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), 6057(b), 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

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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;
- [X] 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
HAULOTTE BIL-JAX RETIREMENT SAVINGS INVESTMENT PLAN

1b Three-digit plan number (PN) ▶ 004

1c Effective date of plan 08/01/1984

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)

BIL-JAX, INC.

125 TAYLOR PARKWAY
ARCHBOLD, OH 43502

2b Employer Identification Number (EIN)
34-4414138

2c Sponsor's telephone number
419-445-8915

2d Business code (see instructions)
333200

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.	10/20/2014	GUY BURKHOLDER
	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

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

Preparer's telephone number (optional)

3a Plan administrator's name and address [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address

3b Administrator's EIN

3c Administrator's telephone number

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**	256
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**	212
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	64
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	276
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	276
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	255
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	24
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 Characteristics Codes in the instructions:
2E 2F 2G 2J 2K 2S 2T 3D 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics 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)** [ ] 0 **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.**	**2013** **This Form is Open to Public Inspection.**

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan HAULOTTE BIL-JAX RETIREMENT SAVINGS INVESTMENT PLAN	**B** Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 BIL-JAX, INC.	**D** Employer Identification Number (EIN) 34-4414138

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).. . . . . ☐ 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

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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)

FIFTH THIRD BANK RETIREMENT SERVICE
38 FOUNTAIN SQUARE PLAZA
CINCINNATI, OH 45263

(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	RECORDKEEPER	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 [ ]

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)

(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
(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.	

(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

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
HAULOTTE BIL-JAX RETIREMENT SAVINGS INVESTMENT PLAN

B Three-digit plan number (PN) ▶ 004

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
BIL-JAX, INC.

D Employer Identification Number (EIN)
34-4414138

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: MORLEY STABLE VALUE FUND

b Name of sponsor of entity listed in (a): UNION BOND & TRUST

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)
93-6274329-001	C	1245190

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	0

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
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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

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
HAULOTTE BIL-JAX RETIREMENT SAVINGS INVESTMENT PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
BIL-JAX, INC.

D Employer Identification Number (EIN)
34-4414138

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	123157	96802
(2) Participant contributions	1b(2)	1773	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	575048	519496
(9) Value of interest in common/collective trusts	1c(9)	1278387	1245190
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	9016468	9358308
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	10994833	11219796
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h		
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
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	10994833	11219796

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)	96208	
(B) Participants	2a(1)(B)	414590	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		510798
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	24716	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		24716
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	287834	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		287834
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		10010
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1346147
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		2179505
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1943869	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1943869
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		5772
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	4901	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		4901
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1954542
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		224963
l Transfers of assets:			
(1) To this plan	2l(1)		0
(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: REHMANN ROBSON LLC **(2)** EIN: 38-3635706

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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 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		1773
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	

			Yes	No	Amount
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		500000
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)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

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

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
HAULOTTE BIL-JAX RETIREMENT SAVINGS INVESTMENT PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
BIL-JAX, INC.

D Employer Identification Number (EIN)
34-4414138

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): 20-3691658 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 (include any prior year accumulated funding deficiency not waived) **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 or other authority 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. 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 lines 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 lines 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 lines 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 lines 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 lines 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 lines 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 line 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 lines (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 line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Haulotte Bil-Jax Retirement Savings Investment Plan

Years Ended December 31, 2013 and 2012

Financial Statements and Supplementary Information

Rehmann
Business wisdom delivered.

HAULOTTE BIL-JAX RETIREMENT SAVINGS INVESTMENT PLAN

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Note: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

Rehmann

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INDEPENDENT AUDITORS' REPORT

October 13, 2014

Plan Administrator
Haulotte Bil-Jax Retirement Savings Investment Plan
Archbold, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the *Haulotte Bil-Jax Retirement Savings Investment Plan (*the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Independent Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

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 information summarized in Note 2, which was certified by Fifth Third Bank, the trustee of the Plan beginning on December 2, 2013, and Fidelity Management Trust Company, the trustee of the Plan through December 1, 2013, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that Fifth Third Bank held the Plan's investment assets and notes receivable from participants, and executed the related transactions from December 2, 2013 to December 31, 2013, and that Fidelity Management Trust Company held the Plan's investment assets and notes receivable from participants, and executed the related transactions as of December 31, 2012, and for the period from January 1, 2012 through December 1, 2013. The Plan Administrator has obtained certifications from the trustees as of and for the years ended December 31, 2013 and 2012, that the information provided to the Plan Administrator by the trustees is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter – Supplemental Schedules

The supplemental schedules of assets (held at end of year) and delinquent participant contributions as of and for the year ended December 31, 2013, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in these financial statements and supplemental schedules, other than that derived from the information certified by the trustees, 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.

