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

2013

This Form is Open to Public Inspection

| Pension Be | enetit Guaranty Corporation | ▶ Complete all entries in acce | ordance with the instru | ctions to the Form 5500 | O-SF. | | | | |
|--|--|--|---|--|--|--|--|--|--|
| Part I | | dentification Information | | | | | | | |
| For calenda | ar plan year 2013 or fise | cal plan year beginning 01/01/20 | 013 | and ending 1 | 2/20/2 | 013 | | | |
| A This ret | turn/report is for: | X a single-employer plan | a multiple-employer p | lan (not multiemployer) | | a one-partici | pant plan | | |
| B This ret | turn/report is: | | | | | | | | |
| an amended return/report X a short plan year return/report (less than 12 | | | | | | <u></u> | | | |
| C Check box if filing under: | | | | | | DFVC progra | am | | |
| | | special extension (enter descrip | · · · · · · · · · · · · · · · · · · · | | | | | | |
| Part II | Basic Plan Infor | mation—enter all requested infor | mation | | | | | | |
| 1a Name | of plan | | | | 1b | Three-digit | | | |
| FOLEY IMPL | LEMENT COMPANY IN | IC 401K PLAN | | | | plan number | | | |
| | | | | | | (PN) ▶ | 001 | | |
| | | | | | 1c | Effective date o | f plan | | |
| | | | | | | 05/01 | /2003 | | |
| FOLEY IMP | LEMENT COMPANY IN | Iress; include room or suite number | (employer, if for a single- | employer plan) | | | fication Number 16350 | | |
| | EQUIPMENT | 7.1 | | | 2c | Sponsor's telep | | | |
| FOLEY, AL | TE HIGHWAY 59 NORT 36535 | Н | | | 2d Business code (see instructions) | | | | |
| | | | | | | 441228 | | | |
| 3a Plan a | dministrator's name and | d address XSame as Plan Sponso | r Name Same as Plar | Sponsor Address | 3b | Administrator's | EIN | | |
| | | | | | 3c | Administrator's | telephone number | | |
| | | | | | | | | | |
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| | | | | | | | | | |
| 4 If the r | name and/or EIN of the | plan sponsor has changed since the | e last return/report filed for | or this plan, enter the | 4b | EIN | | | |
| name, | , EIN, and the plan num | plan sponsor has changed since th ber from the last return/report. | e last return/report filed fo | or this plan, enter the | | | | | |
| name, a Sponse | , EIN, and the plan num or's name | ber from the last return/report. | | | 4c | | | | |
| name, a Sponse | , EIN, and the plan num or's name | | | | | | 29 | | |
| a Sponso 5a Total r b Total r | , EIN, and the plan num or's name number of participants a number of participants a | at the beginning of the plan year | | | 4c | | 29 | | |
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Form 5500-SF 2013 Page **2**

