87962		$ 540		
Purchase on 12/18/09	$ 33.87969		$ 604		

UMPCO, INC.
EMPLOYEES' PENSION PLAN

SCHEDULE H, PART IV, ITEM 4j –
SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2009
EMPLOYER I.D. 95-2431216
PLAN NO. 001
(Continued)

(a) & (b) Description	(c) Purchase price	(d) Selling price	(e) Cost	(f) Current value	(g) Gain(loss)
SEI International Fixed I (Mutual Fund)					
Sale on 3/24/09		$ 9.12000	$ 6,832	$ 6,751	($ 81)
Sale on 6/5/09		$ 9.44000	$ 2,532	$ 2,589	$ 58
Sale on 7/22/09		$ 9.73995	$ 2,652	$ 2,798	$ 147
Sale on 10/6/09		$ 10.25001	$ 17,933	$ 19,915	$ 1,982
Sale on 11/5/09		$ 10.19918	$ 264,627	$ 292,413	$ 27,787
SEI International Equity (Mutual Fund)					
Purchase on 1/6/09	$ 6.55000		$ 24,849		
Sale on 3/24/09		$ 5.66000	$ 9,309	$ 8,101	($ 1,208)
Sale on 6/5/09		$ 6.83000	$ 2,959	$ 3,107	$ 148
Sale on 7/22/09		$ 6.98000	$ 3,129	$ 3,358	$ 229
Sale on 11/5/09		$ 7.81949	$ 298,936	$ 359,403	$ 60,467
SEI Large Cap Growth Fund (Mutual Fund)					
Purchase on 1/6/09	$ 14.45005		$ 527		
Sale on 3/24/09		$ 13.73000	$ 14,363	$ 14,177	($ 186)
Purchase on 3/30/09	$ 13.61995		$ 1,683		
Sale on 6/5/09		$ 15.92997	$ 4,974	$ 5,697	$ 723
Purchase on 7/6/09	$ 15.23002		$ 1,047		
Sale on 7/22/09		$ 16.16998	$ 5,296	$ 6,156	$ 860
Purchase on 10/5/09	$ 17.10988		$ 792		
Sale on 11/5/09		$ 17.62937	$ 518,274	$ 656,574	$ 138,300
Pioneer High Yield Fd A (Mutual Fund)					
Purchase on 11/6/09	$ 8.81007		$ 450,004		
Purchase on 11/9/09	$ 8.89010		$ 450,005		
Purchase on 12/2/09	$ 8.85000		$ 2,344		
SEI Core Fixed Income Fun (Mutual Fund)					
Purchase on 1/2/09	$ 8.98000		$ 4,202		
Sale on 1/6/09		$ 8.98000	$ 83,866	$ 83,866	$ 0
Purchase on 2/2/09	$ 9.04999		$ 3,841		

UMPCO, INC.
EMPLOYEES' PENSION PLAN

SCHEDULE H, PART IV, ITEM 4j –
SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2009
EMPLOYER I.D. 95-2431216
PLAN NO. 001
(Continued)

(a) & (b) Description	(c) Purchase price	(d) Selling price	(e) Cost	(f) Current value	(g) Gain(loss)
SEI Core Fixed Income Fun (Mutual Fund) (Continued)					
Purchase on 3/2/09	$ 8.85999		$ 3,495		
Sale on 3/24/09		$ 8.85000	$ 19,865	$ 19,578	($ 287)
Purchase on 4/1/09	$ 8.92999		$ 3,823		
Sale on 4/7/09		$ 8.88000	$ 18,800	$ 18,592	($ 208)
Purchase on 5/1/09	$ 9.08999		$ 3,686		
Purchase on 6/1/09	$ 9.24999		$ 3,576		
Sale on 6/5/09		$ 9.22001	$ 7,315	$ 7,509	$ 194
Purchase on 7/1/09	$ 9.33999		$ 3,290		
Sale on 7/22/09		$ 9.53000	$ 7,649	$ 8,115	$ 466
Purchase on 8/3/09	$ 9.64999		$ 3,264		
Purchase on 9/1/09	$ 9.80001		$ 3,363		
Purchase on 10/1/09	$ 9.98001		$ 2,900		
Purchase on 11/2/09	$ 10.12001		$ 3,233		
Sale on 11/5/09		$ 10.05972	$ 741,809	$ 829,442	$ 87,632
Purchase on 12/1/09	$ 10.18009		$ 227		
Purchase on 12/2/09	$ 10.18149		$ 6		
Sale on 12/23/09		$ 10.08080	$ 3,107	$ 3,451	$ 344
SEI Large Cap Value Fund (Mutual Fund)					
Purchase on 1/6/09	$ 12.67000		$ 54,093		
Sale on 3/24/09		$ 10.78000	$ 16,318	$ 14,177	($ 2,141)
Purchase on 3/30/09	$ 10.57000		$ 5,674		
Sale on 6/5/09		$ 12.23000	$ 5,245	$ 5,179	($ 66)
Purchase on 7/6/09	$ 11.51999		$ 2,562		
Sale on 7/22/09		$ 12.22000	$ 5,670	$ 5,596	($ 74)
Purchase on 10/5/09	$ 13.31999		$ 2,488		
Sale on 11/5/09		$ 13.53946	$ 533,575	$ 583,316	$ 49,741