HAULOTTE BIL-JAX RETIREMENT SAVINGS INVESTMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

ASSETS	December 31 2013	December 31 2012
Investments at fair value		
Mutual funds	$ 9,358,308	$ 9,016,468
Common/collective trust	1,245,190	1,278,387
Total investments at fair value	**10,603,498**	**10,294,855**
Receivables		
Employer contributions	96,802	123,157
Participant contributions	-	1,773
Notes receivable from participants	519,496	575,048
Total receivables	**616,298**	**699,978**
Net assets reflecting investments at fair value	**11,219,796**	**10,994,833**
Adjustment from fair value to contract value for fully benefit-responsive investment contract	(6,896)	(42,815)
Net assets available for benefits	**$ 11,212,900**	**$ 10,952,018**

The accompanying notes are an integral part of these financial statements.

HAULOTTE BIL-JAX RETIREMENT SAVINGS INVESTMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Year Ended December 31	
	2013	2012
Additions to net assets attributed to		
Contributions		
Employer	$ 96,206	$ 118,139
Participant	414,590	404,365
Rollover	-	2,479
Total contributions	**510,796**	**524,983**
Net appreciation in fair value of mutual funds	1,382,066	895,195
Dividends, mutual funds	287,836	245,709
Interest, common/collective trust	10,010	17,768
Interest, notes receivable from participants	24,716	25,641
Total additions	**2,215,424**	**1,709,296**
Deductions from net assets attributed to		
Benefits paid to participants	1,943,869	1,268,376
Deemed distributions of notes receivable from participants	5,772	2,611
Administrative and other expenses	4,901	5,583
Corrective distributions	-	6,668
Total deductions	**1,954,542**	**1,283,238**
Net increase	**260,882**	**426,058**
Net assets available for benefits		
Beginning of year	10,952,018	10,525,960
End of year	**$ 11,212,900**	**$ 10,952,018**

The accompanying notes are an integral part of these financial statements.

HAULOTTE BIL-JAX RETIREMENT SAVINGS INVESTMENT PLAN

NOTES TO FINANCIAL STATEMENTS

1. DESCRIPTION OF THE PLAN AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following description of the *Haulotte Bil-Jax Retirement Savings Investment Plan* (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

Description of the Plan

General

The Plan is a defined contribution plan covering substantially all full-time employees of Haulotte U.S. and its participating subsidiaries (the "Company") who are at least eighteen years of age (twenty-one years of age through December 1, 2013) and who have been employed by the Company for at least ninety days (six months through December 1, 2013). Employees may enter the Plan on the first day of each month (first day of each quarter through December 1, 2013) after they have met the eligibility requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Contributions

The Company has a 401(k) arrangement under the Plan whereby participants may make compensation deferral contributions to the Plan. Eligible employees are automatically enrolled in the Plan at a contribution rate of 3% of pre-tax compensation for the first two years (only first year through December 1, 2013), increased by 1% each year until contributions reach 6% of compensation, unless they elect otherwise. Effective December 1, 2013, contributions of automatically enrolled participants are allocated 100% to the Morley Stable Value Fund for a period no longer than 120 days. Participant balances will then be placed into the managed account services program, unless participants elect otherwise. Prior to December 2, 2013, the default investments were Fidelity Freedom Funds, based on normal retirement dates at age 65. Catch-up contributions are allowed for participants who have attained age 50 before the end of the Plan year. Participants may elect to change their contribution rate on the first day of each month (first day of each calendar quarter through December 1, 2013). A participant may also transfer into the Plan a rollover contribution from another qualified retirement program, unless the balances are related to Roth contributions.

