# Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

**Short Form Annual Return/Report of Small Employee Benefit Plan** 

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

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance wit	h the instructions to the Form 550	0-SF.	1			
		lentification Information							
For	calendar plan year 2010 or fisca	al plan year beginning 01/01/201	0	and ending 1	2/31/2	2010			
Α.	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan			
В	This return/report is for:	_							
		n year return/report (less than 12 mor	nths)						
C	Check box if filing under: Form 5558 automatic extension					DFVC program			
special extension (enter description)									
Pa	rt II Basic Plan Inforr	nation—enter all requested inform	ation						
	Name of plan				1b	Three-digit			
	Y IMPLEMENT COMPANY INC	C 401K PLAN				plan number 001			
			_			(PN) ▶			
					1C	Effective date of plan 05/01/2003			
2a	Plan sponsor's name and addre	ess (employer, if for single-employer	· plan)		2b	Employer Identification Number			
	Y IMPLEMENT COMPANY IN		ρ.ω,			(EIN) 63-0516350			
1/72	3 STATE HIGHWAY 59 NORTH	_			2c	Plan sponsor's telephone number 251-943-5091			
	Y, AL 36535				2d	Business code (see instructions)			
					24	441229			
3a	Plan administrator's name and Y IMPLEMENT COMPANY INC	address (if same as Plan sponsor, e	enter "Same	e") AY 59 NORTH	3b	Administrator's EIN 63-0516350			
FULE	T IMPLEMENT COMPANT IN	FOLEY, AL		AT 59 NORTH	30	Administrator's telephone number			
					30	251-943-5091			
	•	an sponsor has changed since the la		port filed for this plan, enter the	4b EIN				
	name, EIN, and the plan numbe	er from the last return/report. Sponso	or's name		4c	PN			
5a	Total number of participants at	the beginning of the plan year			5a	33			
b		the end of the plan year			5b	32			
С		ith account balances as of the end o			35				
	• • •			•	5c	32			
	•	. , ,		(See instructions.)		Yes   No			
b	Are you claiming a waiver of th	ne annual examination and report of	an indeper	ndent qualified public accountant (IQI ions.)	PA)	X Yes ☐ No			
				SF and must instead use Form 55					
Pa	rt III Financial Informa								
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year			
а	Total plan assets		7a	303079	)	360160			
b	Total plan liabilities		. 7b	(	)	0			
С	Net plan assets (subtract line 7	7b from line 7a)	. 7c	303079	)	360160			
8	Income, Expenses, and Transf	fers for this Plan Year		(a) Amount		(b) Total			
а	Contributions received or received				)				
				26872	_				
	.,		` '	20072	_				
h	, ,	)	` '	37033	033				
b	, ,	0-(0) 0-(0)		07000	,	63905			
c d		8a(2), 8a(3), and 8b)rollovers and insurance premiums							
u									
е	Certain deemed and/or correct	tive distributions (see instructions)							
f	Administrative service provider	rs (salaries, fees, commissions)	s) 8f 1442						
g	Other expenses		. 8g	(	)				
h	Total expenses (add lines 8d, 8	8e, 8f, and 8g)	. 8h			6824			
i	Net income (loss) (subtract line	e 8h from line 8c)	. 8i			57081			
j	Transfers to (from) the plan (se	ee instructions)	. 8i						

