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;
- [ ] 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
HEUBEL MATERIAL HANDLING, INC. INCENTIVE SAVINGS PLAN AND TRUST

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 05/01/1969

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

6311 NE EQUITABLE ROAD
KANSAS CITY, MO 64120

6311 NE EQUITABLE ROAD
KANSAS CITY, MO 64120

2b Employer Identification Number (EIN) 43-0812352

2c Sponsor's telephone number 314-568-0097

2d Business code (see instructions) 811310

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.	08/27/2010	FAYE BALLAGH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	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")
HEUBEL MATERIAL HANDLING, INC.

6311 NE EQUITABLE ROAD
KANSAS CITY, MO 64120

3b Administrator's EIN
43-0812352

3c Administrator's telephone number
314-568-0097

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**	168
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**	141
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	9
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	150
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	2
f	Total. Add lines **6d** and **6e**	**6f**	152
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	111
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	1
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:
2E 2F 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:

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)		**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)	X	**D** (DFE/Participating Plan Information)
(6)		**G** (Financial Transaction Schedules)

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
HEUBEL MATERIAL HANDLING, INC. INCENTIVE SAVINGS PLAN AND TRUST

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
HEUBEL MATERIAL HANDLING, INC.

D Employer Identification Number (EIN)
43-0812352

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).. . . . . [X] 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

FID.INV.INST.OPS.CO.

04-2647786

(b) Enter name and EIN or address of person who provided you disclosure 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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
64 37 65 60	RECORDKEEPER	925	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

AXA ADVISORS LLC

1290 AVENUE OF THE AMERICAS FL 9
NEW YORK, NY 10104

(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?
61	ADVISOR	0	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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 ☐

(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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
ALLNZ NFJ DIV VAL A - BOSTON FINANC 04-2526037	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
JPM EQUITY IDX A - BOSTON FINANCIAL 04-2526037	$15.00

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
LM CBA AGG GR A - BOSTON FINANCIAL 04-2526037	$12.00

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
OPPHMR MAIN ST OPP A - OPPENHEIMERF 13-2527171	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
PIMCO TOTAL RETURN R - BOSTON FINAN 04-2526037	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
RS PARTNERS A - BOSTON FINANCIAL DA 04-2526037	0.25%

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
AXA ADVISORS LLC	61	0

(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.
OPPHMR MAIN ST OPP A - OPPENHEIMERF 13-2953455	$5M+=0.25%

(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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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.**

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
HEUBEL MATERIAL HANDLING, INC. INCENTIVE SAVINGS PLAN AND TRUST

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
HEUBEL MATERIAL HANDLING, INC.

D Employer Identification Number (EIN)
43-0812352

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: FA STABLE VALUE

b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-3022712-026	C	7232

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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
HEUBEL MATERIAL HANDLING, INC. INCENTIVE SAVINGS PLAN AND TRUST

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
HEUBEL MATERIAL HANDLING, INC.

D Employer Identification Number (EIN)
43-0812352

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)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	141709	76499
(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)	102029	96876
(9) Value of interest in common/collective trusts	1c(9)	11184	7232
(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)	3508017	4548359
(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	3762939	4728966
	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	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	3762939	4728966

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)	100747	
	(B) Participants	2a(1)(B)	343308	
	(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)		444055
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	426	
	(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)	7229	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		7655
	(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)	110928	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		110928
	(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)		490
	(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)		910836
c	Other income	2c		
d	Total income. Add all **income** amounts in column (b) and enter total	2d		1473964
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	508037	
	(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)		508037
f	Corrective distributions (see instructions)	2f		11198
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)		
	(4) Other	2i(4)	4025	
	(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		4025
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		523260
	Net Income and Reconciliation			
k	Net income (loss). Subtract line 2j from line 2d	2k		950704
l	Transfers of assets:			
	(1) To this plan	2l(1)		15323
	(2) From this plan	2l(2)		

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

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

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

(1) Name: MIZE, HOUSER & COMPANY, P.A. **(2)** EIN: 48-0882363

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		1000000
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		X	
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		X	

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
HEUBEL MATERIAL HANDLING, INC. INCENTIVE SAVINGS PLAN AND TRUST

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
HEUBEL MATERIAL HANDLING, INC.

D Employer Identification Number (EIN)
43-0812352

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** 0

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): 04-6568107

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**

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):

MIZE HOUSER & COMPANY
PROFESSIONAL ASSOCIATION

The Trustee Committee
Heubel Material Handling, Inc. Incentive Savings Plan & Trust

Report of Independent Certified Public Accountants

We were engaged to audit the accompanying statements of net assets available for Plan benefits of the Heubel Material Handling, Inc. Incentive Savings Plan & Trust as of December 31, 2009 and 2008, the related statements of changes in net assets available for Plan benefits for the years then ended and the related supplemental schedule of assets (held at end of year) as of December 31, 2009. These financial statements and the supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2009 and 2008 that the information provided to the Plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and schedule taken as a whole. The form and content of the information included in the financial statements and schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Mize, Houser & Company