The Company contributes a matching amount equal to 50% of each eligible participant's contributions up to 6% of annual compensation as defined by the Plan (a maximum match of 3% of compensation). The Company may also make additional qualified nonelective contributions which would be determined annually at the sole discretion of the Company. A participant must be employed on the last day of the Plan year and have worked at least 1,000 hours during the Plan year to receive the matching or nonelective contributions. No additional nonelective contributions were made in 2013 or 2012.

Effective January 1, 2014, the Company matching contribution was modified to be 100% of each participant's contributions up to 3% plus 50% of the next 3% of each participant's contributions for a maximum match of 4.5% of compensation. Participants no longer are required to be employed on the last day of the Plan year as the matching contributions are made each pay period rather than after year end. Also, effective January 1, 2014, the Company discontinued the automatic enrollment feature of the Plan.

All contributions described above may not exceed the limitations prescribed by the Internal Revenue Code ("IRC").

NOTES TO FINANCIAL STATEMENTS

Participant Accounts

Each participant directs the investment of all contributions to his or her account among the investment options available under the Plan, consisting of mutual funds and a common/collective trust, and may change the investment options selected at any time. Each participant's account is credited with the participant's contributions, employer matching contributions, and allocations of discretionary nonelective employer contributions (when made) based on eligible compensation and investment income or loss based upon the performance of the investment options selected by the participant. Participants who initiate a loan or benefit payment are charged a fee for that transaction.

Plan participants may elect to receive investment advice and managed account services. Under the managed account services program, participants' accounts are automatically monitored, rebalanced and reallocated every quarter based on data resulting from the methodology software employed by an independent financial expert to respond to market performance. Managed account service fees are charged directly to the accounts of participants utilizing the services.

Vesting

Participants become vested in Company contributions at a rate of 20% for each of the first five years of service, or upon death or permanent disability, becoming 100% vested after five years of credited service.

Notes Receivable from Participants

Participants may borrow from their vested accounts a minimum of $1,000 up to a maximum of the lesser of (1) $50,000 reduced by the highest outstanding balance of loans from the Plan during the one-year period ending on the day before the date on which such loan is made, or (2) 50% of the participant's vested balances under the Plan reduced by any outstanding note balances. The term of the note may not exceed five years unless the note is used to acquire a principal residence, in which case the term may not exceed ten years. Participants are allowed to have no more than two notes outstanding at any time. Notes bear interest at rates ranging from 4.25% to 9.25%, which represent 1% over *The Wall Street Journal* prime rate as determined on the date the note originated. Principal and interest is paid ratably through payroll and deductions.

Payment of Benefits

Upon termination of employment, retirement, disability or death, the Plan provides for benefits to be paid in a single distribution at an elected date. The benefit to which a participant is entitled is the benefit that can be provided from the vested value of the participant's account. If the participant's account balance is $1,000 or less, payment will be made in a lump-sum without the participant's consent. Hardship distributions are permitted from participants' elective deferral accounts. If a participant elects to take a hardship withdrawal, compensation deferral contributions are suspended for six months following receipt of the distribution. In-service distributions are permitted if the participant has attained the age of 59½.

NOTES TO FINANCIAL STATEMENTS

Forfeited Accounts

Forfeitures are used first to pay administrative expenses and then to reduce employer contributions. Forfeitures were $5,679 in 2013 and $8,930 in 2012. Unallocated forfeitures amounted to $57,112 and $62,689 at December 31, 2013 and 2012, respectively. Employer contributions paid in 2013 for 2012 were reduced by $18,531 from the forfeiture account. Employer contributions for 2013 will be reduced by $57,112 from the forfeiture account when paid in 2014.

Administrative Expenses

Substantially all expenses associated with the administration of the Plan, including fees for professional services, are paid by the Company and qualify as party-in-interest transactions which are exempt from prohibited transaction rules. Fund expenses are paid by the Plan and allocated to participants' accounts as a reduction of net appreciation in fair value of mutual funds. Participants who elect the managed account services program are assessed a quarterly fee. Loan fees and distribution fees are borne by the applicable participant.

Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP").

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 contracts. The statements of net assets available for benefits present the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The statements of changes in net assets available for benefits are prepared on a contract value basis.

