## 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).

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OMB Nos. 1210-0110

1210-0089

2012

This Form is Open to Public Inspection

			Complete all entries in ac	ccordance with the mondic	tions to the Form 550	<i>1</i> 0-31 .			
Р	art I	Annual Report	Identification Information	1					
For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012									
Α	This retu	urn/report is for:	X a single-employer plan	a multiple-employer pla	an (not multiemployer)		ant plan		
В	This retu	urn/report is:	the first return/report	the final return/report					
	an amended return/report a short plan year return/report (less than 12 months)								
С	Check b	oox if filing under:	Form 5558	automatic extension			DFVC progra	m	
1			special extension (enter desc	· ,					
Pa	art II	Basic Plan Info	rmation—enter all requested in	formation		1			
1a	Name of	of plan				1b	Three-digit		
FOLI	EY IMPL	EMENT COMPANY II	NC 401K PLAN				plan number		
							(PN) <b>•</b>	001	
						1c Effective date of plan 05/01/2003			
			dress; include room or suite numb	er (employer, if for a single-	employer plan)	2b	Employer Identif	ication Number	
		LEMENT COMPANY I	NC				(EIN) 63-05°	16350	
טוועו	GULFE	EQUIPMENT				2c	Sponsor's telepl	none number	
		E HIGHWAY 59 NOR	ТН				251-943		
FUL	EY, AL 3	30535				2d	Business code (		
3a	Plan ad	dministrator's name an	nd address XSame as Plan Spons	sor Name Same as Plan	Sponsor Address	3b	Administrator's E		
						<b>3c</b> Administrator's telephone number			
4			e plan sponsor has changed since mber from the last return/report.	the last return/report filed fo	r this plan, enter the	4b	EIN		
а		or's name	iber from the last retum/report.			4c PN			
5a	Total n	number of participants	at the beginning of the plan year			5a		32	
b	Total n	number of participants	at the end of the plan year			5b		29	
С	Numbe	er of participants with a	account balances as of the end of	the plan year (defined bene-	fit plans do not	_			
		•				5c		17	
			during the plan year invested in e					X Yes   No	
b			the annual examination and report (See instructions on waiver eligible)					X Yes No	
			ther line 6a or line 6b, the plan						
Ca			or incomplete filing of this return						
			ner penalties set forth in the instru					able a Schedule	
		, , ,	nd signed by an enrolled actuary,	•			O, 11	,	
bel	ef, it is t	rue, correct, and comp	olete.						
016		Filed with authorized/	valid electronic signature.	06/17/2013	NICK SUTHEIMER				
SIG									
		Signature of plan ac	aministrator	Date	Enter name of individ	iuai sig	ning as pian adm	inistrator	
SIG									
		Signature of employ		Date	Enter name of individ				
Pre	parer's i	name (including firm n	ame, if applicable) and address; ir	iciuae room or suite number	(optional)	Prep	arer's telephone	number (optional)	

