Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2042

OMB Nos. 1210-0110

1210-0089

2012

This Form is Open to Public Inspection

	• •	Complete all entries in actions and actions are actions.	cordance with the instru	ictions to the Form 550)0-SF.	
Part I		Identification Information				
For calend	lar plan year 2012 or fis	scal plan year beginning 01/01	/2012	and ending	12/31/2	2012
A This re	turn/report is for:	a single-employer plan		plan (not multiemployer)		a one-participant plan
B This re	turn/report is:	the first return/report	the final return/report	t		
		an amended return/report	a short plan year retu	rn/report (less than 12 m	nonths)	
C Check	box if filing under:	X Form 5558	automatic extension			DFVC program
		special extension (enter desc	ription)			
Part II	Basic Plan Info	rmation—enter all requested in	formation			
1a Name					1b	Three-digit
	. 401(K) PLAN & TRUS	ST .				plan number
						(PN) • 001
					1c	Effective date of plan
30 Disc		dan a dan dan dan dan dan dan dan dan da	(Ol-	02/01/1995
U.M.A.C., IN		dress; include room or suite numb	er (employer, if for a single	e-employer plan)	2 D	Employer Identification Number (EIN) 61-1258457
					20	Sponsor's telephone number
100 SUPPL	V COLIDT				20	502-868-0787
	OWN, KY 40324				2d	Business code (see instructions)
						238210
3a Plan a	dministrator's name ar	nd address XSame as Plan Spon	sor Name Same as Pla	an Sponsor Address	3b	Administrator's EIN
		_				
					3c	Administrator's telephone number
4 If the	name and/or FIN of the	e plan sponsor has changed since	the last return/report filed	for this plan, enter the	4h	EIN
		mber from the last return/report.	the last retain, report med	Tor time plant, eriter the	75	LIIV
a Spons	or's name				4c	PN
5a Total	number of participants	at the beginning of the plan year.			5a	13
b Total	number of participants	at the end of the plan year			5b	13
C Numb	er of participants with	account balances as of the end of	the plan year (defined ber	nefit plans do not		
comp	lete this item)				5c	12
	•	s during the plan year invested in e	•	•		X Yes No
		the annual examination and repo				X Yes □ No
		? (See instructions on waiver eligibete the line 6a or line 6b, the plane				······
		or incomplete filing of this retur				
	· · · · · ·	ner penalties set forth in the instru	•			
	, , ,	nd signed by an enrolled actuary,	•			<i>5,</i> 11 ,
belief, it is	true, correct, and comp	olete.				
SICN	Filed with authorized/	valid electronic signature.	10/15/2013	KATHY KEATON		
SIGN HERE					la a Lada	
	Signature of plan a	dministrator	Date	Enter name of individ	lual sig	ning as plan administrator
SIGN HERE						
	Signature of emplo		Date			ning as employer or plan sponsor
Preparer's	name (including firm n	ame, if applicable) and address; in	nclude room or suite numb	er (optional)	Prep	arer's telephone number (optional)

Form 5500-SF 2012 Page **2**

Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	or.			(b) End	of V	oar		
<u>'</u> а	Total plan assets	7a	295662			(b) End of Year 27902					
	Total plan liabilities	7a 7b	29300	0					21902		
	Net plan assets (subtract line 7b from line 7a)	7c	29566		27902				1		
8		70		12	(b) Total						
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(B)	ıotaı			
	(1) Employers	8a(1)	138	87							
	(2) Participants	8a(2)	388								
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	2991	1							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							3518	3	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	5182	24							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							5182	24	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							-1664	1	
j	Transfers to (from) the plan (see instructions)	8j									
Pa	rt IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	feature co	des from the List of Plan Char	acteris	tic Cod	des in	the instru	ction	s:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteristi	c Code	es in t	ne instruc	tions			
Par	Part V Compliance Questions										
10	During the plan year:				Yes	No		Δm	ount		
a				10a		X		<u> </u>	Juni		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		X					
				10c		X					
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of	er person	s by an insurance carrier,								
	instructions.)			10e		X					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
	Did the plan have any participant loans? (If "Yes," enter amount as	s of vear e	end.)	10g		Х					
h	· · · · · · · · · · · · · · · · · · ·	(See instru	uctions and 29 CFR	10g		X					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.107	ne required	d notice or one of the	10ii							
Par				101							
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form											
11:											
12									No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)										
а	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	ng amortiz	ed in this plan year, see instru		and e	nter th	e date of	the le		ıling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					Juy					
	Enter the minimum required contribution for this plan year	•			-	12b					
	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		***************************************								

	Form 5500-SF 2012 Page 3 - 1			
	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	1 3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of

