For	m 5500-SF	Short Form Annual Return/Report of Small Emplo Benefit Plan				OMB Nos. 1210-0110 1210-0089				
	rtment of the Treasury nal Revenue Service	This form is required to be filed under sections 104 and 4065 of the Employee Re				2014				
	epartment of Labor enefits Security Administration	Income Security Act of 1974 (EF	Internal	This Form is Open to						
Pension Be	enefit Guaranty Corporation	uctions to the Form 55	00-SF.	Public Inspection						
Part I		lentification Information			0.1/0.0.1.1					
For calend	ar plan year 2014 or fisc		1		31/2014					
	urn/report is for: urn/report is	a single-employer plan a one-participant plan the first return/report an amended return/report	of participating emplo a foreign plan the final return/report	lan (not multiemployer) ( yer information in accord n/report (less than 12 mo	lance with t	king this box must attach a list he form instructions)				
C Check	box if filing under:	Form 5558								
Part II	Basic Plan Inform	nation—enter all requested inform	ation							
1a Name					(PN)	number				
2a Plan s U.M.A.C., IN		ess; include room or suite number (e	employer, if for a single-	employer plan)		Employer Identification Number (EIN) 61-1258457				
100 SUPPLY						Sponsor's telephone number 502-868-0787				
	WN, KY 40324				2d Business code (see instructions) 238210					
<b>3a</b> Plan administrator's name and address $ imes$ Same as Plan Sponsor.						<b>3b</b> Administrator's EIN				
4 If the r	name and/or EIN of the p	lan sponsor has changed since the	last return/report filed fo	or this plan, enter the	<b>3C</b> Adm <b>4b</b> EIN	inistrator's telephone number				
name		per from the last return/report.	·		<b>4c</b> PN					
5a Total	number of participants at	the beginning of the plan year			5a	12				
<b>b</b> Total	number of participants at	the end of the plan year			5b	12				
		count balances as of the end of the			5c	12				
		cipants at the beginning of the plan			5d(1)	3				
		cipants at the end of the plan year			5d(2)	0				
e Numbe less th	er of participants that tern an 100% vested	ninated employment during the plan	year with accrued bene	efits that were	5e					
Under pena SB or Sche	alties of perjury and othe edule MB completed and true, correct, and comple		ns, I declare that I have	examined this return/rep	ort, includi	ng, if applicable, a Schedule				
SIGN HERE	Filed with authorized/va	_								
	Signature of plan adr	ninistrator	Date	Enter name of individual signing as plan administration						
SIGN HERE		· .								
Signature of employer/plan sponsor         Date         Enter name of individ           Preparer's name (including firm name, if applicable) and address (include room or suite number ) (optional)         (optional)						as employer or plan sponsor s telephone number (optional)				
		and OMP Control Numbers, see the inc				Form 5500 SE (2014)				

	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Image: Second Sec									
С	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?									
Par	t III Financial Information									
7	Plan Assets and Liabilities (a) Beginning of Ye			ır			(b) End of Year			
а	Total plan assets	7a	7a 3264				334451			
b	Total plan liabilities	7b								
C	Net plan assets (subtract line 7b from line 7a) 7c 3264						334451			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total			
	Contributions received or receivable from:									
	(1) Employers	8a(1)			_					
	(2) Participants	8a(2)			_					
	(3) Others (including rollovers)	8a(3)	00	)41	_					
	Other income (loss)	8b	00	/41	_		00.44			
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_		8041			
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
	Certain deemed and/or corrective distributions (see instructions)	8e								
	Administrative service providers (salaries, fees, commissions)	8f								
	Other expenses	8g								
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								
	Net income (loss) (subtract line 8h from line 8c)	8i				8041				
	Transfers to (from) the plan (see instructions)									
		8j								
	<b>9a</b> 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									
Part										
10					Yes	No	Amount			
<u>10</u> a	During the plan year: Was there a failure to transmit to the plan any participant contribu	tions with	n the time period described in		res	NO	Amount			
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Cor	rection Program)	10a		Х				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		x				
C	Was the plan covered by a fidelity bond?			10c		Х				
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		x				
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ber	efits under the plan? (See	10e		x				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х				
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					Х				
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			10h		х				
i				10i						
Part					1					
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									
11a	11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a									
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	or se	ection (	302 of	ERISA? Yes X No			
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applic	able.)							

Page 3 - 1

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
<b>b</b> Enter the minimum required contribution for this plan year		12b					
<b>C</b> Enter the amount contributed by the employer to the plan for this plan year		12c					
<b>d</b> Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left onegative amount)	of a	12d					
e 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?		· 🗆 ۲	Yes X No				
If "Yes," enter the amount of any plan assets that reverted to the employer this year		. 13a					
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?	inder the	control		Yes 🗙 No			
C 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.)							
13c(1) Name of plan(s):	1	3c(2) El	IN(s)	<b>13c(3)</b> PN(s)			
Part VIII Trust Information (optional)							
14a Name of trust		<b>14b</b> ⊺⊧	rust's EIN				

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	Form 5500-SF 2014		Page <b>2</b>							
	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.							2		ы п
С	If the plan is a defined benefit plan, is it covered under the PBGC ir				_		- r	] No	t detei	mined
Pa	rt III Financial Information							_		
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End	l of Y	'ear	
а	Total plan assets	7a	32641	0					33445	1
b	Total plan liabilities	7b								
C	Net plan assets (subtract line 7b from line 7a)	7c	32641	0					33445	1
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		10.55.40.0		(b)	Tota		romana anti con espera l'acce
a	Contributions received or receivable from: (1) Employers	8a(1)								
,	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	804	1 					and the second	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							804	1 
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
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								
i	Net income (loss) (subtract line 8h from line 8c)								804	1
j	Transfers to (from) the plan (see instructions)									
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	acteri	stic Co	des in	the instru	ction	s:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	ies from the List of Plan Chara	cteris	ic Cod	es in t	he instruc	tions	:	
Par	tV Compliance Questions									
10	During the plan year:				Yes	No		Am	ount	
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		х				
k	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		x				
	Was the plan covered by a fidelity bond?			10c		х				
	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud	100		х				
e	Were any fees or commissions paid to any brokers, agents, or off insurance service, or other organization that provides some or all	or dishonesty?				x				
f	Has the plan failed to provide any benefit when due under the pla	instructions.)				х				
	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X				
ł	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	uctions and 29 CFR	10h		х				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520,10			10i						
Par	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								] Yes	X No

11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 ...... 11a

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?.. Yes No (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)

Form 5500-SF 2014

Page **3 - 1** 

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			_		
b Enter the minimum required contribution for this plan year		12b			
c 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)	l	12d			
e Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No 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	lo	
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 und of the PBGC?				Tes	s 🗙 No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the p which assets or liabilities were transferred. (See instructions.)					
13c(1) Name of plan(s):	1:	3c(2) E	IN(s)	13c(3	8) PN(s)
Part VIII Trust Information (optional)					
14a Name of trust		14b T	rust's EIN		