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	rt III Financial Information									
	Plan Assets and Liabilities		(a) Beginning of Yea	(b) End of Year						
	Total plan assets		351769			434815				
	Total plan liabilities	7a 7b	00110					10101	<u> </u>	
	Net plan assets (subtract line 7b from line 7a)	7c	35176	9			434815			
	Income, Expenses, and Transfers for this Plan Year	70		,,,	+		/b) Tota		<u> </u>	
	Contributions received or receivable from:	(a) Amount				(b) Tota				
	(1) Employers	8a(1)	2000	0						
	(2) Participants	8a(2)	2730	)7						
	(3) Others (including rollovers)	Others (including rollovers)								
b	ther income (loss)									
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						8487	2	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	56	54						
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	126	2						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						182	.6	
	Net income (loss) (subtract line 8h from line 8c)	8i						8304	6	
	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics	0)								
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature cod	des from the List of Plan Char	acteris	stic Co	odes in	the instruction	ns:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Plan Chara	cterist	ic Cod	des in t	he instruction	3:		
Part	t V Compliance Questions									
10	During the plan year:				Yes	No	Δr	nount		
a				10a		X	A	ilouin.		
b		? (Do not i	nclude transactions reported	10b		X				
c	Was the plan covered by a fidelity bond?			10c	X	ł				
d									E0000	
		fidelity bon	nd, that was caused by fraud	100	^				50000	
	or dishonesty?			10d	^	X			50000	
е	or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or	ner persons of the bene	by an insurance carrier, fits under the plan? (See	10d	X	X				
	or dishonesty?	ner persons of the bene	by an insurance carrier, fits under the plan? (See	10d 10e					50000	
e	or dishonesty?	ner persons of the bene n?	by an insurance carrier, fits under the plan? (See	10d 10e 10f	X	X				
f g	or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all dinstructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a	ner persons of the bene n?	s by an insurance carrier, fits under the plan? (See	10d 10e						
f	or dishonesty?	ner persons of the bene on? one	s by an insurance carrier, fits under the plan? (See and.)	10d 10e 10f	X				608	
f g	or dishonesty?	ner persons of the bene on? one sof year el (See instru one required	by an insurance carrier, fits under the plan? (See and.)	10d 10e 10f 10g	X	X			608	
f g h	or dishonesty?	ner persons of the bene on? one sof year el (See instru one required	by an insurance carrier, fits under the plan? (See and.)	10d 10e 10f 10g 10h	X	X			608	
f g h	or dishonesty?	ner persons of the bene n?	s by an insurance carrier, fits under the plan? (See and	10d 10e 10f 10g 10h 10i	X	X X		Yes	432	
f g h i	or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all dinstructions.)  Has the plan failed to provide any benefit when due under the plath bid the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10  VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem	ner persons of the bene n?	s by an insurance carrier, fits under the plan? (See and.)	10d 10e 10f 10g 10h 10i	X	X X		Yes	432	
f g h i	or dishonesty?  Were any fees or commissions paid to any brokers, agents, or off insurance service or other organization that provides some or all dinstructions.)  Has the plan failed to provide any benefit when due under the plat Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10  VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ner persons of the bene n? s of year er (See instru ne required 1-3	by an insurance carrier, fits under the plan? (See and.)	10d 10e 10f 10g 10h 10i	X	X X dule SE		Yes	608 432 X No	
f g h i Part 11	or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all dinstructions.)  Has the plan failed to provide any benefit when due under the plath instructions. Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10  VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  Enter the amount from Schedule SB line 39.  Is this a defined contribution plan subject to the minimum funding	ner persons of the bene n?	by an insurance carrier, fits under the plan? (See and.)	10d 10e 10f 10g 10h 10i	X	X X dule SE			608 432 X No	
f g h i Part 11 11a 12	or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all dinstructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10  VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  Enter the amount from Schedule SB line 39.	ner persons of the bene n?	by an insurance carrier, fits under the plan? (See and.)	10d 10e 10f 10g 10h 10i nplete	X X Schee	X  X  dule SE  11a  302 of	ERISA?	Yes	608 432  X No	
f g h i Part 11 11a 12 a	or dishonesty?  Were any fees or commissions paid to any brokers, agents, or off insurance service or other organization that provides some or all of instructions.)  Has the plan failed to provide any benefit when due under the plat Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10  VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  Enter the amount from Schedule SB line 39.  Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below.  If a waiver of the minimum funding standard for a prior year is being the standard for a prior	ner persons of the bene n? s of year er (See instru ne required 1-3 requireme , as applica	s by an insurance carrier, fits under the plan? (See mid.)	10d 10e 10f 10g 10h 10i nplete	X X Schee	X  X  dule SE  11a  302 of  enter th	ERISA?	Yes	608 432  X No	

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	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		_
1	3c(1) Name of plan(s):	3c(2) E	IN(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

## Form 5500-SF

Department of the Tressury 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).

the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public inspection

	Annual Report Identification Information				**		
For	calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending	12/31/2012					
Α	This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer)						
В	This return/report is:  the first return/report the final return/report						
	an amended return/report a short plan year return/report (less then 12 months)						
C	Check box if filing under: Form 5558 automatic extension		DFVC progre	am			
	special extension (enter description)						
	Basic Plan Information—enter all requested information						
1 <b>a</b>	Name of plan	1b	Three-digit plan number				
	FOLEY IMPLEMENT COMPANY INC 401K PLAN		(PN)	001			
		1c	Effective date of	plan			
_			05/01/2003	3			
2a	Pian sponsor's name and address; include room or suite number (employer, if for a single-employer plan) FOLEY IMPLEMENT COMPANY INC	2b	Employer Identif (EIN) 63-051		ber		
	MID GULF EQUIPMENT	2c	Sponsor's telepi (251) 943-		r		
	14733 STATE HIGHWAY 59 NORTH	2d	Business code (	see instruction	ons)		
	FOLEY AL 36535		441228				
3a	Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address	3b	Administrator's I	EIN			
		3c	Administrator's t	elephone nu	mber		
4	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.	4c PN					
	Sponsor's name  Total number of participants at the beginning of the plan year	-	PN		22		
b	그들은 그는 이번 이 그림에도 뭐 그 있다. 그리고 그리면 그렇게 그는 그래요. 이 그리고 그는 그리고	5a 5b			32 29		
11,000	Number of participants with account balances as of the end of the plan year (defined benefit plans do not	<b>5</b> D	-	Karala .	23		
	complete this item)	5c			17		
6a				X Yes	No		
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQ under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	PA)		X Yes	No		
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use			E 100	□		
Car	tion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cau		Table Assessment				
Und	der penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/rej	pert, in	ncluding, if applica				
	or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report ef, it is true, correct, and complete.	, and	to the best of my	knowledge a	and		
<u>ا</u> آڙ	Wagner Blackmon 10.1213 Virginia 1	310	ickmon				
-	Signature of plan administrator Date Enter name of individ	ual sig	ning as plan adn	ninistrator			
99			0.0000000000000000000000000000000000000				
	Signature of employer/plan sponsor Date Enter name of individ						
Pre	parer's name (including firm name, if applicable) and address; include room or suite number (optional)	Prep	parer's telephone	number (opt	ional)		
					他. 7		