Use of Estimates

The preparation of financial statements in conformity with GAAP requires Plan management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

NOTES TO FINANCIAL STATEMENTS

Investment Valuation and Income Recognition

Investments are reported 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. Plan management determines the Plan's valuation policies utilizing information provided by the investment advisor and trustee. See Note 3 for discussion of fair value measurements.

Purchases and sales of investments are recorded on a trade-date basis. Income from investments is recorded as earned on the accrual basis. The net appreciation in fair value of mutual funds includes the change in fair value of such funds bought and sold as well as held during the year.

Management fees and operating expenses charged to the Plan for investments in mutual funds are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees and operating expenses are reflected as a reduction of net appreciation in fair value of mutual funds.

Notes Receivable from Participants

Notes receivable from participants are reported at their unpaid principal balances plus any accrued but unpaid interest. Related fees are deducted from the loan amount requested. No allowance for credit losses has been recorded as of December 31, 2013 or 2012. If a participant ceases to make loan repayments and the Plan Administrator deems the note receivable to be in default based upon terms in the Plan agreement, the note receivable is reduced and a deemed distribution is recorded.

Contributions

Participants contributions are recorded when they are withheld from compensation. Employer contributions are reported in the period in which they become obligations of the Company.

Payment of Benefits

Benefits are recorded when paid.

Subsequent Events

In preparing these financial statements, Plan management has evaluated, for potential recognition or disclosure, significant events or transactions that occurred during the period subsequent to December 31, 2013, the most recent statement of net assets available for benefits presented herein, through October 13, 2014, the date these financial statements were available to be issued. No such significant events or transactions were identified.

NOTES TO FINANCIAL STATEMENTS

2. INVESTMENTS

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, other than the fair value of the common/collective trusts and the related adjustment from fair value to contract value for the fully benefit-responsive investment contract, the Plan trustees, Fifth Third Bank ("Fifth Third"), from December 2, 2013 through December 31, 2013 and Fidelity Management Trust Company ("Fidelity") from January 1, 2012 through December 1, 2013, have certified the completeness and accuracy of the investment information reflected in (1) the accompanying statements of net assets available for benefits as of December 31, 2013 and 2012, (2) the December 31, 2013, schedule of assets (held at end of year), (3) the related investment activity reflected in the statements of changes in net assets available for benefits during 2013 and 2012, and (4) the information presented below. Fifth Third, from December 2, 2013 through December 31, 2013 and Fidelity, from January 1, 2012 through December 1, 2013 has also certified the completeness and accuracy of notes receivable from participants and the related interest income as of and for the years ended December 31, 2013 and 2012.

Investments representing 5% or more of the Plan's assets available for benefits are as follows at December 31:

	2013	2012
Investments at fair value		
Mutual funds		
JP Morgan SmartRetirement Income 2020 Select	$ 675,813	$ -
JP Morgan SmartRetirement Income 2030 Select	1,423,394	-
JP Morgan SmartRetirement Income 2040 Select	982,207	-
Invesco ComStock Y	736,558	-
T. Rowe Price Growth Stock Fund - Adv	1,666,404	-
Morely Stable Value Fund	1,245,190	-
BlackRock Equity Dividend A	-	893,618
Fidelity Advisor Freedom 2020 A	-	561,252
Fidelity Advisor Freedom 2030 A	-	1,203,296
Fidelity Advisor Freedom 2040 A	-	795,829
Fidelity Advisor New Insights A	-	1,157,990
Fidelity Advisor Stable Value Fund	-	1,278,387
Other investments less than 5% of the Plan's net assets available for benefits	3,873,932	4,404,483
Total	**$ 10,603,498**	**$ 10,294,855**

NOTES TO FINANCIAL STATEMENTS

3. FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of fair value hierarchy under FASB Accounting Standards Codification (ASC) 820*, Fair Value Measurements and Disclosures*, are described as follows:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2: Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability; and
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The fair value measurement level within the fair value hierarchy of each of the Plan's assets and liabilities is based on the lowest level of any input that is significant to the fair value measurements. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. For financial assets recorded at fair value, the description includes an indication of the level of the fair value hierarchy in which the assets are classified. There have been no changes in the methodologies used at December 31, 2013 and 2012.