Professional Association
Certified Public Accountants

August 23, 2010
Overland Park, Kansas

www.mizehouser.com ▪ mhco@mizehouser.com

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534 S Kansas Ave, Suite 400 ▪ Topeka, KS 66603-3454 ▪ 785.234.5573 p ▪ 785.234.1037 f
7101 College Blvd, Suite 900 ▪ Overland Park, KS 66210-1984 ▪ 913.451.1882 p ▪ 913.451.2211 f
120 E Ninth ▪ Lawrence, KS 66044-2682 ▪ 785.842.8844 p ▪ 785.842.9049 f

HEUBEL MATERIAL HANDLING, INC.
INCENTIVE SAVINGS PLAN & TRUST

Financial Statements and
Auditors' Report

December 31, 2009 and 2008

HEUBEL MATERIAL HANDLING, INC. INCENTIVE SAVINGS PLAN & TRUST

Contents

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Notes to the Financial Statements	4 - 10

	Schedule
Supplemental Schedule:	
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	1

MIZE HOUSER & COMPANY
PROFESSIONAL ASSOCIATION

The Trustee Committee
Heubel Material Handling, Inc. Incentive Savings Plan & Trust

Report of Independent Certified Public Accountants

We were engaged to audit the accompanying statements of net assets available for Plan benefits of the Heubel Material Handling, Inc. Incentive Savings Plan & Trust as of December 31, 2009 and 2008, the related statements of changes in net assets available for Plan benefits for the years then ended and the related supplemental schedule of assets (held at end of year) as of December 31, 2009. These financial statements and the supplemental schedule are the responsibility of the Plan's management.

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Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and schedule taken as a whole. The form and content of the information included in the financial statements and schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Mize, Houser & Company

Professional Association
Certified Public Accountants

August 23, 2010
Overland Park, Kansas

www.mizehouser.com ▪ mhco@mizehouser.com

534 S Kansas Ave, Suite 700 ▪ Topeka, KS 66603-3465 ▪ 785.233.0536 p ▪ 785.233.1078 f
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120 E Ninth ▪ Lawrence, KS 66044-2682 ▪ 785.842.8844 p ▪ 785.842.9049 f

HEUBEL MATERIAL HANDLING, INC. INCENTIVE SAVINGS PLAN & TRUST

Statements of Net Assets Available for Plan Benefits
December 31,

	2009	2008
Assets:		
Investments:		
Mutual funds at fair value	$ 4,624,858	$ 3,649,726
Collective investment trust at fair value	7,232	11,184
Participant loans at fair value	96,876	102,029
Total investments	4,728,966	3,762,939
Net assets available for Plan benefits at fair value	4,728,966	3,762,939
Adjustment from fair value to contract value for fully benefit-responsive contracts	9	307
Net assets available for Plan benefits	$ 4,728,975	$ 3,763,246

The accompanying summary of significant accounting policies and notes are an integral part of these statements.

HEUBEL MATERIAL HANDLING, INC. INCENTIVE SAVINGS PLAN & TRUST

Statements of Changes in Net Assets Available for Plan Benefits
Years Ended December 31,

	2009	2008
Additions to net assets attributed to:		
Contributions:		
Employer contributions	$ 100,747	$ 114,639
Participant contributions	343,308	397,007
Transfers into the Plan	15,323	-
Total contributions	459,378	511,646
Investment income, net	1,029,611	-
Total additions	1,488,989	511,646
Deductions from net assets attributed to:		
Investment loss, net	-	1,711,001
Benefit payments to participants	519,235	82,949
Administrative expenses	4,025	5,476
Total deductions	523,260	1,799,426
Net increase (decrease)	965,729	(1,287,780)
Net assets available for Plan benefits:		
Beginning of year	3,763,246	5,051,026
End of year	$ 4,728,975	$ 3,763,246

The accompanying summary of significant accounting policies
and notes are an integral part of these statements.

1. Description of Plan

The following description of the Heubel Material Handling, Inc. Incentive Savings Plan & Trust (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all full-time employees of Heubel Material Handling, Inc. (Company) who have completed three months of service and are at least 20½ years old. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Each employee may elect to become a participant in the Plan on the January 1, April 1, July 1 or October 1 coincident with or immediately following the latter of the date on which the employee completes three months of service or attains age 20½. A participant specifies the amount, not to exceed certain IRS limits, of eligible compensation to be contributed to the plan (participant salary deferral contributions). The Plan allows discretionary employer matching contributions. Discretionary employer matching contributions of 50% of participant deferrals, not to exceed 2% of eligible compensation, were made in 2009 and 2008. The total of the annual employee and employer contributions on behalf of each participant cannot exceed certain IRS limitations. Participants may also contribute amounts representing distributions from other qualified plans (participant rollover contributions). Rollover contributions are not subject to contribution limitations.

A participant may direct contributions to any of the available investment options offered by the Plan. Contribution amounts can only be changed on January 1, April 1, July 1, and October 1; however, allocation changes and fund transfers can be done daily.

