For	m 5500-SF	Short Form Annu	al Return/Repo Benefit Pla	•	oyee		OMB Nos. 1210-0110 1210-0089
	tment of the Treasury nal Revenue Service	This form is required to be file			etirement		2015
Employee Be	partment of Labor enefits Security Administration	Income Security Act of 1974		6057(b) and 6058(a) of the		ement Image: Constraint of the second s	orm is Open to
	nefit Guaranty Corporation	Complete all entries in a		nstructions to the Form 5	500-SF.		
Part I For calenda	Annual Report IC ar plan year 2015 or fisca	lentification Information al plan year beginning 01/01/2		and ending 1	2/31/2015		
_	urn/report is for:	a single-employer plan	a multiple-employ	er plan (not multiemployer) employer information in ac	(Filers check	-	
B This retu	ırn/report is	the first return/report an amended return/report	the final return/rep	ort eturn/report (less than 12 m	ionths)		
C Check b	box if filing under:	Form 5558 special extension (enter desci	automatic extensio	on	_ D	FVC progr	am
Part II	Basic Plan Inforr	nation—enter all requested int					
1a Name OUMAC, INC.					plan n (PN)	umber ▶	001 plan
		r, if for a single-employer plan) apt., suite no. and street, or P.C). Box)			yer Identifi	cation Number
	town, state or province,	country, and ZIP or foreign post		nstructions)	. ,	sor's teleph	one number
100 SUPPLY	COURT				2d Busine	ess code (s	ee instructions)
	WN, KY 40324					2382	10
3a Plan ad	dministrator's name and	address XSame as Plan Spons	sor.		3b Admin	istrator's E	IN
					JC Admin		
name,	EIN, and the plan numb	lan sponsor has changed since er from the last return/report.	the last return/report file	ed for this plan, enter the	4b EIN		
a Sponso		the beginning of the plan year			1		12
-		the beginning of the plan year the end of the plan year			C1		11
C Numbe	er of participants with ac	count balances as of the end of	the plan year (defined b	enefit plans do not			11
	,	cipants at the beginning of the pl			5d(1)		0
		cipants at the end of the plan year rminated employment during the			5d(2)		0
than 1	00% vested	incomplete filing of this return	•			ished	0
Under pena SB or Sche	alties of perjury and othe	r penalties set forth in the instruction signed by an enrolled actuary, a	ctions, I declare that I have a second se	ave examined this return/re	port, includin	g, if applica	
SIGN	Filed with authorized/va	lid electronic signature.	09/27/2016	KEN WARE			
HERE	Signature of plan adr	ninistrator	Date	Enter name of individ	lual signing a	s plan adm	inistrator
SIGN HERE	Signature of employe	er/nlan sponsor	Date	Enter name of individ	lual signing a	s employe	or plan sponsor
Preparer's i		ne, if applicable) and address (ir					· · · · · · · · · · · · · · · · · · ·
For Paperwo	ork Reduction Act Notice	and OMB Control Numbers, see th	e instructions for Form 5	500-SF.			Form 5500-SF (2015)

	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a		· /					X Yes No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	and condit	ions.)		·····	,		X Yes No
-	If you answered "No" to either line 6a or line 6b, the plan cann							
	If the plan is a defined benefit plan, is it covered under the PBGC in	isurance p	orogram (see ERISA se	ection 4	021)?		Yes	No Not determined
Pa						-		
7	Plan Assets and Liabilities		(a) Beginning			_		(b) End of Year
	Total plan assets	7a		334	451	_		317768
	Total plan liabilities	7b				_		
_	Net plan assets (subtract line 7b from line 7a)	7c		334	451	_		317768
	Income, Expenses, and Transfers for this Plan Year		(a) Amou	Int		_		(b) Total
	Contributions received or receivable from: (1) Employers	8a(1)						
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b		-16	341			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-16341
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			342			
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						342
i	Net income (loss) (subtract line 8h from line 8c)	8i						-16683
j	Transfers to (from) the plan (see instructions)	8j						
Par	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	feature co	odes from the List of Pla	an Cha	racteris	stic Co	odes in	the instructions:
В	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	les from the List of Pla	n Chara	acterist	ic Coo	les in th	ne instructions:
Part	V Compliance Questions							
10	During the plan year:				Yes	No	N/A	Amount
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		Х		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х		
С	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 by fraud or dishonesty?			10d		х		
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.).	ner person ne or all of	s by an insurance the benefits under	10e		Х		
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10q		Х		
h		(See instru	uctions and 29 CFR	10g		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	he require	d notice or one of the	10i				
j	Did the plan trust incur unrelated business taxable income?			10j				
Part	VI Pension Funding Compliance			,				
11	Is this a defined benefit plan subject to minimum funding requirem	ents? (If "	Yes," see instructions a	and cor	nplete	Scheo	lule SB	(Form

	5500) and line 11a below)	iule SB	(Form		Yes	X No
11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40	11a				
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 3	302 of E	RISA?	Π	Yes	X No