| Pa | rt III Financial Information | | | | | | | |
|---------------|--|-----------------------|-----------------------------------|---------|-----------------|-----------------|-----------------------------------|--|
| 7 | Plan Assets and Liabilities | | (a) Beginning of Ves | | (b) End of Year | | | |
| _ <u>'</u> _a | Total plan assets | 7a | (a) Beginning of Yea | | | | (b) End of Year | |
| <u>a</u> | · | otal plan liabilities | | | | | 0 | |
| | an assets (subtract line 7b from line 7a) | | | 5 | | | 0 | |
| 8 | , , | 76 | | | | - | | |
| | Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: | | (a) Amount | | | | (b) Total | |
| и | (1) Employers | 8a(1) | 2500 | 0 | | | | |
| | (2) Participants | 8a(2) | 1299 | 7 | | | | |
| | (3) Others (including rollovers) | 8a(3) | | 0 | | | | |
| b | Other income (loss) | 8b | 6415 | 7 | | | | |
| | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | 102154 | |
| d | Benefits paid (including direct rollovers and insurance premiums | 0.1 | 53583 | 1 | | | | |
| | to provide benefits) | 8d | | 0 | | | | |
| <u>e</u> | Certain deemed and/or corrective distributions (see instructions) | 8e | 113 | | | | | |
| <u> </u> | Administrative service providers (salaries, fees, commissions) | 8f | | | | | | |
| <u>g</u> | Other expenses | 8g | | 0 | | | 50000 | |
| <u></u> | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | 536969 | |
| - | Net income (loss) (subtract line 8h from line 8c) | | | | | | -434815 | |
| | Transfers to (from) the plan (see instructions) | 8j | | 0 | | | | |
| | t IV Plan Characteristics | | | | | | | |
| 9a —. | If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D | | | | | | | |
| b | If the plan provides welfare benefits, enter the applicable welfare fe | eature cod | es from the List of Plan Chara | cterist | ic Cod | es in t | he instructions: | |
| Par | t V Compliance Questions | | | | | | - | |
| 10 | During the plan year: | | | | Yes | No | Amount | |
| a | Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure) | | | 10a | | X | | |
| b | Were there any nonexempt transactions with any party-in-interest 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 or dishonesty? | - | | 10d | | X | | |
| — | Were any fees or commissions paid to any brokers, agents, or oth | | | | | | | |
| | insurance service, or other organization that provides some or all | of the ben | efits under the plan? (See | | X | | | |
| | instructions.) | | | 10e | | | 652 | |
| f | Has the plan failed to provide any benefit when due under the plan | n? | | 10f | | X | | |
| g | | | · | 10g | X | | 0 | |
| h | If this is an individual account plan, was there a blackout period? (2520.101-3.) | • | | 10h | | X | | |
| i | If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 | | | 10i | | | | |
| Part | VI Pension Funding Compliance | | | | | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) | | | | | | | |
| 11a | Enter the unpaid minimum required contribution for current year fr | | | | | 11a | | |
| 12 | Is this a defined contribution plan subject to the minimum funding | | · | | | 302 of | ERISA? Yes X No | |
| | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, | | | | | | | |
| а | If a waiver of the minimum funding standard for a prior year is beir granting the waiver. | ng amortiz | ed in this plan year, see instruc | | , and e | enter th Day | ne date of the letter ruling Year | |
| lf | you completed line 12a, complete lines 3, 9, and 10 of Schedule | | | | | | | |
| h | Enter the minimum required contribution for this plan year | | | | | 12b | | |

| Page | 3 - | . 1 | |
|------|-----|-----|--|
| гаус | J | | |

| С | 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? | X | es No | | |
| | If "Yes," enter the amount of any plan assets that reverted to the employer this year | 13a | | | 0 |
| b | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the confidence of the PBGC? | control | | X Yes | No |
| С | 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.) | :0 | | | |
| 1 | 3c(1) Name of plan(s): | 3 c(2) EI | N(s) | 13c(3) | PN(s) |
| | | | | | |
| Part | VIII Trust Information (optional) | | | | |
| 14a | Name of trust | 14b Tr | ust's EIN | • | |
| | | | | | |

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).

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

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

| For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/20/2013 A This return/report is for: | |
|---|--------|
| B This return/report is: the first return/report an amended return/report an amended return/report an amended return/report as short plan year return/report (less than 12 months) C Check box if filing under: Form 5558 automatic extension DFVC program part II Basic Plan Information—enter all requested information 1a Name of plan FOLEY IMPLEMENT COMPANY INC 401K PLAN 1b Three-digit plan number (PN) ▶ 001 1c Effective date of plan | |
| an amended return/report | |
| C Check box if filing under: | |
| special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan FOLEY IMPLEMENT COMPANY INC 401K PLAN 1b Three-digit plan number (PN) | |
| Part II Basic Plan Information—enter all requested information 1a Name of plan FOLEY IMPLEMENT COMPANY INC 401K PLAN 1b Three-digit plan number (PN) ▶ 001 1c Effective date of plan | |
| 1a Name of plan 1b Three-digit plan number (PN) ▶ 001 1c Effective date of plan | |
| FOLEY IMPLEMENT COMPANY INC 401K PLAN plan number (PN) ▶ 001 1c Effective date of plan | |
| POLET IMPLEMENT COMPANT INC 40TR PLAN (PN) ▶ 001 1c Effective date of plan | |
| 1c Effective date of plan | |
| | |
| 03/01/2003 | |
| 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) FOLEY IMPLEMENT COMPANY INC 2b Employer Identification Number (EIN) 63-0516350 | |
| MID GULF EQUIPMENT 2c Sponsor's telephone number | |
| 14733 STATE UICHWAY 59 NORTH | |
| ZO Business code (see instruction | .) |
| FOLEY AL 36535 441228 | |
| 3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address 3b Administrator's EIN | |
| 3c Administrator's telephone nun | er |
| | |
| | |
| 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. a Sponsor's name 4c PN | |
| | |
| • CONTRACT LANCETED METER AND THE PROPERTY OF | 29 |
| b Total number of participants at the end of the plan year | 0 |
| complete this item) | 0 |
| 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) | No |
| | No |
| Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) | NO |
| under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) | |
| under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) | d |
| under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) | nd |
| under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) | _ |
| under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) | e |
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| under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) | e i |
| under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) | e i |