OMB Nos, 1210-0110

2012

Employee Benefits Security Administration the Internal Revenue Code (the Code). This Form is Open to Public											
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.											
Part I Annual Report Identification Information											
For calendar plan year 2012 or fisc	zai plan year beginning X a single-employer plan	01/01/2012	and ending		12/31/203	2					
A This return/report is for:	(a one-partici	oant plan								
B This return/report is:	the first return/report	the final return/report									
	an amended return/report	a short plan year retur	n/report (less than 12 m	onths)							
C Check box if filing under:		Ţ	DFVC progra	ım							
	special extension (enter descr	iption)		,L							
Part II Basic Plan Infor	mation—enter all requested inf	ormation	**(X** ********************************	····	TO CONTRACT OF THE PROPERTY OF	200 0000000000000000000000000000000	**************************************				
1a Name of plan	***************************************	1b	Three-digit								
UMAC, INC. 401(k)		1	plan number								
				***************************************	(PN) 🌬						
					Effective date o 02/01/199:						
2a Plan sponsor's name and add	ress; include room or suite numbe	er (employer, if for a single-	emplover plan)				7XP				
U.M.A.C., INC.		•	, , ,			number 001 dive date of plan 01/1995 oyer Identification Number 161-1258457 nsor's telephone number 2) 868-0787 ness code (see instructions) 210 nistrator's EIN nistrator's telephone number 13 13 12					
·				***************		**************************************					
100 SUPPLY COURT					(502) 868 -	0787					
						see instructio	ns)				
GEORGETOWN 3a Plan administrator's name and	addrage Venna as Dias Sucre	KY	40324	***************************************	238210		THE RESERVE OF THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED ADDRESS OF THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AN				
Am 1 mill politikude artik 2 Hallis 2010	gannage Mogue as Light obous	or Name Same as Mar	Sponsor Address	30 /	Administrator's I	EIN					
				3c /	Administrator's t	elephone nun	nber				
4 If the name and/or EIN of the	olan sponsor has changed since	the last return/report filed fr	or this plan, enter the	4b							
name, EIN, and the plan num	ber from the last return/report.		The plant cited at	-413	CIM		***********				
a Sponsor's name				4c	PN						
	t the beginning of the plan year			5a	13						
b Total number of participants a	t the end of the plan year	*********************************		5b			1:3				
 C Number of participants with accomplete this item. 	count balances as of the end of t	he plan year (defined bene	fit plans do not								
6a Were all of the plan's assets	furing the plan year investor in a	Enilia manta 2 (Can instance	*******************************	5c	<u> </u>		7				
 Are you claiming a waiver of t 	he annual examination and renor	f of an independent qualific	dinightic accountant (IC)	mas.		X Yes	No				
under 29 CFR 2520.104-467 ((See instructions on waiver eligibl	lity and conditions.)			***************************************	X Yes	No				
if you answered "No" to eith	ier line 6a or line 6b, the plan c	annot use Form 5500-SF	and must instead use	Form 5	5500.	h	i				
Caution: A penalty for the late or	incomplete filing of this return	/report will be assessed	uniess reasonable cau	ise is e	stablished.						
 Under penalties of periury and other 	er penalties set forth in the instruc	fione I declare that Lineup	accoming of this water water		11' 'r 'r	ible, a Schedu	ıle				
SB or Schedule MB completed and belief, it is true, correct, and completed		s well as the electronic ver	sion of this return/report	, and to	the best of my	knowledge an	ıd				
nous I did.	10 La 2	***************************************		·····		**************************************	***************************************				
SIGN HERE		desired a property position of the contract of	HOLLY WARE								
Signature of plan add	ministrator	Date 10-14/3	Enter name of individu	ual sign	ing as plan adn	inistrator					
HERE 10-/4-73 HOLLY WARE											
Signature of employe	er/plan stoosor L	Date	Enter name of individu	ual sign	ing as employer	or plan spon	sor				
Preparer's name (including firm nar	me, if applicable) and address; inc	clude room or suite number	(optional)	Prepa	rer's telephone	number (optio	nal)				
				************		***************************************					
			and the same of th								
Cont Department Production 4 . Cht. 12											