	Form 5500-SF 2010	Page <b>2-</b>							
Par	art IV Plan Characteristics								
Эа	If the plan provides pension benefits, en	ter the applicable pension feature codes from the List of Plan Cha	racteris	stic Co	des in	the instru	ctions:		
h	2E 2F 2G 2J 2K 3D	er the applicable welfare feature codes from the List of Plan Cha	actorio	tic Cod	doc in t	ho inetru	etione:		
D	il the plan provides wellare benefits, ent	er the applicable wellare heature codes from the List of Flan Cha	acteris	iic Coc	ies III t	ne msnu	JUUIIS.		
art	rt V Compliance Questions								
0	During the plan year:			Yes	No		Amour	nt	
а		an any participant contributions within the time period described in and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b		s with any party-in-interest? (Do not include transactions reported	10b		X				
С	C Was the plan covered by a fidelity bond	J?	10c	X					50000
d		t reimbursed by the plan's fidelity bond, that was caused by fraud	10d		X				
е	insurance service or other organization	any brokers, agents, or other persons by an insurance carrier, that provides some or all of the benefits under the plan? (See	10e	X					473
f	f Has the plan failed to provide any bene	fit when due under the plan?	10f		X				_
g	g Did the plan have any participant loans	? (If "Yes," enter amount as of year end.)	10g	X					7091
h	•	there a blackout period? (See instructions and 29 CFR	10h		X				
i		ox if you either provided the required notice or one of the ed under 29 CFR 2520.101-3	10i						
art	rt VI Pension Funding Complia	ince							
11	Is this a defined benefit plan subject to r	ninimum funding requirements? (If "Yes," see instructions and co					Y	'es	No
2	Is this a defined contribution plan subje	ct to the minimum funding requirements of section 412 of the Coc	e or se	ection 3	302 of I	ERISA?	Y	'es	No
	(If "Yes," complete 12a or 12b, 12c, 12c	· · · · · · · · · · · · · · · · · · ·							
а		dard for a prior year is being amortized in this plan year, see instr							
lf :		s 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13			Day.		Tour _		
b	<b>b</b> Enter the minimum required contribution	n for this plan year		[	12b				
С	Enter the amount contributed by the em	ployer to the plan for this plan year		[	12c				
d		amount in line 12b. Enter the result (enter a minus sign to the lef	t of a	[	12d				
е	Will the minimum funding amount report	ted on line 12d be met by the funding deadline?				Yes	No		N/A
art	rt VII Plan Terminations and T	ransfers of Assets							
3a	Has a resolution to terminate the plan be	een adopted during the plan year or any prior year?					Y	'es	X No
	If "Yes," enter the amount of any plan as	ssets that reverted to the employer this year			13a	-	-		

Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control

of the PBGC?..... If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to

which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)

Yes X No

### 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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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	Filed with authorized/valid electronic signature.	06/08/2011	MIKE BAHDE					
HERE	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					

## Form 5500-SF

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Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Short Form Annual Return/Report of Small Employee Benefit Plan

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2010

Inspection

1210-0089

OMB Nos. 1210-0110

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This Form is Open to Public

	Complete all entries in accord	iance witt	tne instructio	ons to the Form 55	<del>00-31.</del>		
	art I Annual Report Identification Information						
_		1/01/2		and ending		12/31/201	
Α.				not multiemployer)		one-participa	int plan
В		final retur	•				
	an amended return/report	short plan	year return/rep	oort (less than 12 m	onths)	_	
C	Check box if filing under:	automatic	extension			DFVC progra	ım
	special extension (enter description	n)					
Pa	art II Basic Plan Information—enter all requested informa	ation					
	Name of plan				1b	Three-digit	
	FOLEY IMPLEMENT COMPANY INC 401K PLAN					plan number (PN)	001
	u u				10	Effective date of	L
	· ·	<del></del> .	· · <del></del> -	<u>_</u>	+	05/01/200	
2a	Plan sponsor's name and address (employer, if for single-employer FOLEY IMPLEMENT COMPANY INC	plan)			2b	Employer Ident	
	FORET THEREMENT COMPANY INC				20	(EIN) 63-051	
	14722 OMANU UTOUNAV EO NODMU				20	(251) 943 -	telephone number 5091
	14733 STATE HIGHWAY 59 NORTH				2d		(see instructions)
_	FOLEY			36535		441229	
3 <b>a</b>	Pian administrator's name and address (if same as Plan sponsor, each $\ensuremath{SAME}$	nter "Same	) <b>"</b> )		35	Administrator's	EIN
					3c	Administrator's	telephone number
						(251)943-	
	If the name and/or EIN of the plan sponsor has changed since the las		port filed for thi	s plan, enter the	4b	EIN	
	name, EIN, and the plan number from the last return/report. Sponsor	rs name			4c	PN	
5a	Total number of participants at the beginning of the plan year				+	T	3:
b	<b>b</b> Total number of participants at the end of the plan year					<del> </del>	3:
C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not					5b		
	complete this item)		•	•	5c		32
	Were all of the plan's assets during the plan year invested in eligible						XI Yes. ∐ No
þ	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility a						⊠ Yes ∏ No
	If you answered "No" to either 6a or 6b, the plan cannot use Fo		•				
Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Be	ginning of Year		(b) End	of Year
а	Total plan assets	7a		303,0	79	·	360,160
b	Total plan liabilities	7b	<u> </u>		0		(
C	Net plan assets (subtract line 7b from line 7a)	7c		303,0	79		360,16
8	Income, Expenses, and Transfers for this Plan Year		(8	) Amount		(b)	Total
а	Contributions received or receivable from: (1) Employers	8a(1)			اه		
	(2) Participants			26,8	72		
		8a(3)		20,0	<u> </u>	transanir tuba s	atta a datuman ning a promon
h	(3) Others (including rollovers) Other income (loss)	8b		37,0	133		
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-		63,90
d	Benefits paid (including direct rollovers and insurance premiums	<del></del>					
_	to provide benefits)	8d		5,3	82		, or the product of the second
0	Certain deemed and/or corrective distributions (see instructions)	8e			0		
f	Administrative service providers (salaries, fees, commissions)	8f		1,4	42		
g	Other expenses	8g		· · · · · · · · · · · · · · · · · · ·	0		· · · · · · · · · · · · · · · · · · ·
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					6,82
i	Net income (loss) (subtract line 8h from line 8c)	- 8i					57,08
j	Transfers to (from) the plan (see instructions)	91					