Participant Accounts

Each participant's directed account is credited/charged with an allocation of the directed investment's earnings/losses and credited with the participant's salary deferral contributions, the participant's rollover contributions and the Company's discretionary matching contributions. Earnings are credited to each participant's directed account based on the actual earnings of the investments in that participant's directed account. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Upon becoming a participant in the Plan, an individual is fully vested in the portions of his account attributable to participant salary deferral contributions and participant rollover contributions. Upon death, disability, attainment of normal retirement age or plan termination, a participant also becomes fully vested in his accounts attributable to discretionary employer matching contributions; otherwise, the participant becomes fully vested in employer matching contributions in accordance with the following schedule:

Years of Service	Vesting Percentage
1	0%
2	20
3	40
4	60
5	80
6	100

1. **Description of Plan** (continued)

Participant Loans

Participants may borrow from their account up to the lesser of $50,000 or 50% of their vested account balance. New loans must be for a minimum of $1,000. Loan terms range from one to five years except loans for the purchase of a primary residence may be for a longer term. The loans are secured by the balance in the participant's account. The interest rate charged on loans is determined by Plan management and ranged from 7.25% to 9.00% at December 31, 2009 and 7.50% to 9.25% at December 31, 2008. Principal and interest are paid ratably through payroll deductions.

Payment of Benefits

On termination of service, participants can elect to receive their distribution in a lump-sum payment or they can make a qualified rollover. If a participant's benefits are $5,000 or less but greater than $1,000, the participant can elect to receive a lump-sum distribution or make a qualified rollover and, if no election is made, the vested benefit amount will be automatically rolled into an Individual Retirement Account. If a participant's benefits are less than $1,000, a lump sum payment is automatically made as soon as administratively feasible. Under terms of the Plan, normal retirement age is the date the participant attains age 65.

Forfeitures

Forfeited nonvested matching contributions are first used to pay administrative expenses of the Plan and any remaining forfeitures are used to reduce future employer matching contributions.

Administrative Costs

Certain administrative costs, including personnel services, are provided by the Company without charge to the Plan.

2. **Summary of Accounting Policies**

Basis of Accounting

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

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Plan invests in investment contracts through a collective trust. Contract value for this collective trust is based on the net asset value of the fund as reported by the investment advisor. The Statement of Net Assets Available for Plan Benefits presents the fair value of the investment in the collective trust as well as the adjustment of the investment in the collective trust from fair value to contract value relating to the investment contracts. The Statement of Changes in Net Assets Available for Plan Benefits is prepared on a contract value basis.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect the reported amounts of net assets available for Plan benefits and changes therein and the disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

2. **Summary of Accounting Policies** (continued)

Investment Valuation and Income Recognition

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 4 for a 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/depreciation includes the Plan's gains and losses on investments bought and sold as well as investments held during the year.

Payment of Benefits

Benefits are deducted when paid.

3. **Investments**

Information Certified by the Plan's Trustee

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following investments and investment income certified by Fidelity Management Trust Company (Fidelity), the trustee of the Plan, as complete and accurate, except for comparing such information certified by the trustee with the information included in the Plan's financial statements and supplemental schedule. The following table includes the fair values of the Plan's investments at December 31, 2009 and 2008, and investment activity for the years then ended as certified by Fidelity. Investments that represent 5% or more of the Plan's net assets at December 31, 2009 and/or December 31, 2008 are separately identified.

	2009	2008
Investments:		
Mutual funds at fair value (Level 1):		
Fidelity Freedom 2010	$ 163,615	$ 422,491
Fidelity Freedom 2015	769,983	527,580
Fidelity Freedom 2020	557,305	466,789
Fidelity Freedom 2025	1,488,970	1,076,480
Fidelity Freedom 2030	443,585	300,977
Fidelity Freedom 2035	345,048	219,026
Other mutual fund investments	856,352	636,383
	4,624,858	3,649,726
Collective investment trust (Level 2):		
Fidelity Stable Value Fund at contract value	7,241	11,491
Participant loans (Level 3)	96,876	102,029
Total investments	$ 4,728,975	$ 3,763,246
Total investment income (loss)	$ 1,029,611	$(1,711,001)

4. Fair Value Measurements

The fair values of investments represent amounts expected to be realized if the investments are sold or otherwise disposed of in an orderly transaction between market participants at the measurement date. In determining fair value, the Plan utilized certain assumptions that market participants would use in pricing the investments, including assumptions about risk and/or risks inherent in the inputs to the valuation technique. For disclosure purposes, a fair value hierarchy has been established that prioritizes these inputs to valuation techniques used to measure fair value into three levels: readily observable inputs (level 1), observable market based inputs or unobservable inputs that are corroborated by market data (level 2) and generally unobservable inputs (level 3).

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

Following is a description of the valuation methodologies used to determine the fair value of investments. There have been no changes in the methodologies used at December 31, 2009 and 2008:

- Mutual fund values are determined using quoted market prices, which represent the net asset values of shares held by the Plan at year-end.
- The value of the Plan's interest in the collective trust is based on the fair value of the collective trust's underlying investments as based on information reported by the investment advisor using the audited financial statements of the collective trust at December 31, 2009 and 2008.
- Participant loans are valued at their outstanding balances, which approximate fair value.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable 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.