| Par | t III Financial Information | | | | | | |
|----------------|---|--|--|--------------|-------|---------|--------------------|
| 7 | Plan Assets and Liabilities | | (a) Beginning of Yea | ır | T | | (b) End of Year |
| а | Total plan assets | 7a | | 4,81 | .5 | | 0 |
| 977 | Total plan liabilities | 7b | | | 0 | | 0 |
| С | Net plan assets (subtract line 7b from line 7a) | 7c | 434 | 4,81 | .5 | | 0 |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | | | | (b) Total |
| | Contributions received or receivable from: | | | - 00 | | | 3500005 1330 II I |
| | (1) Employers | 8a(1) | | 5,00 2,99 | | | |
| | (2) Participants | 8a(2) | 1, | 2,95 | 0 | - | |
| | (3) Others (including rollovers) | 8a(3) | | 4 10 | _ | | |
| - | Other income (loss) | 8b | 0, | 4,15 | + | | 100 154 |
| | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | 4 | | 102,154 |
| | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | 533 | 5,83 | 34 | | |
| | Certain deemed and/or corrective distributions (see instructions) | 8e | | | 0 | | |
| | Administrative service providers (salaries, fees, commissions) | 8f | | 1,13 | 35 | | |
| | Other expenses | 8g | | 1.50 | 0 | | |
| | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | + | | 536,969 |
| | Net income (loss) (subtract line 8h from line 8c) | 81 | | | + | - 7 | (434,815) |
| - | Transfers to (from) the plan (see instructions) | | | | 0 | | |
| | t IV Plan Characteristics | 8j | | | 4 | | |
| 9a | If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare fe | | | _ | | | |
| Part | V Compliance Questions | | | | | | |
| 10 | During the plan year: | | | - | Yes | No | Amount |
| | Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu | | | 10a | , | х | Amount |
| b | | ? (Do not | include transactions reported | 10b | | х | |
| c | 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 or dishonesty? | | | 10d | | х | |
| е | Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all dinstructions.) | er person of the bene | s by an insurance carrier, afits under the plan? (See | 10e | х | | 652 |
| f | Has the plan failed to provide any benefit when due under the plan | | | 10f | | х | |
| g | Did the plan have any participant loans? (If "Yes," enter amount a | _ | | | х | - | 0 |
| | If this is an individual account plan, was there a blackout period? | See instru | ections and 29 CFR | 10g | _ | v | |
| - i | 2520.101-3.) | ne require | notice or one of the | 10h | | Х | |
| Part | exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance | 1-3 | | 10i | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requirem | ents? (If " | Yes." see instructions and com | plete | Scher | dule SF | 3 (Form |
| | 5500) and line 11a below) Enter the unpaid minimum required contribution for current year for | | | | | | |
| | | | | - | _ | 11a | ERISA? Yes No |
| 12 | Is this a defined contribution plan subject to the minimum funding | | | OF SE | ction | 302 Of | ERISAY Tes Ky NO |
| а | (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 weights. | ng amortiz | ed in this plan year, see instru | | , and | | |
| | granting the waiveryou completed line 12a, completed line 12h, completed line 12h, complete lines 3, 9, and 10 of Schedul | | | | _ | Day | Year |
| _ | Enter the minimum required contribution for this plan year | Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, | | | Т | 12b | |
| | Enter the minimum required contribution for this plan year | | | ••••• | | 120 | |

| | Form 5500-5F 2013 150116 Page 3 - | | | | |
|------|--|-----------------|-----------|-------|---------|
| | 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? | XY | es 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? | | | X Yes | 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) El | N(s) | 13c(3 |) PN(s) |
| | | | | | |
| Part | VIII Trust Information (optional) | | 150 | | |
| 14a | Name of trust | 14b Tr | ust's EIN | | |
| | | | | | |
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