Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

P		dance witl	n the instructions to the Form 5500	-SF.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	art I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2011	1	and ending 12	2/31/2	011 -		
Α .	This return/report is for:	a multiple	-employer plan (not multiemployer)	Ĺ	a one-particip	ant plan	
В .	This return/report is: the first return/report	the final re	eturn/report				
	an amended return/report	a short pla	n year return/report (less than 12 mo	nths)			
C	Check box if filing under: Form 5558	automatic	extension	Ī	DFVC progra	m	
	special extension (enter description	n)		_	_		
Pa	rt II Basic Plan Information—enter all requested informa	ation					
	Name of plan			1b	Three-digit		
	Y IMPLEMENT COMPANY INC 401K PLAN				plan number		
					(PN) •	001	
				1C	Effective date of 05/01/	•	
22	Plan sponsor's name and address; include room or suite number (er	mployer if	for a single-employer plan)	2h	Employer Identif		~
	EY IMPLEMENT COMPANY INC	ripioyer, ii	Tot a single employer plan		(EIN) 63-05		51
MID	GULF EQUIPMENT				Sponsor's telep	hone number	
1473	3 STATE HIGHWAY 59 NORTH				251-943		
	Y, AL 36535			2d	Business code (see instructior	าร)
					44122	.9	
3a	Plan administrator's name and address (if same as plan sponsor, en Y IMPLEMENT COMPANY INC 14733 STATE			3b	Administrator's E	EIN 16350	
FOLE	FOLEY, AL 36		AT 59 NORTH	30	Administrator's t		her
				-	251-943		1001
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/i	report filed for this plan, enter the	4b	EIN		
_	name, EIN, and the plan number from the last return/report.			4c	DN		
	Sponsor's name Total number of participants at the beginning of the plan year				PN T		33
b	Total number of participants at the end of the plan year	-	5a			30	
	Number of participants with account balances as of the end of the p		-	5b			3(
С	complete this item)	• (·	5c			17
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)			X Yes	No
b	Are you claiming a waiver of the annual examination and report of a						- 1
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a					X Yes	No
Da	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information	orm 5500-	SF and must instead use Form 550	0.			
7			(a) Baninninn of Van		/b) F., d	of Voor	
-	Plan Assets and Liabilities Total plan assets	70	(a) Beginning of Year 360160		(b) End	351769)
a h	Total plan liabilities	7a 7b	0			0	
C	Net plan assets (subtract line 7b from line 7a)	7C	360160			351769	
8	Income, Expenses, and Transfers for this Plan Year	70	(a) Amount		(b) T	otal	
а	Contributions received or receivable from:		, ,		(5) 1	Otal	
	(1) Employers	8a(1)	20000	_			
	(2) Participants	8a(2)	24537	_			
	(3) Others (including rollovers)	8a(3)	0				
b	Other income (loss)	8b	993				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				45530	
d	Benefits paid (including direct rollovers and insurance premiums	04	52658				
е	to provide benefits) Certain deemed and/or corrective distributions (see instructions)	8d 8e	0				
f	Administrative service providers (salaries, fees, commissions)	8f	1263				
g	Other expenses	8g					
9 h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				53921	
i	Net income (loss) (subtract line 8h from line 8c)	8i				-8391	
i	Transfers to (from) the plan (see instructions)						
		8j					

Form	5500	SF	201

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Part IV	Plan	Characteristics

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2F 2G 2J 2K 3D
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions						
10	During the plan year:		Yes	No	,	Mount	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X			
С	Was the plan covered by a fidelity bond?	10c	X				50000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X			
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	X				557
f	Has the plan failed to provide any benefit when due under the plan?	10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X				3382
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X			
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i					
art	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					Yes	X No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of I	ERISA?	Yes	X No
а	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc	tions,	and e	nter th	e date of the	e letter rul	ing
16 .	granting the waiverMonto ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	th		Day	`	ear	
-	Enter the minimum required contribution for this plan year		Г	12b			
	Enter the amount contributed by the employer to the plan for this plan year			12c			
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)	of a		12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
art					<u></u>		
	Has a resolution to terminate the plan been adopted in any plan year?			Y	′es X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	_					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought	ınder	the co	ntrol		Пу	
_	of the PBGC?					Yes	X No
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	ie piai	n(s) to				
1	3c(1) Name of plan(s):		130	c(2) EI	N(s)	13c(3)	PN(s)
Caut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonabl	e cau	ise is	establ	ished.	I	
Unde	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu	ırn/rep	ort, in	cludin	g, if applicat		
SR 0	Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/or	report	, and t	o the b	est of my k	nowledge	and

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	06/26/2012	NICK SUTHEIMER
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 5500-8F

Department of the Tressury Internal Revenue Service

Department of Labor Employee Burello Security Administration

Transfers to (from) the plan (see instructions)

For Paperwork Reduction Act Notice and OMB Central Humbers, are the instruct

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

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(e) of the Internal Revenue Code (the Code).