Mutual funds: Shares held in mutual funds are valued at quoted market prices that represent the net asset value ("NAV") of shares held by the Plan at year end and are classified as Level 1. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities then divided by the number of shares outstanding.

Common/collective trust: The fair value is the NAV of units of the collective trust. The NAV, as provided by the trustee of the collective trust, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient would not be used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Were the Plan to initiate a full redemption of the collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business

NOTES TO FINANCIAL STATEMENTS

manner. Units of the trust are not traded in an active market and this asset is classified as Level 2. The investment objective of this fund is to provide preservation of capital, relatively stable returns consistent with its comparatively low risk profile, and liquidity for benefit responsive payments.

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 Plan management 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.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value at December 31:

2013	Level 1	Level 2	Level 3	Total
Mutual funds				
Large cap	$ 6,017,588	$ -	$ -	$ 6,017,588
Mid cap	714,913	-	-	714,913
Small cap	625,204	-	-	625,204
Intermediate term bond	359,206	-	-	359,206
Diversified emerging markets	289,786	-	-	289,786
High yield bond	312,401	-	-	312,401
Global bond	236,232	-	-	236,232
Global stock	642,373	-	-	642,373
Real estate	160,605	-	-	160,605
Total mutual funds	9,358,308	-	-	9,358,308
Common/collective trust				
Fixed income	-	1,245,190	-	1,245,190
Total investments at fair value	**$ 9,358,308**	**$ 1,245,190**	**$ -**	**$ 10,603,498**

2012	Level 1	Level 2	Level 3	Total
Mutual funds				
Large cap blend	$ 3,327,661	$ -	$ -	$ 3,327,661
Large cap growth	1,157,990	-	-	1,157,990
Multisector blend	139,872	-	-	139,872
Large cap value	893,618	-	-	893,618
Fixed income	785,713	-	-	785,713
Mid cap	745,270	-	-	745,270
Small cap	504,007	-	-	504,007
Global bond	207,971	-	-	207,971
Global stock	927,155	-	-	927,155
Real estate	327,211	-	-	327,211
Total mutual funds	9,016,468	-	-	9,016,468
Common/collective trust				
Fixed income	-	1,278,387	-	1,278,387
Total investments at fair value	**$ 9,016,468**	**$ 1,278,387**	**$ -**	**$ 10,294,855**

NOTES TO FINANCIAL STATEMENTS

The following table sets forth additional disclosures for the fair value measurement of investments in certain entities that calculate net asset value per share (or its equivalent) as of December 31:

Investment Type	Fair Value 2013	Fair Value 2012	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Common/collective trust	$1,245,190	$1,278,387	$ -	Daily	30 days

4. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Certain mutual funds and the common/collective trust were managed by affiliates of Fidelity. Fidelity was the trustee of the Plan and, therefore, transactions related to these investments qualified as party-in-interest transactions which were exempt from the prohibited transaction rules. Fees paid to Fidelity amounted to $4,901 in 2013 and $5,583 in 2012. Fees paid by the Plan for investment management services are included in net appreciation in fair value of mutual funds.

5. INCOME TAX STATUS

The Plan is a prototype plan sponsored by Fifth Third. The prototype plan received a favorable opinion letter dated March 31, 2008, from the Internal Revenue Service ("IRS") stating that the prototype plan, as designed, qualified under Section 401(a) of the IRC and, therefore, plans operated according to the provisions of the prototype plan are not subject to tax under Section 501(a) of the IRC. The Plan has not sought a separate qualification determination from the IRS. The prototype plan has been amended since the date of the opinion letter, however, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC and that the Plan is qualified and the related trust is exempt from income taxes.

The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2013, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or asset or disclosure in the financial statements. The Plan may be subject to routine audits by the IRS; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes the Plan is no longer subject to income tax examinations for years prior to 2010.

6. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their accounts and their account balances would be distributed to them.

NOTES TO FINANCIAL STATEMENTS

7. DELINQUENT PARTICIPANT CONTRIBUTIONS

During 2012, the Company was untimely in remitting certain participant contributions in the amount of $1,773 (reflected in participant contributions receivable on the 2012 statement of net assets available for benefits). Late remittances of participant contributions constitute a prohibited transaction under ERISA section 406, regardless of materiality. The Company remitted the delinquent participant contributions in January 2013, and reimbursed the Plan for any lost earnings in 2013.