_	TGIII 5000 GI 2012		1 030 2							
<b>EPa</b>	Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea			(b) End of Year				
a	Total plan assets	. 7a	35:	1,76	59	,			43	4,815
b	Total plan liabilities	. 7b								210
С	Net plan assets (subtract line 7b from line 7a)	7c	35:	1,76	59				43	4,815
8	Income, Expenses, and Transfers for this Plan Year	10	(a) Amount		Т		(b)	Total		
a	Contributions received or receivable from:				7.7			***	• :	Total
_	(1) Employers	. 8a(1)		0,00	E8-4 (0):27 2					
	(2) Participants	. 8a(2)	2	7,30	)7 變		74			Stringer
	(3) Others (including rollovers)	. 8a(3)			- E.	霉, 	<b>1</b>			
<u>b</u>	Other income (loss)	. 8b		7,56	55	<u>,                                     </u>	The same of	da		***
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c		A S				W. 58	8	4,872
d	Benefits paid (including direct rollovers and insurance premiums	. 8d	ľ	56	4	-	racial library	آان خان	ر انوار انوار	-
_	to provide benefits)				(F)	- CH2	142		in in it.	-1.
-		. 8e		1,26	2	7 30	Min.	7.50 7.50 7.50 7.50	410010	
	Administrative service providers (salaries, fees, commissions)			1,20	12		THE A	1	4	Thu I
-8	Other expenses	T	A Maria Property	715	3230	24.	1	-	Art	1 006
_ <u>n</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)			2011	<b>9</b>					1,826
÷	Net income (loss) (subtract line 8h from line 8c)	. 8i			2	ב וועני	a con this said		8	3,046
1	Transfers to (from) the plan (see instructions)	- 8j			. li	型型	Marie Comment		-	Tril.
Pai	Plan Characteristics							-		
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature co	odes from the List of Plan Chan	acteri	stic Co	odes in	the instru	ction	S:	
b	If the plan provides welfare benefits, enter the applicable welfare f	feature cod	les from the List of Plan Chara	cterist	ic Co	des in 1	the instruc	tions	:	380
Par	Compilance Questions									
10	During the plan year:				Yes	No		Δm	ount	
	Was there a failure to transmit to the plan any participant contribu	utions withi	n the time period described in		-		$\vdash$	7411	Our	
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid	uciary Cor	rection Program)	10a		Х				
	on line 10a.)			10b		х				
	Was the plan covered by a fidelity bond?			10c	х					50,000
d	Did the plan have a loss, whether or not reimbursed by the plan's	s fidelity be	nd, that was caused by fraud			<u></u>				,0,000
	or dishonesty?			10d	_	х	-	_		
0	Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or all						l			
	instructions.)			10e	х					608
f	Has the plan failed to provide any benefit when due under the plan	an?		10f		.x				
	Did the plan have any participant loans? (If "Yes," enter amount a	as of year	and.)	10g	х		$\vdash$			432
	If this is an individual account plan, was there a blackout period?	(See instr	uctions and 29 CFR		-	T.	Take Control			
	2520.101-3.)	THE RESERVE OF THE PARTY OF THE		10h		Х	WE STATE	de la constant	print The	
•	exceptions to providing the notice applied under 29 CFR 2520.10			10i	1	1	-AOKAS		who Z.	
Pari	Mi Pension Funding Compliance				_					
11	Is this a defined benefit plan subject to minimum funding requiren					dule SI	B (Form	T	1	
440	5500) and line 11a below)					44-	T	Ш	Yes	X No
V31956.0		and a				11a		Τr	]v	Els.
12	Is this a defined contribution plan subject to the minimum funding			or se	ection	302 of	ERISA?.		Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below If a waiver of the minimum funding standard for a prior year is bei			otions	and	onto- #	ho data of	the !	ottor =	lina
	grenting the waiver.		Mon	th	, and	Day		Ye		m N
	you completed line 12s, complete lines 3, 9, and 16 of Schedul					481				
b	Enter the minimum required contribution for this plan year					12b	1			

-	Form 5500-SF 2012	Page 3 -	<del></del>					
	Enter the amount contributed by the employer to the	plan for this plan year		12c				
d	Subtract the amount in line 12c from the amount in line amount in line 12c from the am	경기 본 하는 이렇지 않아요		12d				
	Will the minimum funding amount reported on line 12	2d be met by the funding deadline?			Yes	No N/A		
	Plan Terminations and Transfers	of Assets				2019/1	ent	
13a	Has a resolution to terminate the plan been adopted in a	any plan year?		□ \	res X N	0		
	if "Yes," enter the amount of any plan assets that re-	13a						
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the PBGC?							
C	If during this plan year, any assets or liabilities were which assets or liabilities were transferred. (See inst		y the plan(s) t	to		5-2		
1	3c(1) Name of plan(s):		1:	3c(2) El	N(s)	13c(3) PN(s	)	
DE L	Trust Information (optional)							
14a Name of trust				14b Trust's EIN				

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