4. **Fair Value Measurements** (continued)

The following tables include the fair values of investments, by investment objective:

	Assets at Fair Value as of December 31, 2009			
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Large blend	$ 4,199,156	$ -	$ -	$ 4,199,156
Large growth	81,928	-	-	81,928
Large value	32,679	-	-	32,679
Medium blend	6,313	-	-	6,313
Medium growth	247	-	-	247
Medium value	36,261	-	-	36,261
Small blend	23,298	-	-	23,298
Interest-bearing cash	76,499	-	-	76,499
Multi-sector bond	1,524	-	-	1,524
Intermediate-term bond	166,953	-	-	166,953
Total mutual funds	4,624,858	-	-	4,624,858
Common and collective trusts:				
Stable value	-	7,232	-	7,232
Total common and collective trusts	-	7,232	-	7,232
Participant loans	-	-	96,876	96,876
Total participant loans	-	-	96,876	96,876
Total	$ 4,624,858	$ 7,232	$ 96,876	$ 4,728,966

4. **Fair Value Measurements** (continued)

	Assets at Fair Value as of December 31, 2008			
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Large blend	$ 3,248,887	$ -	$ -	$ 3,248,887
Large growth	44,931	-	-	44,931
Large value	27,733	-	-	27,733
Medium blend	4,458	-	-	4,458
Medium growth	596	-	-	596
Medium value	18,418	-	-	18,418
Small blend	14,467	-	-	14,467
Interest-bearing cash	141,709	-	-	141,709
Multi-sector bond	747	-	-	747
Intermediate-term bond	147,780	-	-	147,780
Total mutual funds	3,649,726	-	-	3,649,726
Common and collective trusts:				
Stable value	-	11,184	-	11,184
Total common and collective trusts	-	11,184	-	11,184
Participant loans	-	-	102,029	102,029
Total participant loans	-	-	102,029	102,029
Total	$ 3,649,726	$ 11,184	$ 102,029	$ 3,762,939

The table below sets forth the summary of changes in the fair value of the Plan's level 3 assets for the years ended December 31:

	2009	2008
Beginning balance	$ 102,029	$ 52,829
Loan payments	(45,242)	(29,297)
New loans	40,089	78,497
Ending balance	$ 96,876	$ 102,029

5. **Plan Termination**

Although it has not expressed an intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and terminate the Plan subject to the provisions of ERISA.

6. **Tax Status**

The Plan has adopted a prototype plan, which has received an opinion letter dated March 31, 2008 from the Internal Revenue Service indicating that the Plan is designed in accordance with the applicable sections of the Internal Revenue Code. There have been no amendments or other changes to the Plan since March 31, 2008.

7. Risks and Uncertainties

The Plan invests in various investment options through mutual funds and other investment securities. Investment securities are exposed to various risks, such as interest rate, market fluctuation and credit risk. 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 such changes could materially affect participants' account balances and the amounts reported in the financial statements and supplemental schedule.

8. Reconciliation to Form 5500

The following is a reconciliation of net assets available for Plan benefits per the financial statements to the Form 5500 at December 31:

	2009	2008
Net assets available for Plan benefits per the financial statements	$ 4,728,975	$ 3,763,246
Less adjustment from fair value to contract value for the collective trust	(9)	(307)
Net assets available for benefits per the Form 5500	$ 4,728,966	$ 3,762,939

The following is a reconciliation of the changes in net assets available for Plan benefits per the financial statements to the Form 5500 at December 31:

	2009	2008
Increase (decrease) in net assets available for Plan benefits per the financial statements	$ 965,729	$(1,287,780)
Contributions recorded when received on the Form 5500	-	7,257
Cash surrender value of life insurance excluded from beginning of the year Plan assets on the Form 5500 but included in transfers into the Plan and benefit payments on the Form 5500	(15,323)	-
Less adjustment from fair value to contract value for the collective trust	298	(304)
Increase (decrease) in net assets available for Plan benefits per the Form 5500	$ 950,704	$(1,280,827)

9. Subsequent Events

The Plan has evaluated subsequent events through August 23, 2010, the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULE

HEUBEL MATERIAL HANDLING, INC. INCENTIVE SAVINGS PLAN & TRUST
EIN 43-0812352 PLAN #002

Schedule 1

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2009

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Investment Description	(d) Cost	(e) Current Value
*	Fidelity Strategic Dividend and Income Fund	Mutual Fund	**	$ 86,621
*	Fidelity Prime Fund	Mutual Fund	**	76,499
*	Fidelity Leveraged Stock Fund	Mutual Fund	**	35,718
*	Fidelity Diversified International Fund	Mutual Fund	**	22,668
*	Fidelity Dynamic Capital Appreciation Fund	Mutual Fund	**	25,995
*	Fidelity Real Estate Fund	Mutual Fund	**	6,313
*	Fidelity Value Leaders Fund	Mutual Fund	**	4,251
*	Fidelity Energy Fund	Mutual Fund	**	5,919
*	Fidelity Mid Cap II Fund	Mutual Fund	**	247
*	Fidelity Freedom Income Fund	Mutual Fund	**	48
*	Fidelity High Income Advantage Fund	Mutual Fund	**	543
*	Fidelity Strategic Income Fund	Mutual Fund	**	1,524
*	Fidelity Small Cap Fund	Mutual Fund	**	816
*	Fidelity Freedom 2005	Mutual Fund	**	16,747
*	Fidelity Freedom 2010	Mutual Fund	**	163,615
*	Fidelity Freedom 2015	Mutual Fund	**	769,983
*	Fidelity Freedom 2020	Mutual Fund	**	557,305
*	Fidelity Freedom 2025	Mutual Fund	**	1,488,970
*	Fidelity Freedom 2030	Mutual Fund	**	443,585
*	Fidelity Freedom 2035	Mutual Fund	**	345,048
*	Fidelity Freedom 2040	Mutual Fund	**	95,892
*	Fidelity Freedom 2045	Mutual Fund	**	88,090
*	Fidelity Freedom 2050	Mutual Fund	**	21,266
*	Fidelity Asset Manager 50%	Mutual Fund	**	84,715
*	Fidelity Asset Manager 70%	Mutual Fund	**	4,523
*	Fidelity Asset Manager 85%	Mutual Fund	**	4,161
*	Fidelity Stable Value Portfolio	Collective Investment Trust	**	7,241
	Allianz NFJ Dividend Value CL	Mutual Fund	**	28,428
	Legg Mason Partners Aggressive Growth Fund	Mutual Fund	**	21,401
	Oppenheimer Main St. Opps CL	Mutual Fund	**	34,532
	RS Partners Fund	Mutual Fund	**	22,482
	PIMCO Total Return Fund	Mutual Fund	**	166,953
				4,632,099
	Participant loans	Participant loans receivable with interest rates of 7.25% to 9.00%	$0	96,876
				$ 4,728,975

* Party-in-interest to the Plan
** Not required for participant directed investments

The accompanying summary of significant accounting policies and notes are an integral part of this schedule.

Form **5558**
(Rev. January 2008)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns

► **For Privacy Act and Paperwork Reduction Act Notice, see instructions on page 3.**

OMB No. 1545-0212

File With IRS Only

Part I Identification

A Name of filer, plan administrator, or plan sponsor (see instructions)

Number, street, and room or suite no. (If a P.O. box, see instructions)

City or town, state, and ZIP code

B **Filer's identifying number (see instructions).**

☐ Employer identification number (EIN).

☐ Social security number (SSN)

C Plan name	Plan number	Plan year ending— MM	DD	YYYY
1				
2				
3				

Part II Extension of Time to File Form 5500 or Form 5500-EZ *(see instructions)*

1 I request an extension of time until ____/____/____ to file Form 5500 or Form 5500-EZ.

The application **is automatically approved** to the date shown on line 1 (above) if: **(a)** the Form 5558 is filed on or before the normal due date of Form 5500 or 5500-EZ for which this extension is requested, and **(b)** the date on line 1 is no more than 2½ months after the normal due date.

You must attach a copy of this Form 5558 to each Form 5500 and 5500-EZ filed after the due date for the plans listed in C above.

Note. A signature is not required if you are requesting an extension to file Form 5500 or Form 5500-EZ.

Part III Extension of Time to File Form 5330 *(see instructions)*

2 I request an extension of time until ____/____/____ to file Form 5330.
You may be approved for up to a six (6) month extension to file Form 5330, after the normal due date of Form 5330.

a Enter the Code section(s) imposing the tax . . . . . ► **a**

b Enter the payment amount attached . . . . . ► **b**

c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date . . . ► **c**

3 **State in detail why you need the extension**

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ► **Date** ►

HEUBEL MATERIAL HANDLING, INC.
INCENTIVE SAVINGS PLAN & TRUST

Financial Statements and
Auditors' Report

December 31, 2009 and 2008

HEUBEL MATERIAL HANDLING, INC. INCENTIVE SAVINGS PLAN & TRUST

Contents

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	Schedule
Supplemental Schedule:	
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	1

MIZE HOUSER & COMPANY
PROFESSIONAL ASSOCIATION

The Trustee Committee
Heubel Material Handling, Inc. Incentive Savings Plan & Trust

Report of Independent Certified Public Accountants

We were engaged to audit the accompanying statements of net assets available for Plan benefits of the Heubel Material Handling, Inc. Incentive Savings Plan & Trust as of December 31, 2009 and 2008, the related statements of changes in net assets available for Plan benefits for the years then ended and the related supplemental schedule of assets (held at end of year) as of December 31, 2009. These financial statements and the supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2009 and 2008 that the information provided to the Plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and schedule taken as a whole. The form and content of the information included in the financial statements and schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Mize, Houser & Company