UMPCO, INC. EMPLOYEES' PENSION PLAN
Schedule SB, line 22 - Description of Weighted Average Retirement Age
Plan Name: UMPCO, INC. EMPLOYEES' PENSION PLAN
Plan EIN: 95-2431216
Plan Number: 001

The weighted average retirement age of 65 is the average of the assumed retirement ages for all active participants as of the valuation date rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 1/1/2009 and ending 12/31/2009

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
UMPCO, INC. EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
UMPCO, INC.

D Employer Identification Number (EIN)
952431216

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1	Enter the valuation date:			1/1/2009
2	Assets:			
	a Market value	2a		2619259
	b Actuarial value	2b		2619259
3	Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment	3a	0	0
	b For terminated vested participants	3b	16	900977
	c For active participants:			
	(1) Non-vested benefits	3c(1)		35584
	(2) Vested benefits	3c(2)		1781998
	(3) Total active	3c(3)	112	1817582
	d Total	3d	128	2718559
4	If the plan is at-risk, check the box and complete items (a) and (b) [ ]			
	a Funding target disregarding prescribed at-risk assumptions	4a		
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5		6.37 %
6	Target normal cost	6		184920

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE Carol Kocher ceh

Signature of actuary

10/12/2010
Date

CAROL KOCHER
Type or print name of actuary

0803458
Most recent enrollment number

METROPOLITAN LIFE INSURANCE COMPANY
Firm name

6175784382
Telephone number (including area code)

501 BOYLSTON STREET

BOSTON
MA

021163738
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8)	0	0
10	Interest on item 9 using prior year's actual return of 0 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		0
	b Interest on (a) using prior year's effective rate of 0 %		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Reduction in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)	0	0

Part III Funding percentages

14	Funding target attainment percentage	14	96.35 %
15	Adjusted funding target attainment percentage	15	96.35 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	145.66 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
1/29/2010	197650	0			

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

Totals ►	18(b)	197650	18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contribution from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	184936

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.32 %	6.45 %	6.69 %	☐ N/A, full yield curve used

b Applicable month (enter code)	21b	0
22 Weighted average retirement age	22	65

23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment	27	

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	31	184920

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval ( ) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33)	34	184920

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	0	0	0

36 Additional cash requirement (item 34 minus item 35)	36	184920
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	37	184936
38 Interest-adjusted excess contributions for current year (see instructions)	38	16
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	39	0
40 Unpaid minimum required contribution for all years	40	0

UMPCO, INC. EMPLOYEES' PENSION PLAN
Schedule SB, line 19 - Discounted Employer Contributions
Plan Name: UMPCO, INC. EMPLOYEES' PENSION PLAN
Plan EIN: 95-2431216
Plan Number: 001

Date	Amount	Plan Year	Effective Rate of Interest	Discounted Amount
01/29/2010	197650.00	2009	6.37%	184936.00

SCHEDULE SB - PART V; EIN:95-2431216;Plan No. - 001
UMPCO, INC.
EMPLOYEES' PENSION PLAN
VALUATION AS OF 01/01/2009
Summary of Plan Provisions