2011

OMB Nos. 1210-0110

1210-0069

irm 5400-9F (2011)

This Form is Open to Public Inspection

Pension Benefit Quaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF. Part I Annual Report Identification Information For calendar plan year 2011 or flacal plan year beginning 01/01/2011 12/31/2011 and ending a single-employer plan a one-participant plan A This return/report is for: a multiple-employer plan (not multiemployer) the first return/report the final return/report B This return/report is: an emended return/report a short plan year return/report (less than 12 months) ☐ DFVC program Form 5558 automatic extension C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested Information 1a Name of plan 1b Three-digit plan number FOLEY IMPLEMENT COMPANY INC 401K PLAN (PN) > 001 1C Effective date of plan 05/01/2003 2a. Ptan sponsor's name and address; include room or sulte number (employer, if for a single-employer plan). 2b Employer Identification Number FOLEY IMPLEMENT COMPANY INC (EIN) 63-0516350 2c Sponsor's telephone number MID GULF EQUIPMENT (251) 943-5091 14733 STATE HIGHWAY 59 NORTH 2d Business code (see Instructions) 441229 FOLEY AL 36535 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN SAME 3C Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. **& Sponsor's name** 4c PN Total number of participants at the beginning of the plan year..... 33 50 D Total number of participants at the end of the plan year..... 5b 30 C Number of participants with account halances as of the end of the plan year (defined benefit plans do not complete this item)..... 5c 17 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) X Yes | No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountent (IQPA) X Yes | No under 29 CFR 2520.104-467 (See instructions on walver eligibility and conditions.)..... <u>If you answered "No" to either 6a or 6b, the plan cannot use Form 6800-8F and must instead use Form 5500.</u> Part III Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year JOUY TOO 78 Total plan flabilities..... 7b 351,769 C Net plan assets (subtract line 7b from line 7s)..... 360,160 7c Income, Expenses, and Transfers for this Plan Year (b) Total (a) Amount Contributions received or receivable from: 20,000 8a(1) (1) Employers 24,537 (2) Participanta 8a(2) (3) Others (including rollovers)..... Se(3) 993 b Other Income (loss) 8b 45,530 C Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c Benefits paid (including direct rollovers and insurance premiums 52,658 to provide benefits)..... 8d Certain deemed and/or corrective distributions (see instructions)... 80 1,263 81 Administrative service providers (salaries, fees, commissions) Other expenses..... 80 53,921 h Total expanses (add lines 8d, 8e, 8f, and 8g)..... 8h (8,391)81 Net income (loss) (subtract line 8h from line 8c).....

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Part IV	620	01	-4	48
PRETINE	- Pinn		PYD PIE	170-00

Sa 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 3D

40	Compliance Questions								
10	During the plan year:		Yes	No			Am	ount	
a	Was there a failure to transmit to the plan any participant contributions within the time pariod described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		x					
þ	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		х					
C	Was the plan covered by a fidelity bond?	10c	х					Ę	50,00
đ	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		×					-
•	Were any fees or commissions paid to any brokers, agents, or other parsons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	x			•			55
1	Has the plan falled to provide any benefit when due under the plan?	10f		Х	Т				
g	Did the plan have any participant loans? (if "Yes," enter amount as of year end.)	10a	х						3,38
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х					
1	If 10h was answered "Yes," check the box if you either provided the required notice or one of the excaptions to providing the notice applied under 29 CFR 2520.101-3	101							
Part	Pension Funding Compliance			A:					
11	is this a defined benefit plan subject to minimum funding requirements? (if "Yes," see instructions and com 5500)).						. [Yes	X No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code							Yes	X No
	(if "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions are standard for a prior year is being amortized in this plan year, see instructions are standard for a prior year is being amortized in this plan year, see instructions are standard for a prior year is being amortized in this plan year, see instructions are standard for a prior year is being amortized in this plan year, see instructions are standard for a prior year is being amortized in this plan year, see instructions are standard for a prior year is being amortized in this plan year, see instructions are standard for a prior year is being amortized in this plan year, see instructions are standard for a prior year is being amortized in this plan year, see instructions are standard for a prior year is being amortized in this plan year, see instructions are standard for a prior year in the plan year.	tions, th	and e	nter t Day	he d	ate o	the k	itter ru ir	ilng ——
1000	you completed line 12s, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	12b	Т		13820		
Ь			Would.						
-	Color the amount applify that by the ampleyor to the plan to the plan				+			14/70	
d	Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	of a	F	12c 12d				53.755	
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	of a	[12c 12d		Yes	П	No	☐ N/A
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus eign to the left	of a	[12c 12d		Yes	П	No	∏ N/A
d •	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus eign to the left negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline?	of a		12c 12d		Yes		No	∏ N/A
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d Part 13a b	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus eign to the left negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? Vill Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yea," enter the amount of any plan assets that reverted to the amployer this year Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	of a	ser the co	12c 12d			No		N/A
d eart 13a b	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus eign to the left negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? Vill Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yee," enter the amount of any plan assets that reverted to the amployer this year Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the second continuous	of a	ser the co	12c 12d			No		
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d Part 13a b C Caut	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus eign to the left negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yee," enter the amount of any plan assets that reverted to the amployer this year Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.) ISc(1) Name of plan(s):	under	the co	12c 12d	Yes Siln(s	X	No	Yes	No PN(s)
d Part 13a b C Caut Unde	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? Will the minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the amployer this year	under	the co	12c 12d	Yes	X appli	No	Yes	No PN(s)
d Part 13a b Caut UndesSBobeler	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount) Will the minimum funding amount reported on line 12d be met by the funding deedline?	under	the co	12c 12d 12d introl	Yes SiN(e	ed.	No	Yes 13c(3	No PN(s)
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