Form 5500-SF 2015

Page 3 - 1

 (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 in granting the waiver. 		enter the Day	e date of th	he letter ru Year	ling
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_			
b Enter the minimum required contribution for this plan year		12b			
		12c			
 C Enter the amount contributed by the employer to the plan for this plan year d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the 					
negative amount)		12d			1
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?			X Yes	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 brou of the PBGC?		ontrol		Yes 🗙	No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident which assets or liabilities were transferred. (See instructions.)	fy the plan(s) to	1			
13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)
Part VIII Trust Information					
14a Name of trust		14b ⊺	rust's EIN	l	
14c Name of trustee or custodian			Trustee's telephone	or custodi number	an's
Part IX IRS Compliance Questions		I			
15a Is the plan a 401(k) plan?		Ye:	S	No	
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals ar matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	esign- ised safe irbor ethod	ADI tes	
15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "or testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.2(a)(2)(ii))?		Ye	S	No	
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):		atio rcentage st		erage nefit test
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con this plan with any other plans under the permissive aggregation rules?	0	Ye:	S	No	
17a Has the plan been timely amended for all required tax law changes?		Ye	s	No	N/A
17b Date the last plan amendment/restatement for the required tax law changes was adopted//for tax law changes and codes).	Enter the ap	plicable	code	(See ins	structions
17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pl advisory letter, enter the date of that favorable letter/ and the letter's serial protocols and the letter's series and protocols		ct to a fa	vorable IF	RS opinion	or
17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, e determination letter/	nter the date of	the plar	n's last fav	vorable	
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No	
19 Were in-service distributions made during the plan year?		Ye:	s	No	
If "Yes," enter amount		19			
20 Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w retired), as required under section 401(a)(9)?		Ye	S	No	N/A

		·····			
Form 5500-SF	Short Form Annu	ual Return/Report Benefit Plan	of Small Emplo	yee	OMB Nos. 1210-0110 1210-0089
Internal Revenue Service	This form is required to be file Income Security Act of 1974	ed under sections 104 and 4 4 (FRISA) and sections 605	065 of the Employee Ret 7(b) and 6058(a) of the li	tirement	2015
Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Revenue Code (the Code).		This Form is Open to Public Inspection
Let the second		accordance with the instr	uctions to the Form 550	00-SF.	• .
Part I Annual Report	t Identification Information	1	and anding 10/01	10045	
1 of calendar plan year 2010 of 1	X a single-employer plan		and ending 12/31		king this box must attach a
A This return/report is for:		list of participating em	ployer information in acc	ordance wi	ith the form instructions)
	a one-participant plan	a foreign plan			,
B This return/report is	the first return/report	the final return/report			
	an amended return/report	a short plan year returr	n/report (less than 12 mor	nths)	
C Check box if filing under:	X Form 5558	automatic extension		Пг)FVC program
	special extension (enter desc				
Part II Basic Plan Info	ormation—enter all requested ir				
1a Name of plan	enter an requested in	Iomation		1b Three	e-digit
UMAC, INC. 401(K) PLAN & TRU	JST				number
				1c Effect	tive date of plan
	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.0) Box)		2b Emplo	oyer Identification Number
	ce, country, and ZIP or foreign pos		uctions)	·····	61-1258457 'sor's telephone number
				0.1 -	(502) 868-0787
100 SUPPLY COURT				20 Busin 23821	ess code (see instructions) IO
GEORGETOWN, KY 40324		,			
	nd address XSame as Plan Spon	sor.		3b Admir	nistrator's EIN
				3c Admir	nistrator's telephone number
1					
4 If the name and/or FIN of th	e plan sponsor has changed since	the last return/report filed fo	or this plan enter the	4b EIN	
	imber from the last return/report.	the last retaining port modified			
a Sponsor's name	· · · · · · · · · · · · · · · · · · ·			4c PN	
5a Total number of participants	s at the beginning of the plan year.			5a	12
	s at the end of the plan year			5b	11
	account balances as of the end of			5c	11
d(1) Total number of active pa	articipants at the beginning of the p	lan year		5d(1)	0
	articipants at the end of the plan ye			5d(2)	0
	t terminated employment during the			5e	0
Caution: A penalty for the late	or incomplete filing of this retur	n/report will be assessed	uniess reasonable caus	e is estab	lished.
Under penalties of perjury and o SB or Schedule MB completed a belief, it is true, correct, and com	ther penalties set forth in the instru and signed by an enrolled actuary, pulse	ictions, I declare that I have as well as the electronic vers	examined this return/repo sion of this return/report,	ort, includin and to the	ng, if applicable, a Schedule best of my knowledge and
SIGN	DI.	9-27-11	Ken Ware		
HERE		Date	Enter name of individua		as plan administrator
Signature of plan	aunimotiatui	Date			
SIGN HERE		Data	Entor name of individua	al signing a	as employer or plan sponsor
Signature of empl	oyer/plan sponsor name, if applicable) and address (i	Date nclude room or suite numbe			telephone number
			F		······
	ice and OMB Control Numbers, see th	he instructions for Form 5500-	SF.		Form 5500-SF (2015)

