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).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	➤ Complete all entries in acco	ordance with the instruc	tions to the Form 5500	0-SF.	""	peotion
Part I	Annual Report lo	dentification Information					
For calend	ar plan year 2013 or fisc	cal plan year beginning 01/01/20)13	and ending 1	2/31/2	2013	
	turn/report is for:	a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-partici	pant plan
B This ret	turn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year returr	n/report (less than 12 mo	onths)		
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	am
		special extension (enter descript	•				
Part II	Basic Plan Infor	mation—enter all requested inforr	mation				1
1a Name	•				1b	Three-digit	
UMAC, INC.	401(K) PLAN & TRUST					plan number (PN) ▶	001
					10	Effective date of	
					10	02/01	•
2a Plan s	ponsor's name and addr	2b	Employer Identi				
						Sponsor's telep	
100 SUPPLY GEORGETO	DWN, KY 40324				2d	Business code	(see instructions)
3a Plan a	dministrator's name and	d address XSame as Plan Sponsor	Name Same as Plan	Sponsor Address	3b	Administrator's	
					3с	Administrator's	telephone number
name		plan sponsor has changed since the ber from the last return/report.	e last return/report filed fo	or this plan, enter the	4b 4c		
		at the beginning of the plan year			5a		12
_		at the end of the plan year			5b		12
C Numb	er of participants with a	ccount balances as of the end of the	e plan year (defined bene	fit plans do not	5c		12
	•	during the plan year invested in eligi					X Yes No
b Are you under	ou claiming a waiver of t 29 CFR 2520.104-46?	the annual examination and report o (See instructions on waiver eligibility her line 6a or line 6b, the plan can	of an independent qualifie y and conditions.)	d public accountant (IQI	PA)		X Yes No
•		plan, is it covered under the PBGC					Not determined
Caution: A	A penalty for the late or	r incomplete filing of this return/re	eport will be assessed (unless reasonable cau	ıse is	established.	
SB or Sche		er penalties set forth in the instruction is signed by an enrolled actuary, as wete.					
SIGN	Filed with authorized/va	alid electronic signature.					
HERE	Signature of plan ad	ministrator	Date	Enter name of individu	ual signing as plan administrator		
SIGN HERE							
	Signature of employe		Date	Enter name of individu			
Preparers	name (including firm na	me, if applicable) and address; inclu	Jae room or suite numbel	r (optional)	Prep	arer's telepnone	number (optional)

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7 Plan Assets and Liabilities	Pa	rt III Financial Information									
a Total plan assets	7			(a) Beginning of Yea	ar			(b) Fr	nd of Y	ear	
b Total plan liabilities			7a					(2) =:)
C Net plan assets (subtract line 7b from line 7a)		·									
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or received befrom: (1) Employers 8a(1) (2) Participants. 8a(2) (3) Others (including follovers). 8b		·	27902	21					326410)	
a Contributions received or receivable from: (i) Employers			(a) Amount				(b	Total			
(2) Participants				(a) ranount					, rota		
(3) Others (including rollovers)		(1) Employers	8a(1)								
b Other income (loss)		(2) Participants	8a(2)								
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	8a(3)								
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	b	Other income (loss)	8b	4738	9						
e Certain deemed and/or corrective distributions (see instructions)	C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							47389)
f Administrative service providers (salaries, fees, commissions)	d	, , ,	8d								
g Other expenses	<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e								
h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 0 i Net income (loss) (subtract line 8h from line 8c) 8i 47389 j Transfers to (from) the plan (see instructions) 8j Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 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? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X c Was the plan covered by a fidelity bond? 10c X d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) 10e X	f	Administrative service providers (salaries, fees, commissions)	8f								
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g								
Part IV Plan Characteristics	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h)
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							4738	3
If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V	j	Transfers to (from) the plan (see instructions)	8j								
Part V Compliance Questions	Pai	rt IV Plan Characteristics									
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	9a		feature co	des from the List of Plan Char	acteris	stic Co	des in	the insti	uction	S:	
10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	he instru	ctions		
10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	Par	t V Compliance Questions									
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		•				Yes	No		Am	ount	-
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	а	Was there a failure to transmit to the plan any participant contribut			10a		X				
C Was the plan covered by a fidelity bond?	b	Were there any nonexempt transactions with any party-in-interest	? (Do not i	include transactions reported			X				
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?							X				
or dishonesty?					100						
insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan? 106 X		or dishonesty?			10d		X				
instructions.) 10e f Has the plan failed to provide any benefit when due under the plan? 10f T District the Country of t	е		•								
1 That the plant laned to provide any benefit when due under the plant.				. `	10e		X				
7 Pill I I I I I I I I I I I I I I I I I I	f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10a		X				
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	h	·	J		X						
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	i	If 10h was answered "Yes," check the box if you either provided the	ne required	d notice or one of the							
Part VI Pension Funding Compliance	Part		-								
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form		Is this a defined benefit plan subject to minimum funding requirem							T	7 Yes	X No
	110	,								, 03	
									Г	7 Vaa	X No
	12				e or se	ction	3U2 Of	ERISA?	<u> </u>	res	^ INO
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling	a	If a waiver of the minimum funding standard for a prior year is beir	ng amortize	ed in this plan year, see instru		, and e	_	ne date d			ling
granting the waiver							⊔ay		_ Ye	ar	
b Enter the minimum required contribution for this plan year		• • • • • • • • • • • • • • • • • • • •	•				12b				