8. RISKS AND UNCERTAINTIES

The Plan invests in various mutual funds and a common/collective trust with the underlying assets consisting of any combination of stocks, bonds, fixed income securities and other investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investments and the level of uncertainty related to changes in the value of investments, it is at least reasonably possible that changes in value in the near term could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits.

9. RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORMS 5500

The following is a reconciliation of net assets available for benefits reported in these financial statements to the amounts reported on Schedule H of Forms 5500 at December 31:

	2013	2012
Net assets available for benefits reported in these financial statements	$ 11,212,900	$ 10,952,018
Adjustment from contract value to fair value for fully benefit-responsive investment contract	6,896	42,815
Net assets available for benefits reported on Schedule H of Forms 5500	**$ 11,219,796**	**$ 10,994,833**

The following is a reconciliation of change in net assets available for benefits per the financial statements of Forms 5500 for the years ended December 31:

	2013	2012
Change in net assets available for benefits reported in these financial statements	$ 260,882	$ 426,058
Change in adjustment from contract value to fair value for fully benefit-responsive investment contract	(35,919)	(16,892)
Change in net assets available for benefits reported on Schedule H of Forms 5500	**$ 224,963**	**$ 409,166**

■ ■ ■ ■ ■

SUPPLEMENTARY INFORMATION

HAULOTTE BIL-JAX RETIREMENT SAVINGS INVESTMENT PLAN

SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
FOR THE YEAR ENDED DECEMBER 31, 2013
PLAN #004
EIN 34-4414138

Participant Contributions Transferred Late to the Plan	Total That Constitutes Nonexempt Prohibited Transactions			
Check here if Late Participant Loan Repayments are Included: x	Contributions Not Corrected	Contributions Corrected Outside of Voluntary Fiduciary Correction Program (VFCP)	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and Prohibited Transaction Exemption 2002-51
January 7, 2013	$ -	$ 1,773	$ -	$ -

HAULOTTE BIL-JAX RETIREMENT SAVINGS INVESTMENT PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2013
PLAN #004
EIN 34-4414138

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
	Mutual funds		
	JP Morgan	JP Morgan SmartRetirement Income Select, 8,332	$ 143,060
	JP Morgan	JP Morgan SmartRetirement Income 2015 Select, 882 shares	15,210
	JP Morgan	JP Morgan SmartRetirement Income 2020 Select, 37,755 shares	675,813
	JP Morgan	JP Morgan SmartRetirement Income 2025 Select, 582 shares	10,036
	JP Morgan	JP Morgan SmartRetirement Income 2030 Select, 76,774 shares	1,423,394
	JP Morgan	JP Morgan SmartRetirement Income 2035 Select, 2,053 shares	36,439
	JP Morgan	JP Morgan SmartRetirement Income 2040 Select, 51,695 shares	982,207
	JP Morgan	JP Morgan SmartRetirement Income 2045 Select, 578 shares	10,388
	JP Morgan	JP Morgan SmartRetirement Income 2050 Select, 5,180 shares	92,931
	JP Morgan	JP Morgan SmartRetirement Income 2055 Select, 21 shares	404
	Harbor	Harbor International Fund - Inv, 4,855 shares	341,454
	Oppenheimer Funds	Oppenheimer Developing Markets Y, 7,715 shares	289,786
	Oppenheimer Funds	Oppenheimer Global Opportunities Y, 5,859 shares	243,143
	TIAA-CREF	TIAA-CREF International Equity Index Retirement, 2,948 shares	57,776
	ING	ING Real Estate W, 8,223 shares	160,605
	American Beacon	American Beacon Small Cap Value Inv, 8,671 shares	229,338
	Columbia	Columbia Small Cap Index A, 15,192 shares	356,247
	T. Rowe Price	T. Rowe Price Small Cap Stock - Adv, 897 shares	39,620
	Artisan	Artisan Mid Cap Inv, 7,050 shares	335,704
	Artisan	Artisan Mid Cap Value Investor, 9,548 shares	257,794
	Columbia	Columbia Mid Cap Index A, 8,041 shares	121,415
	Columbia	Columbia Large Cap Index A, 6,324 shares	224,743
	Invesco	Invesco ComStock Y, 30,987 shares	736,558
	T. Rowe Price	T. Rowe Price Growth Stock Fund - Adv, 32,102 shares	1,666,404
	Fidelity Investments	Fidelity Advisor Strategic Income A, 1,201 shares	14,530
	Hotchkis and Wiley	Hotchkis and Wiley High Yield A, 22,931 shares	297,871
	PIMCO	Pimco Total Return Fund - Admin, 33,602 shares	359,206
	Franklin Templeton	Templeton International Bond Adv, 20,277 shares	236,232
	Total mutual funds		9,358,308
	Common/collective trust		
	Union Bond & Trust Company	Morley Stable Value Fund, 54,070 units ($1,238,294 contract value)	1,245,190
	Total investments at fair value		**10,603,498**
*	Notes receivable from participants	Maturing through September 16, 2022, interest rates from 4.25% to 9.25%, collateral - participant account balances	519,496
	Total		**$ 11,122,994**