Plan Effective Date	August 31, 1974
Plan Anniversary Date	January 1, 2009
Participation Eligibility	Minimum age: 21 and Minimum months of service: 12
Plan Entry Date	01/01 or 07/01 coincident with or following the satisfaction of the requirements
Normal Retirement Date	First day of the month coincident with or following age 65 and first day of the month coincident with or following 5 years of participation
Normal Form of Benefit	Single Life Annuity (Qualified Joint and Survivor annuity is the required standard option)
Retirement Benefit Optional Forms	Lump Sum (single payment)
Normal Retirement Benefit	32.6% of compensation Total retirement benefit reduced by 1/27 for each year of accrual service less than 27 Maximum total years of service: 27 Maximum years of past service: 27 IRC415 maximum annual benefit: $195,000 Actuarially adjusted under IRC415(b) for benefit commencement age and benefit form Benefit limited to 100% of compensation
Compensation Definition	Highest consecutive 5 year average salary over all service Annual salary up to $245,000 considered
Pre-Retirement Death Benefit	Lump sum payable on death of participant Qualified pre-retirement survivor annuity is payable to the surviving spouse, unless waived with spousal consent.
Benefit Amount	100% present value of accrued benefit
Vested Retirement Benefit	Vesting Schedule: 20% a year after 2 years (100% after 6 years) Computation Period: Plan Years Based on periods of service rounded to nearest year
Accrued Retirement Benefit	Pro-rated on participation
Early Retirement Benefit	Accrued retirement benefit Eligibility requirements: Minimum years of participation: 10 Minimum age: 55

SCHEDULE SB - PART V; EIN:95-2431216;Plan No. - 001
UMPCO, INC.
EMPLOYEES' PENSION PLAN
VALUATION AS OF 01/01/2009
Summary of Plan Provisions

Benefit Commencement Date	Benefit Adjustment: The benefit is actuarially reduced for each year by which retirement age precedes normal retirement age, or if retirement is after normal retirement, the benefit is the greater of the in-service benefit as of the retirement date and the normal retirement benefit actuarially increased to the retirement date.

SCHEDULE SB - PART V; EIN:95-2431216;Plan No. - 001
UMPCO, INC.
EMPLOYEES' PENSION PLAN
VALUATION AS OF 01/01/2009
Summary of Actuarial Method and Assumptions

Normal Retirement Benefit

Actuarial Cost Method: PPA06 Funding Rules

Funding Yield Curve Segmented Rates

First Segment:	5.32%
Second Segment:	6.45%
Third Segment:	6.69%

PBGC Segmented Rates

First Segment:	6.72%
Second Segment:	7.12%
Third Segment:	6.36%

Pre-Retirement Valuation Assumptions

Mortality Table	2009 430(h)(3)(A)-Optional combined
Salary Increases	4% per year

Retirement Valuation Assumptions

Mortality Table	2009 430(h)(3)(A)-Optional combined

IRC417(e)(3) Interest Assumption

1st Segment Rate:	5.24% Effective annual rate
2nd Segment Rate:	5.69% Effective annual rate
3rd Segment Rate:	5.37% Effective annual rate

IRC417(e)(3) Pre-retirement Mortality

Mortality Table	None

IRC417(e)(3) Retirement Mortality

Mortality Table	2009 417(e)(3) Applicable Mortality Table

Optional Forms Assumption

0% of participants will elect the Plan Normal Form

100% of participants will elect a Lump Sum (single payment)

Retirement Incidence

Participants are assumed to retire on the Normal Retirement Date

SCHEDULE SB - PART V; EIN:95-2431216;Plan No. - 001
UMPCO, INC.
EMPLOYEES' PENSION PLAN
VALUATION AS OF 01/01/2009
Summary of Actuarial Method and Assumptions

Pre-Retirement Actuarial Equivalence Assumptions

Investment Earnings	6% Effective annual rate
Mortality Table	1983 IAM MALE/FEMALE
	6 Year Setback for Males
	6 Year Setback for Females

Retirement Actuarial Equivalence Assumptions

Investment Earnings	6% Effective annual rate
Mortality Table	1994 GAR PROJ 2002

Assumptions for IRC415 Maximum Benefit Actuarial Adjustments

Investment Earnings	5% Effective annual rate
Mortality Table	2009 417(e)(3) Applicable Mortality Table

Retirement Protection Act of 1994 Interest Rate for non-life annuities

Investment Earnings	5% Effective annual rate

UMPCO, INC. EMPLOYEES' PENSION PLAN
Schedule SB, line 26 - Schedule of Active Participant Data
Plan Name: UMPCO, INC. EMPLOYEES' PENSION PLAN
Plan EIN: 95-2431216
Plan Number: 001