Professional Association
Certified Public Accountants

August 23, 2010
Overland Park, Kansas

www.mizehouser.com ▪ mhco@mizehouser.com

534 S Kansas Ave, Suite 700 ▪ Topeka, KS 66603-3465 ▪ 785.233.0536 p ▪ 785.233.1078 f
534 S Kansas Ave, Suite 400 ▪ Topeka, KS 66603-3454 ▪ 785.234.5573 p ▪ 785.234.1037 f
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120 E Ninth ▪ Lawrence, KS 66044-2682 ▪ 785.842.8844 p ▪ 785.842.9049 f

HEUBEL MATERIAL HANDLING, INC. INCENTIVE SAVINGS PLAN & TRUST

Statements of Net Assets Available for Plan Benefits
December 31,

	2009	2008
Assets:		
Investments:		
Mutual funds at fair value	$ 4,624,858	$ 3,649,726
Collective investment trust at fair value	7,232	11,184
Participant loans at fair value	96,876	102,029
Total investments	4,728,966	3,762,939
Net assets available for Plan benefits at fair value	4,728,966	3,762,939
Adjustment from fair value to contract value for fully benefit-responsive contracts	9	307
Net assets available for Plan benefits	$ 4,728,975	$ 3,763,246

The accompanying summary of significant accounting policies and notes are an integral part of these statements.

HEUBEL MATERIAL HANDLING, INC. INCENTIVE SAVINGS PLAN & TRUST

Statements of Changes in Net Assets Available for Plan Benefits
Years Ended December 31,

	2009	2008
Additions to net assets attributed to:		
Contributions:		
Employer contributions	$ 100,747	$ 114,639
Participant contributions	343,308	397,007
Transfers into the Plan	15,323	-
Total contributions	459,378	511,646
Investment income, net	1,029,611	-
Total additions	1,488,989	511,646
Deductions from net assets attributed to:		
Investment loss, net	-	1,711,001
Benefit payments to participants	519,235	82,949
Administrative expenses	4,025	5,476
Total deductions	523,260	1,799,426
Net increase (decrease)	965,729	(1,287,780)
Net assets available for Plan benefits:		
Beginning of year	3,763,246	5,051,026
End of year	$ 4,728,975	$ 3,763,246

The accompanying summary of significant accounting policies
and notes are an integral part of these statements.

1. Description of Plan

The following description of the Heubel Material Handling, Inc. Incentive Savings Plan & Trust (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all full-time employees of Heubel Material Handling, Inc. (Company) who have completed three months of service and are at least 20½ years old. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Each employee may elect to become a participant in the Plan on the January 1, April 1, July 1 or October 1 coincident with or immediately following the latter of the date on which the employee completes three months of service or attains age 20½. A participant specifies the amount, not to exceed certain IRS limits, of eligible compensation to be contributed to the plan (participant salary deferral contributions). The Plan allows discretionary employer matching contributions. Discretionary employer matching contributions of 50% of participant deferrals, not to exceed 2% of eligible compensation, were made in 2009 and 2008. The total of the annual employee and employer contributions on behalf of each participant cannot exceed certain IRS limitations. Participants may also contribute amounts representing distributions from other qualified plans (participant rollover contributions). Rollover contributions are not subject to contribution limitations.

A participant may direct contributions to any of the available investment options offered by the Plan. Contribution amounts can only be changed on January 1, April 1, July 1, and October 1; however, allocation changes and fund transfers can be done daily.

Participant Accounts

Each participant's directed account is credited/charged with an allocation of the directed investment's earnings/losses and credited with the participant's salary deferral contributions, the participant's rollover contributions and the Company's discretionary matching contributions. Earnings are credited to each participant's directed account based on the actual earnings of the investments in that participant's directed account. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Upon becoming a participant in the Plan, an individual is fully vested in the portions of his account attributable to participant salary deferral contributions and participant rollover contributions. Upon death, disability, attainment of normal retirement age or plan termination, a participant also becomes fully vested in his accounts attributable to discretionary employer matching contributions; otherwise, the participant becomes fully vested in employer matching contributions in accordance with the following schedule:

Years of Service	Vesting Percentage
1	0%
2	20
3	40
4	60
5	80
6	100

1. **Description of Plan** (continued)

Participant Loans

Participants may borrow from their account up to the lesser of $50,000 or 50% of their vested account balance. New loans must be for a minimum of $1,000. Loan terms range from one to five years except loans for the purchase of a primary residence may be for a longer term. The loans are secured by the balance in the participant's account. The interest rate charged on loans is determined by Plan management and ranged from 7.25% to 9.00% at December 31, 2009 and 7.50% to 9.25% at December 31, 2008. Principal and interest are paid ratably through payroll deductions.

Payment of Benefits

On termination of service, participants can elect to receive their distribution in a lump-sum payment or they can make a qualified rollover. If a participant's benefits are $5,000 or less but greater than $1,000, the participant can elect to receive a lump-sum distribution or make a qualified rollover and, if no election is made, the vested benefit amount will be automatically rolled into an Individual Retirement Account. If a participant's benefits are less than $1,000, a lump sum payment is automatically made as soon as administratively feasible. Under terms of the Plan, normal retirement age is the date the participant attains age 65.