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62	Were all of the plan's assots during the plan year invested in aligib		2/Soc instructions)					
	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of	an indepe	ndent qualified public a	account	ant (IC	PA)		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility							X Yes No
	If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC ir					_	-	No Not determined
						····· [103	
			/ · _ · ·					
<u> </u>	Plan Assets and Liabilities		(a) Beginnin	g of Ye 3344				(b) End of Year 317768
	Total plan assets	7a 74						517700
	Total plan liabilities Net plan assets (subtract line 7b from line 7a)	7b 7c		3344	51			317768
	Income, Expenses, and Transfers for this Plan Year	76	(a) Amo					
	Contributions received or receivable from:		(a) Amo	um				(b) Total
	(1) Employers	8a(1)						
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	·	-1634	41			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-16341
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		34	12			
e	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						342
	Net income (loss) (subtract line 8h from line 8c)	8i						-16683
-	Transfers to (from) the plan (see instructions)	8i						
Par	t IV Plan Characteristics							
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 for	derte arrangemente						
Parl	V Compliance Questions					·		
					Vee	Na		
<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	[Yes	No	N/A	Amount
~	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		х		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	•		10b		х		
С	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 by fraud or dishonesty?			10d		х		
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		x		
f	Has the plan failed to provide any benefit when due under the plan			10e		х		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		х		
	If this is an individual account plan, was there a blackout period? ((See instru	uctions and 29 CFR			х		
i	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the executions to providing the policy applied under 20 CEP 2520.10	ne require	d notice or one of the	10h				
j	exceptions to providing the notice applied under 29 CFR 2520.10 Did the plan trust incur unrelated business taxable income?			10i 10j				
Part					L		I	1
ган 11	Is this a defined benefit plan subject to minimum funding requirem	ents? /If "	Ves " see instructions	and con	nnlete	Schoo		(Form
••	5500) and line 11a below)				npiele	00100		Yes X No

11a	a Enter the	unpaid minimum	n required o	contribution f	or all years	from Sche	dule SE	3 (Form	ı 5500) l	line 40.	
-----	-------------	----------------	--------------	----------------	--------------	-----------	---------	---------	-----------	----------	--

12

... Yes X No

Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?...

11a

.......

(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 instructing ranting the waiver. 			f the letter ru Year	ling
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 negative amount)	^a 12d			
e Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
rt VII Plan Terminations and Transfers of Assets				
3a Has a resolution to terminate the plan been adopted in any plan year?		X Ye	es 🗌 No	
If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought ur of the PBGC?	nder the control		Yes X	No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	plan(s) to			
13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3)	PN(s)
art VIII Trust Information				
	446	T	() (
a Name of trust	140	Trust's E	IN	
4c Name of trustee or custodian	14c	Trustee	's or custodi	an's
		telephor	ne number	
art IX IRS Compliance Questions		telephor	ne number	
art IX IRS Compliance Questions 5a Is the plan a 401(k) plan?	Y	telephor 	ne number	
		res Design- pased safe narbor	No	P/ACP
 5a Is the plan a 401(k) plan?	bloyer	'es Design- Dased safe narbor nethod 'es	No = ADF	
 5a Is the plan a 401(k) plan?	bloyer	′es Design- Dased safe narbor nethod	No ADF test	erage
 5a Is the plan a 401(k) plan?	Dloyer	res Design- Dased safe narbor nethod res Ratio Dercentage	No ADF test	erage
 5a Is the plan a 401(k) plan?	bloyer I t year Y)- I 0(b): I g Y	res Design- pased safe narbor nethod res Ratio percentage est	No ADF test No Ave Ave ber	erage lefit test
 5a Is the plan a 401(k) plan?	bloyer I t year Y)- I 0(b): I g Y I Y I Y I Y I Y I Y I Y I Y I Y I Y I Y I Y I Y I Y I Y I Y	res Design- pased safe narbor nethod res Ratio percentage est res	No	erage lefit test
 5a Is the plan a 401(k) plan?	bloyer I t year Y)- Y 0(b): I g Y Image: Second	res Design- pased safe narbor nethod res Ratio percentage est res res ble code _	No (See in	erage lefit test
 5a Is the plan a 401(k) plan?	bloyer Image: style ar model t year Y)- Y 0(b): Image: style ar model g Y image: style ar model Y image: style ar	Yes Design- pased safe narbor nethod Yes Ratio percentage est Yes ble code _ favorable	No ADF test No No No No No No No No INo INo INo INo INO INO	erage lefit test
 5a Is the plan a 401(k) plan?	bloyer	res Design- pased safe narbor method res Ratio percentage est res ble code favorable	No ADF test No No No No No No No No INo INo INo INo INO INO	erage lefit test
 5a Is the plan a 401(k) plan?	bloyer	res Design- pased safe narbor method res Ratio percentage est res ble code favorable	No ADF test No No No No No No INo	erage lefit test
 5a Is the plan a 401(k) plan?	bloyer	res Design- pased safe narbor method res Ratio percentage est res ble code favorable an's last fa	No N	erage lefit test