	Years of Credited Service																			
	< 1		1 - 4		5 - 9		10 - 14		15 - 19		20 - 24		25 - 29		30 - 34		35 - 39		40+	
Age	#	Avg. Comp.	#	Avg. Comp.	#	Avg. Comp.	#	Avg. Comp.	#	Avg. Comp.	#	Avg. Comp.	#	Avg. Comp.	#	Avg. Comp.	#	Avg. Comp.	#	Avg. Comp.
<25			5																	
25-29			7		2															
30-34			8		2		1													
35-39			10		4		5		1											
40-44			8		6		8		3		2									
45-49			2				2				3									
50-54			6		1		3		2				3							
55-59			3		2															
60-64			3		1		2		1		2						2		1	
65-69									1											
70+																				

Age is attained age as of the valuation date.

# indicates the number of active participants in an age and service category.

UMPCO, INC.
EMPLOYEES' PENSION PLAN

SCHEDULE H, PART IV, ITEM 4i –
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
DECEMBER 31, 2009
EIN: 95-2431216
PLAN NO. 001

	Shares	Current Cost	Current Value
CTHB Portfolios			
American Funds Capital World Growth and Income Fund	7,581	$ 251,151	$ 257,070
American Funds Growth Fund of America Fund	3,309	85,536	89,122
American Funds New World Fund	8,295	378,999	387,801
American Funds Small Cap World Fund	3,403	100,476	105,196
Hartford Cap Appreciation Fund	6,900	200,007	211,697
John Hancock High Yield Fund	190,613	603,341	653,802
John Hancock Technical Opportunities Fund	12,112	125,004	131,177
Pioneer High Yield Fund	101,962	902,353	929,892
		$ 2,646,867	$ 2,765,757

UMPCO, INC.
EMPLOYEES' PENSION PLAN

SCHEDULE H, PART IV, ITEM 4i –
SCHEDULE OF ASSETS ACQUIRED AND DISPOSED OF WITHIN
THE PLAN YEAR ENDED DECEMBER 31, 2009
EMPLOYER I.D. 95-2431216
PLAN NO. 001

(a) (b) & (c) Identity and Description		(d) Cost	(e) Proceeds
Amer Funds Growth America A	Mutual Fund	$ 85,004	$ 85,004
Amer Funds Cap World G&I A	Mutual Fund	$ 250,007	$ 250,007
Amer Funds New World A	Mutual Fund	$ 375,007	$ 375,007
Amer Funds Small Cap World A	Mutual Fund	$ 100,007	$ 100,007

UMPCO, INC.
EMPLOYEES' PENSION PLAN

SCHEDULE H, PART IV, ITEM 4j –
SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2009
EMPLOYER I.D. 95-2431216
PLAN NO. 001

(a) & (b) Description	(c) Purchase price	(d) Selling price	(e) Cost	(f) Current value	(g) Gain(loss)
Amer Funds Cap World G&I A (Mutual Fund)					
Purchase on 11/6/09	$ 33.30093		$ 125,004		
Purchase on 11/9/09	$ 33.31093		$ 125,004		
Sale on 12/15/09		$ 33.31093	$ 124,985	$ 125,004	$ 19
Sale on 12/15/09		$ 33.30093	$ 125,022	$ 125,004	($ 19)
Hartford Cap Appreciation Fd A (Mutual Fund)					
Purchase on 11/6/09	$ 28.91101		$ 100,004		
Purchase on 11/9/09	$ 29.06102		$ 100,004		
John Hancock High Yield Fd A (Mutual Fund)					
Purchase on 11/6/09	$ 3.15004		$ 300,004		
Purchase on 11/9/09	$ 3.18005		$ 300,005		
Purchase on 12/2/09	$ 3.22000		$ 3,333		
SW FDIC Bank Insured Acct. (Money Market)					
Purchase on 11/4/09	$ 1.00000		$ 17,170		
Purchase on 11/7/09	$ 1.00000		$ 81,830		
Purchase on 11/10/09	$ 1.00000		$ 99,000		
Sale on 11/10/09		$ 1.00000	$ 99,000	$ 99,000	$ 0
Purchase on 11/12/09	$ 1.00000		$ 99,000		
Purchase on 11/12/09	$ 1.00000		$ 99,000		
Sale on 11/12/09		$ 1.00000	$ 99,000	$ 99,000	$ 0
Sale on 11/16/09		$ 1.00000	$ 99,000	$ 99,000	$ 0
Purchase on 11/30/09	$ 1.00000		$ 11		
Sale on 12/1/09		$ 1.00000	$ 11	$ 11	$ 0
Purchase on 12/5/09	$ 1.00000		$ 11,301		
Sale on 12/7/09		$ 1.00000	$ 11,301	$ 11,301	$ 0
Purchase on 12/31/09	$ 1.00000		$ 14		
Dreyfus 696 General MMKT B (Money Market)					
Purchase on 11/4/09	$ 1.00000		$ 17,170		
Sale on 11/4/09		$ 1.00000	$ 17,170	$ 17,170	$ 0
Purchase on 11/9/09	$ 1.00000		$2,892,496		