Forfeitures

Forfeited nonvested matching contributions are first used to pay administrative expenses of the Plan and any remaining forfeitures are used to reduce future employer matching contributions.

Administrative Costs

Certain administrative costs, including personnel services, are provided by the Company without charge to the Plan.

2. **Summary of Accounting Policies**

Basis of Accounting

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

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Plan invests in investment contracts through a collective trust. Contract value for this collective trust is based on the net asset value of the fund as reported by the investment advisor. The Statement of Net Assets Available for Plan Benefits presents the fair value of the investment in the collective trust as well as the adjustment of the investment in the collective trust from fair value to contract value relating to the investment contracts. The Statement of Changes in Net Assets Available for Plan Benefits is prepared on a contract value basis.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect the reported amounts of net assets available for Plan benefits and changes therein and the disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

2. **Summary of Accounting Policies** (continued)

Investment Valuation and Income Recognition

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 4 for a 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/depreciation includes the Plan's gains and losses on investments bought and sold as well as investments held during the year.

Payment of Benefits

Benefits are deducted when paid.

3. **Investments**

Information Certified by the Plan's Trustee

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following investments and investment income certified by Fidelity Management Trust Company (Fidelity), the trustee of the Plan, as complete and accurate, except for comparing such information certified by the trustee with the information included in the Plan's financial statements and supplemental schedule. The following table includes the fair values of the Plan's investments at December 31, 2009 and 2008, and investment activity for the years then ended as certified by Fidelity. Investments that represent 5% or more of the Plan's net assets at December 31, 2009 and/or December 31, 2008 are separately identified.

	2009	2008
Investments:		
Mutual funds at fair value (Level 1):		
Fidelity Freedom 2010	$ 163,615	$ 422,491
Fidelity Freedom 2015	769,983	527,580
Fidelity Freedom 2020	557,305	466,789
Fidelity Freedom 2025	1,488,970	1,076,480
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Total investments	$ 4,728,975	$ 3,763,246
Total investment income (loss)	$ 1,029,611	$(1,711,001)

4. Fair Value Measurements

The fair values of investments represent amounts expected to be realized if the investments are sold or otherwise disposed of in an orderly transaction between market participants at the measurement date. In determining fair value, the Plan utilized certain assumptions that market participants would use in pricing the investments, including assumptions about risk and/or risks inherent in the inputs to the valuation technique. For disclosure purposes, a fair value hierarchy has been established that prioritizes these inputs to valuation techniques used to measure fair value into three levels: readily observable inputs (level 1), observable market based inputs or unobservable inputs that are corroborated by market data (level 2) and generally unobservable inputs (level 3).

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

Following is a description of the valuation methodologies used to determine the fair value of investments. There have been no changes in the methodologies used at December 31, 2009 and 2008:

- Mutual fund values are determined using quoted market prices, which represent the net asset values of shares held by the Plan at year-end.
- The value of the Plan's interest in the collective trust is based on the fair value of the collective trust's underlying investments as based on information reported by the investment advisor using the audited financial statements of the collective trust at December 31, 2009 and 2008.
- Participant loans are valued at their outstanding balances, which approximate fair value.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable 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.

4. **Fair Value Measurements** (continued)

The following tables include the fair values of investments, by investment objective:

	Assets at Fair Value as of December 31, 2009			
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Large blend	$ 4,199,156	$ -	$ -	$ 4,199,156
Large growth	81,928	-	-	81,928
Large value	32,679	-	-	32,679
Medium blend	6,313	-	-	6,313
Medium growth	247	-	-	247
Medium value	36,261	-	-	36,261
Small blend	23,298	-	-	23,298
Interest-bearing cash	76,499	-	-	76,499
Multi-sector bond	1,524	-	-	1,524
Intermediate-term bond	166,953	-	-	166,953
Total mutual funds	4,624,858	-	-	4,624,858
Common and collective trusts:				
Stable value	-	7,232	-	7,232
Total common and collective trusts	-	7,232	-	7,232
Participant loans	-	-	96,876	96,876
Total participant loans	-	-	96,876	96,876
Total	$ 4,624,858	$ 7,232	$ 96,876	$ 4,728,966

4. **Fair Value Measurements** (continued)

	Assets at Fair Value as of December 31, 2008			
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Large blend	$ 3,248,887	$ -	$ -	$ 3,248,887
Large growth	44,931	-	-	44,931
Large value	27,733	-	-	27,733
Medium blend	4,458	-	-	4,458
Medium growth	596	-	-	596
Medium value	18,418	-	-	18,418
Small blend	14,467	-	-	14,467
Interest-bearing cash	141,709	-	-	141,709
Multi-sector bond	747	-	-	747
Intermediate-term bond	147,780	-	-	147,780
Total mutual funds	3,649,726	-	-	3,649,726
Common and collective trusts:				
Stable value	-	11,184	-	11,184
Total common and collective trusts	-	11,184	-	11,184
Participant loans	-	-	102,029	102,029
Total participant loans	-	-	102,029	102,029
Total	$ 3,649,726	$ 11,184	$ 102,029	$ 3,762,939

The table below sets forth the summary of changes in the fair value of the Plan's level 3 assets for the years ended December 31:

	2009	2008
Beginning balance	$ 102,029	$ 52,829
Loan payments	(45,242)	(29,297)
New loans	40,089	78,497
Ending balance	$ 96,876	$ 102,029

5. **Plan Termination**

Although it has not expressed an intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and terminate the Plan subject to the provisions of ERISA.