98	ारी III Financial Information				************************	****************************	- construction of the second	***************************************	
7	Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year			
a	Total plan assets	7a	A CONTRACTOR OF THE PROPERTY O	295,662					
<u>b</u>	Total plan liabilities	7b		(····	***************************************	
C	Net plan assets (subtract line 7b from line 7a)	7c	29	35,662	2	***************************************	2	79,021	
8	Income, Expenses, and Transfers for this Plan Year	.f6+: "	(a) Amount	1	(b) Total				
a	Contributions received or receivable from: (1) Employers	8a(1)		1,387	7	1.		***************************************	
	(2) Participants	8a(2)		3,885	-		· · · · · · · · · · · · · · · · · · ·		
	(3) Others (including rollovers)	8a(3)		***************************************	-		***************************************	*****	
b	Other income (loss)	8b	2	9,911		************	***************************************	****	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		NY SEMBERANA MANAGANA		***************************************	*****	35,183	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8:1	**************************************	1,824	1	***************************************	Without the Asset Constitution of		
e	Certain dearned and/or corrective distributions (see instructions)	8e		***************************************		***************************************		****************	
f	Administrative service providers (salaries, fees, commissions)	8f		THE STREET STREET	-	*************************	William our manufacture of the same of the	-	
g	Other expenses	8g		**********************		**************************************	· · · · · · · · · · · · · · · · · · ·		
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	**************************************		 	***************************************	***************************************	51,824	
i	Net income (loss) (subtract line 8h from line 8c)	Bi	**************************************		1	CONTRACTOR	Marian Carlotte Commence Comme	5,641)	
J	Transfers to (from) the plan (see instructions)	8)	***************************************	and an interesting	 	······································	121	27047)	
Pai	t IV Plan Characteristics			TOWN MEN'S STREET, THE STREET,	<u> </u>	MATERIAL POR CONTRACTOR CONTRACTO	***************************************	enemental de la companya de la comp	
9a b	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare fe								
,	Provide the control of the appacable wellars to	sature CDQ	es from the List of Plan Chars	cteristic	Codes in	the instruct	ions:		
Par	V Compliance Questions	The second second second		***************************************		***************************************	adamenta necessor de consecuencia de consecuen	WAYNE CHESA HAVE SHAWNERS	
10	During the plan year:	**************************************		Т,	res No	7	A	*****************	
а	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ions withir	the time period described in	10a	X	<u> </u>	Amount	NAMES AND ASSESSED OF THE OWNER,	
b	Were there any nonexempt transactions with any party-in-interest/ on line 10a.)	2 (Do not li	noted a transportions recent	10b	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		***************************************	and the second s	
C	Was the plan covered by a fidelity bond?					 	V27750 22 LE LA TANGE CONTRACTOR	***********	
d		Sdolfer how	of the sale of the	10c	X		······································	CONTRACTOR OF THE PERSON NAMED IN	
0	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all o instructions.)	er persons	by an insurance carrier,	10d			eresten en e	**************************************	
f	Has the plan failed to provide any benefit when due under the plan	?	**************************************	10e			Participated the second of the	*************	
g	Did the plan have any participant loans? (If "Yes," enter amount as		Control of the contro	10f	- X		-	***************************************	
h	If this is an individual account plan, was there a blackout period? (5	an instru	Non and OO OED	10g	X_			**************	
į	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the	a manufacility		10h	_ X		(CLICATE AND	······································	
Part	exceptions to providing the notice applied under 29 CFR 2520.101	-3		10i					
11	is this a defined benefit plan subject to minimum funding requirement	nts? (If "Y	es," see instructions and com	plete Sc	hedule Si	3 (Form	***************************************	Delicate (expression and	
11a	5500) and line 11a below)				-	·····	Yes	X No	
12	is this a defined contribution plan subject to the minimum funding r	An iromor	its of earlier 440 Les		11a			KT	
	Lii 109, William Ine 129 Of Bles 120, 120, 12d, and 12e Kalen, .	an amaicant	ulu }			<u> </u>		X No	
a 	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	amortize:	in this plan year, see instruc	tions, ar	nd enter th Day			ing	
	35 completed lines 3, 9, and 10 of Schedule	MB (Form	1.5500) and skin to line 42		www	***************************************	Year	The California September of Course	
D	Enter the minimum required contribution for this plan year	,			12b	****	SECONDARY CONTRACTOR ASSOCIATION	Message to be properties.	

	Form 5500-SF 2012	The state of the s	Page 3 -	ATEMPANA MANAGEMENT OF THE PROPERTY OF THE PRO			
	Enter the amount contributed by the employer to the pla	us for this micro rear			12c	T*************************************	
d	Subtract the amount in line 12c from the amount in line negative amount).	12b. Enter the result (e	inter a minus sign to the	left of a	12d		
e	Will the minimum funding amount reported on line 12d b					Yes	□ No □ N/A
Part			Committee of the Commit	**************************************			
13a	Has a resolution to terminate the plan been adopted in any p	plan year?			Πy	es X	lo
	If "Yes," enter the amount of any plan assets that reverte						
b	Were all the plan assets distributed to participants or be of the PBGC?	neficiaries, transferred	io anniher plan, or brou	ohi under the	cantrol		∏ Yes ☒ No
С	If during this plan year, any assets or liabilities were tran which assets or liabilities were transferred. (See instruct	nsferred from this plan	to another plan(s), ident	fy the plan(s)	to		
1	3c(1) Name of plan(s);			1	3c(2) El	N(s)	13c(3) PN(s)
Part	Mili Trust Information (optional)	And the state of t					
	Name of trust				14b Tr	ust's EIN	And the second of the second o
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			