UMPCO, INC.
EMPLOYEES' PENSION PLAN

SCHEDULE H, PART IV, ITEM 4j –
SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2009
EMPLOYER I.D. 95-2431216
PLAN NO. 001
(Continued)

(a) & (b) Description	(c) Purchase price	(d) Selling price	(e) Cost	(f) Current value	(g) Gain(loss)
Dreyfus 696 General MMKT B (Money Market) (Continued)					
Sale on 11/9/09		$ 1.00000	$ 81,830	$ 81,830	$ 0
Sale on 11/10/09		$ 1.00000	$ 99,000	$ 99,000	$ 0
Sale on 11/10/09		$ 1.00000	$ 1,322,839	$ 1,322,839	$ 0
Sale on 11/12/09		$ 1.00000	$ 363,514	$ 363,514	$ 0
Sale on 11/12/09		$ 1.00000	$ 99,000	$ 99,000	$ 0
Sale on 11/14/09		$ 1.00000	$ 99,000	$ 99,000	$ 0
Sale on 11/16/09		$ 1.00000	$ 651,010	$ 651,010	$ 0
Purchase on 11/30/09	$ 1.00000		$ 16		
Purchase on 12/1/09	$ 1.00000		$ 11		
Sale on 12/5/09		$ 1.00000	$ 11,301	$ 11,301	$ 0
Purchase on 12/28/09	$ 1.00000		$ 3,451		
Purchase on 12/28/09	$ 1.00000		$ 12		
Purchase on 12/31/09	$ 1.00000		$ 7		
Amer Funds New World A (Mutual Fund)					
Purchase on 11/6/09	$ 46.14086		$ 187,504		
Purchase on 11/9/09	$ 46.20086		$ 187,504		
Sale on 12/15/09		$ 46.14086	$ 187,625	$ 187,504	($ 122)
Sale on 12/15/09		$ 46.20086	$ 187,382	$ 187,504	$ 122
American Fds New World Fd R3 (Mutual Fund)					
Purchase on 12/15/09	$ 45.71085		$ 187,504		
Purchase on 12/15/09	$ 45.66085		$ 187,504		
Purchase on 12/24/09	$ 45.97984		$ 3,992		
Amer Funds Cap World G&I Fd R3 (Mutual Fund)					
Purchase on 12/15/09	$ 33.13093		$ 125,004		
Purchase on 12/15/09	$ 33.12092		$ 125,004		
Purchase on 12/18/09	$ 33.87962		$ 540		
Purchase on 12/18/09	$ 33.87969		$ 604		

UMPCO, INC.
EMPLOYEES' PENSION PLAN

SCHEDULE H, PART IV, ITEM 4j –
SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2009
EMPLOYER I.D. 95-2431216
PLAN NO. 001
(Continued)