6. **Tax Status**

The Plan has adopted a prototype plan, which has received an opinion letter dated March 31, 2008 from the Internal Revenue Service indicating that the Plan is designed in accordance with the applicable sections of the Internal Revenue Code. There have been no amendments or other changes to the Plan since March 31, 2008.

7. Risks and Uncertainties

The Plan invests in various investment options through mutual funds and other investment securities. Investment securities are exposed to various risks, such as interest rate, market fluctuation and credit risk. 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 such changes could materially affect participants' account balances and the amounts reported in the financial statements and supplemental schedule.

8. Reconciliation to Form 5500

The following is a reconciliation of net assets available for Plan benefits per the financial statements to the Form 5500 at December 31:

	2009	2008
Net assets available for Plan benefits per the financial statements	$ 4,728,975	$ 3,763,246
Less adjustment from fair value to contract value for the collective trust	(9)	(307)
Net assets available for benefits per the Form 5500	$ 4,728,966	$ 3,762,939

The following is a reconciliation of the changes in net assets available for Plan benefits per the financial statements to the Form 5500 at December 31:

	2009	2008
Increase (decrease) in net assets available for Plan benefits per the financial statements	$ 965,729	$(1,287,780)
Contributions recorded when received on the Form 5500	-	7,257
Cash surrender value of life insurance excluded from beginning of the year Plan assets on the Form 5500 but included in transfers into the Plan and benefit payments on the Form 5500	(15,323)	-
Less adjustment from fair value to contract value for the collective trust	298	(304)
Increase (decrease) in net assets available for Plan benefits per the Form 5500	$ 950,704	$(1,280,827)

9. Subsequent Events

The Plan has evaluated subsequent events through August 23, 2010, the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULE

HEUBEL MATERIAL HANDLING, INC. INCENTIVE SAVINGS PLAN & TRUST
EIN 43-0812352 PLAN #002

Schedule 1

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2009

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Investment Description	(d) Cost	(e) Current Value
*	Fidelity Strategic Dividend and Income Fund	Mutual Fund	**	$ 86,621
*	Fidelity Prime Fund	Mutual Fund	**	76,499
*	Fidelity Leveraged Stock Fund	Mutual Fund	**	35,718
*	Fidelity Diversified International Fund	Mutual Fund	**	22,668
*	Fidelity Dynamic Capital Appreciation Fund	Mutual Fund	**	25,995
*	Fidelity Real Estate Fund	Mutual Fund	**	6,313
*	Fidelity Value Leaders Fund	Mutual Fund	**	4,251
*	Fidelity Energy Fund	Mutual Fund	**	5,919
*	Fidelity Mid Cap II Fund	Mutual Fund	**	247
*	Fidelity Freedom Income Fund	Mutual Fund	**	48
*	Fidelity High Income Advantage Fund	Mutual Fund	**	543
*	Fidelity Strategic Income Fund	Mutual Fund	**	1,524
*	Fidelity Small Cap Fund	Mutual Fund	**	816
*	Fidelity Freedom 2005	Mutual Fund	**	16,747
*	Fidelity Freedom 2010	Mutual Fund	**	163,615
*	Fidelity Freedom 2015	Mutual Fund	**	769,983
*	Fidelity Freedom 2020	Mutual Fund	**	557,305
*	Fidelity Freedom 2025	Mutual Fund	**	1,488,970
*	Fidelity Freedom 2030	Mutual Fund	**	443,585
*	Fidelity Freedom 2035	Mutual Fund	**	345,048
*	Fidelity Freedom 2040	Mutual Fund	**	95,892
*	Fidelity Freedom 2045	Mutual Fund	**	88,090
*	Fidelity Freedom 2050	Mutual Fund	**	21,266
*	Fidelity Asset Manager 50%	Mutual Fund	**	84,715
*	Fidelity Asset Manager 70%	Mutual Fund	**	4,523
*	Fidelity Asset Manager 85%	Mutual Fund	**	4,161
*	Fidelity Stable Value Portfolio	Collective Investment Trust	**	7,241
	Allianz NFJ Dividend Value CL	Mutual Fund	**	28,428
	Legg Mason Partners Aggressive Growth Fund	Mutual Fund	**	21,401
	Oppenheimer Main St. Opps CL	Mutual Fund	**	34,532
	RS Partners Fund	Mutual Fund	**	22,482
	PIMCO Total Return Fund	Mutual Fund	**	166,953
				4,632,099
	Participant loans	Participant loans receivable with interest rates of 7.25% to 9.00%	$0	96,876
				$ 4,728,975

* Party-in-interest to the Plan
** Not required for participant directed investments

The accompanying summary of significant accounting policies and notes are an integral part of this schedule.