Page	3 -		1
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С	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?	Y	es 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 coof the PBGC?	ontrol 		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) to which assets or liabilities were transferred. (See instructions.))			
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)	
Part	VIII Trust Information (optional)				
14a	Name of trust	14b Trust's EIN			

Form 5500-SF

Department of the Treasury. Internal Reported Service

Employee Benefits Security Aproprietation Pension Baneit Currents Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be fired under sections 104 and 4066 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 5057(b) and 5058(a) of the Internal Revenue Code (the Code)

2013

OMB Nos. 1210-0110

1210-0069

This Form is Open to Public Inspection

Persier Banell Guerary Corpora	Complete all entries in a	coordance with the instructi	ons to the Form 550	0-SF.	
	ort Identification Information				
For calendar plan year 2013 o		01/01/2013	and ending	12/31/201	3
A This return/report is for:	X e single employer plan	a multiple-employer plan	(not multiemployer)	a one partici	pent plan
B This return/report is:	the first recurn/report	the final refurn/report			
	an amended return/reput	a short plan year returnin	each (css than 12 m	cetts)	
C Check box if fring under:	🕅 Form 5556	automatic extansion		☐ DFVC progra	am.
AND ADDRESS CONTRACT PROCESSOR	specia extension (enter dasc	recent			
Part II Basic Plan In	nformation—anter all requested in				
1a Name of plan	Treatment with a requested in	IOT IESOT		1b Three-digit	1110-1-1-1
UMAC, ING, 401(k) HEAN & TRUST			plan number	
200020-0000	.,			(PN) >	991
				1c Effective date of	
0				02/01/199	
U.M.A.C., INC.	Jaddress; include raper or suite numb	er (employer, if for a single en	rployer plan)	2b Employer Identi	
				(EIN) 61-125	CONTRACTOR
				2c Sponsor's telep (502) 868-	hore number
100 SUPPLY COUR	T.			2d Business code (To Charles of the State of the
CEGRGETOWN		KY 4	0324	235210	ned insuracional)
3a Plan administrator's nome	and address Seme as Plan Spon		The Contract of the Contract o	3b Administrators	EIN
	-	No.		ES ILE VIIVIE IN	386
				3c Acministrators	olaphane number
	The plan sponsor has changed since number from the last return/report.	the last returning port filed for ti	hid plan, enter the	4b EN 4c PN	
The state of the s	nls at the beginning of the plan year.			Control of the Contro	
	his at the end of the plan year			200	5
				5b	
complete this tem)	illh account balances as of the end of	the bian heat forcuse penaltri	pars do no:	5c	
	sets during the plan year invested in a		ns i		Yes No
b Are you defining a waive under 29 CFR 2520 104- If you answered "No" to	r of the armual examination and mod- 46? (See instructions on waiver digh a either line 6a or line 6b, the plan of nefit plan, is it covered under the PBC	t of an independent qualified ; day and conditions.) cannot use Form 5500-SF an	outlic accuentant (IQ d must instead use	PA) Form 5500.	Yes No
Caution: A penalty for the la	te or incomplete filing of this return	vreport will be assessed uni	ess reasonable cau	se is established.	
Under penalties of perjury and	other penalties set forth in the instruc-	cons one are that I have exa	amined this return/res	ort, including, if applica	elutedas a joid
SB or Schedule MB completes sellef, it is true, correct, and or	d and signed by an enrolled actuary, a	is well as the electronic version	r of this return/report	, and to the best of my	knowledge and
2/	-7				
SIGN SAM	206600	(6)	ERAW WE		
HERE Signature of plan	n administrator	Date 10-11-11	clar name of incivio	ual signing as plan adm	unistrator
SIGN Man	-012		EN MARE		Trade Control
HERE 69	alaurentea anance	100000000000000000000000000000000000000		1,000 to 200	
	ployer/plan sponsor n name, il applicable) and acdress; in			al signing as employe. Preparer's telephone	
The second service formation and	in a ne, n exprices e a le scoless, il	AND THE PARTY OF SOME SERVICES [0]	Anteriori	r reparer a rejebitorie	numuer (children)
			[TOTAL STREET
				A CONTRACTOR OF THE PARTY OF TH	

Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Ye				(b) End of	
а	Total plan assets	7a	27	9,02	7		IND DESIGNATIONS	326,4
1111	Total plan liabilities	7ъ						
C	Not plan assets (subtract line 7b from line 7s)	7c	27	3,02				329,4
8	Income, Expenses, and Transfers for this Plan Year	2	(a) Amount				(b) Tot	al
a	Contributions received or receivable from: (1) Emaloyers	8e(1)						
	(2) Participants	8a(2)					100	William Town
	(3) Others (including rollovers)	8a(3)					I to the dis-	- Control B
b	Other income (loss)	8b	.4	7,38	9		make the same	A Area
C	Total income (add lines Ba(1), Ba(2), Ba(3), and Bb)	8c	and the second					47,31
d	Benefits peid (including direct rollovers and insurance premiums to provide benefits).	8d					- 2	Market A.
0	Certain deemed and/or corrective distributions (see instructions)	Se .						
1	Administrative service providers (salaries, focs, commissions)	M.			tin?	فاعطيف	and the same	
g	Other expenses	8g					1000	
h	Total expenses (add lines 8d. 8e, 8t, and 8g)	8h	The second of the last					
4	Natincome (joss) (subtract line 8h from line 8c)	8i						47,38
1	Transfers to (from) the plan (see instructions)	81						
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 for the plan provides welfare benefits.							-20
Par				_		- I		
10 a	During the pran year:	to the first of			Yes	No	A,	mount
	Was there a failure to transmit to the pian any participant contribu- 28 CFR 2510.3-102? (See instructions and DOL a Voluntary Figu	cary Coned	ion Program)	10a		×		
b	Were there any nonexempt transactions with any party-in-interest on line 10s.).	? (Do not ind	ude transactions reported	10b		×		
C	Was the plan covered by a fidelity pend?			10c		X		
d				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 o instructions.)	if the benefits		10e		×		
f	Has the plan falled to provide any benefit when due under the plan?					X		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year end)	10g		X		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					х	- inte	
i	If 10h was answered "Yes," check the box if you either provided the required notice or non-of the acceptions to providing the notice applied under 29 CFR 2520.101-3						009	4
art	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirems 5500) and line 11a below).		"sae instructions and com	plete 5	Sched	ule SB (Fami	Yes X N
11a	Enter the unpaid minimum required contribution for current year for	om Schedule	58 (Farm 5500) line 39			118		
12	Is this a defined contribution plan subject to the minimum funding						RISA?	Yes X N
	(If "Yes," complete line 12a or lines 125, 12c, 12c, and 12c below							
- 555	If a waver of the minimum funding standard for a prior year is being granting the waiver.	g arrotized i	n this plan year, see instruc		end e	nter the Day		letter ruling ear
16	you completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (Form 5	5500), and akip to line 13.					
			CONTRACTOR		_			

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Form 5500-SF 2013 130118

-							
c	Enter the amount contributed by the employer to the plan for this plan year.	12c					
d	Subtract the arrount in line 12d from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d					
0	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	= 3/16/	ERI	-	C.C.		
13a	Has a resolution to terminate the plan been adopted in any plan year?	Y	өз Х М	0			
- 10	If "Yes," order the amount of any plan assets that reverted to the employer this year	13a					
ь	Word all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the pf like PBGC?	e control Yes 🗵 Yes					
С	If during this plan year, any assets or liabilities were transferred from this plan to enother plan(s), identify the plan(s) which assets or liabilities were transferred, (See instructions.)	ta		4.05			
13c(1) Name of plan(s): 13c				13c(3) PN(s)	l LN(e)		
-							
Part	VIII Trust Information (optional)						
148 Name of trust				14b Trust's EIN			