(a) & (b) Description	(c) Purchase price	(d) Selling price	(e) Cost	(f) Current value	(g) Gain(loss)
SEI International Fixed I (Mutual Fund)					
Sale on 3/24/09		$ 9.12000	$ 6,832	$ 6,751	($ 81)
Sale on 6/5/09		$ 9.44000	$ 2,532	$ 2,589	$ 58
Sale on 7/22/09		$ 9.73995	$ 2,652	$ 2,798	$ 147
Sale on 10/6/09		$ 10.25001	$ 17,933	$ 19,915	$ 1,982
Sale on 11/5/09		$ 10.19918	$ 264,627	$ 292,413	$ 27,787
SEI International Equity (Mutual Fund)					
Purchase on 1/6/09	$ 6.55000		$ 24,849		
Sale on 3/24/09		$ 5.66000	$ 9,309	$ 8,101	($ 1,208)
Sale on 6/5/09		$ 6.83000	$ 2,959	$ 3,107	$ 148
Sale on 7/22/09		$ 6.98000	$ 3,129	$ 3,358	$ 229
Sale on 11/5/09		$ 7.81949	$ 298,936	$ 359,403	$ 60,467
SEI Large Cap Growth Fund (Mutual Fund)					
Purchase on 1/6/09	$ 14.45005		$ 527		
Sale on 3/24/09		$ 13.73000	$ 14,363	$ 14,177	($ 186)
Purchase on 3/30/09	$ 13.61995		$ 1,683		
Sale on 6/5/09		$ 15.92997	$ 4,974	$ 5,697	$ 723
Purchase on 7/6/09	$ 15.23002		$ 1,047		
Sale on 7/22/09		$ 16.16998	$ 5,296	$ 6,156	$ 860
Purchase on 10/5/09	$ 17.10988		$ 792		
Sale on 11/5/09		$ 17.62937	$ 518,274	$ 656,574	$ 138,300
Pioneer High Yield Fd A (Mutual Fund)					
Purchase on 11/6/09	$ 8.81007		$ 450,004		
Purchase on 11/9/09	$ 8.89010		$ 450,005		
Purchase on 12/2/09	$ 8.85000		$ 2,344		
SEI Core Fixed Income Fun (Mutual Fund)					
Purchase on 1/2/09	$ 8.98000		$ 4,202		
Sale on 1/6/09		$ 8.98000	$ 83,866	$ 83,866	$ 0
Purchase on 2/2/09	$ 9.04999		$ 3,841		

UMPCO, INC.
EMPLOYEES' PENSION PLAN

SCHEDULE H, PART IV, ITEM 4j –
SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2009
EMPLOYER I.D. 95-2431216
PLAN NO. 001
(Continued)

(a) & (b) Description	(c) Purchase price	(d) Selling price	(e) Cost	(f) Current value	(g) Gain(loss)
SEI Core Fixed Income Fun (Mutual Fund) (Continued)					
Purchase on 3/2/09	$ 8.85999		$ 3,495		
Sale on 3/24/09		$ 8.85000	$ 19,865	$ 19,578	($ 287)
Purchase on 4/1/09	$ 8.92999		$ 3,823		
Sale on 4/7/09		$ 8.88000	$ 18,800	$ 18,592	($ 208)
Purchase on 5/1/09	$ 9.08999		$ 3,686		
Purchase on 6/1/09	$ 9.24999		$ 3,576		
Sale on 6/5/09		$ 9.22001	$ 7,315	$ 7,509	$ 194
Purchase on 7/1/09	$ 9.33999		$ 3,290		
Sale on 7/22/09		$ 9.53000	$ 7,649	$ 8,115	$ 466
Purchase on 8/3/09	$ 9.64999		$ 3,264		
Purchase on 9/1/09	$ 9.80001		$ 3,363		
Purchase on 10/1/09	$ 9.98001		$ 2,900		
Purchase on 11/2/09	$ 10.12001		$ 3,233		
Sale on 11/5/09		$ 10.05972	$ 741,809	$ 829,442	$ 87,632
Purchase on 12/1/09	$ 10.18009		$ 227		
Purchase on 12/2/09	$ 10.18149		$ 6		
Sale on 12/23/09		$ 10.08080	$ 3,107	$ 3,451	$ 344
SEI Large Cap Value Fund (Mutual Fund)					
Purchase on 1/6/09	$ 12.67000		$ 54,093		
Sale on 3/24/09		$ 10.78000	$ 16,318	$ 14,177	($ 2,141)
Purchase on 3/30/09	$ 10.57000		$ 5,674		
Sale on 6/5/09		$ 12.23000	$ 5,245	$ 5,179	($ 66)
Purchase on 7/6/09	$ 11.51999		$ 2,562		
Sale on 7/22/09		$ 12.22000	$ 5,670	$ 5,596	($ 74)
Purchase on 10/5/09	$ 13.31999		$ 2,488		
Sale on 11/5/09		$ 13.53946	$ 533,575	$ 583,316	$ 49,741