Form	EEAA	$\sim$ $\sim$	2040

Page 2	<u>-</u>
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	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension feat	ture codes from the	List of Plan Chan	acteri	stic Co	des in	the instructi	ons:	
b	2E 2F 2G 2J 2K 3D  If the plan provides welfare benefits, enter the applicable welfare feat	ure codes from the	List of Plan Chars	acteris	tic Co	des in t	he instructio	ons:	
Par	V Compliance Questions							<u> </u>	
10	During the plan year:				Yes	No		lmount	
	Was there a failure to transmit to the plan any participant contribution	s within the time pe	rlod described in	Г			<u>-</u>	-	
_	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducial	-	•	10a	Ļ	Х			
b	Were there any nonexempt transactions with any party-in-interest? (Con line 10a.)			10ь		х			
C	Was the plan covered by a fidelity bond?			10c	x			5	0,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?			10d		х			
6	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of the instructions.)	e benefits under the	plan? (See	10e.	x			_	. 47.3
f	Has the plan failed to provide any benefit when due under the plan?			10f		х			
q	Did the plan have any participant loans? (If "Yes," enter amount as of	vear end.)		10g	х				7,093
	If this is an Individual account plan, was there a blackout period? (Sec. 2520.101-3.)	e instructions and 2	9 CFR	10b	1	x			7,053
i	If 10h was answered "Yes," check the box if you either provided the nexceptions to providing the notice applied under 29 CFR 2520.101-3.	equired notice or or	e of the	101	-	~			
Part			***************************************	1 101	<u>.                                    </u>	L			<u>-</u> <u>-</u>
11	Is this a defined benefit plan subject to minimum funding requirement 5500))							☐ Yes	⊠ No
12	Is this a defined contribution plan subject to the minimum funding req							Yes	<del></del>
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	•		J U. U.		JUL 01		ш	Ц
а	If a waiver of the minimum funding standard for a prior year is being a	mortized in this pla							
14	granting the waiver.					Day		Year	<del></del>
_	you completed line 12a, complete lines 3, 9, and 10 of Schedule M  Enter the minimum required contribution for this plan year	•	•		Γ	12b			
	• •					12c			
	Enter the amount contributed by the employer to the plan for this plan Subtract the amount in line 12c from the amount in line 12b. Enter the				├				
_	negative amount)	•	-		L	12d			
	Will the minimum funding amount reported on line 12d be met by the	funding deadline?					Yes	No [	N/A
Part	VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted during the plan y	ear or any prior yea	r?					Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the emp				Г	13a			
b	Were all the plan assets distributed to participants or beneficiaries, tra	insferred to another	plan, or brought	under	the co			Yes	X No
С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify t	he pla	ın(s) to	) 			
	3c(1) Name of plan(s):			13c(2) EIN(s) 13c(3			) PN(s)		
				1				1	
	tion: A namely for the late or incomplete filling of this art will be	udi ba assess		10.55	una 1-	ootek!	lahad	<u> </u>	
	tion: A penalty for the late or incomplete filing of this return/report or penalties of perjury and other penalties set forth in the instructions, I							ole a Sch	oduło
SB	or Schedule MB completed and signed by an enrolled actuary, as well a f, it is true, correct, and complete.								
	a dela A. I.M	1 den 11	. Tohn M	3.	<u>م</u>	Ç			
SIG		Date	Enter name of i				nlan admir	nigtrator	
	W last 1 4 NV	10.011				_	r presi agrilli		
	SIGN / John M Schaff HERE Stringture of employer/plan sponsor  Date Foter name of individual signing as employer or plan sponsor								