a) An asterisk in this column identifies a person known to be a party-in-interest.

The above information has been certified by Fifth Third Bank, trustee of the Plan, as complete and accurate.

Schedule H/I, Line 4a
Schedule of Delinquent Participant Contributions

Name of Plan: Haulette Bil-Jax Retirement Savings Investment Plan

►

Employer Identification No.: ► 34-441438

Plan year (beginning/ending):► 01/01/2013-12/31/2013 Plan number:► 004

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: ☒	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
		1773		

ASSETS HELD FOR INVESTMENT PURPOSES

Haulotte Bil-Jax Retirement Savings Investment Plan
02-DEC-13 to 31-DEC-13

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1JSRSX			143,637.28	143,060.37
1JSFSX			15,271.06	15,210.24
1JTTSX			679,525.69	675,812.64
1JNSSX			10,182.33	10,035.73
1JSMSX			1,436,779.18	1,423,393.95
1SRJSX			37,011.18	36,439.37
1SMTSX			990,680.19	982,207.40
1JSASX			10,531.10	10,388.45
1JTSSX			94,316.01	92,930.72
1JFFSX			404.10	404.50
1HIINX			337,384.80	341,453.63
1ODVYX			288,490.65	289,785.58
1OGIYX			236,229.39	243,143.22
1TRIEX			57,697.33	57,776.53
1IREWX			159,463.28	160,604.62
1AVPAX			241,611.85	229,338.09
1NMSAX			359,926.79	356,246.61
1PASSX			39,495.04	39,619.76
1ARTMX			324,591.77	335,703.96
1ARTQX			251,608.82	257,794.03
1NTIAX			121,255.71	121,414.69
1NEIAX			221,346.74	224,742.58
1ACSDX			720,218.33	736,558.07
1TRSAX			1,607,059.20	1,666,404.33
1FSTAX			14,741.64	14,529.98
1HWHAX			300,151.98	297,870.62
1PI-TRT			364,504.80	359,205.67
1FIBZX			235,022.57	236,232.23
1MOR803			1,180,812.62	1,181,182.45
			10,479,951.43	**10,539,490.02**
PARTICIPANT LOANS	VARIOUS	4.250-9.250	530,400.33	531,668.64
FORFEITURES			57,097.78	57,111.99

Attachment to Form 5500, Schedule H, Part 4, Item I
EIN # 34-4414138

ASSETS HELD FOR INVESTMENT PURPOSES

Haulotte Bil-Jax Retirement Savings Investment Plan
02-DEC-13 to 31-DEC-13

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE

LEGEND

INVESTMENT OPTION:

1JSRSX	J P Morgan SmartRetirement Income Select
1JTTSX	J P Morgan SmartRetirement 2020 Select
1JSMSX	J P Morgan SmartRetirement 2030 Select
1SMTSX	J P Morgan SmartRetirement 2040 Select
1JTSSX	J P Morgan SmartRetirement 2050 Select
1HIINX	Harbor International Fund - Inv
1OGIYX	Oppenheimer Global Opportunities Y
1IREWX	ING Real Estate W
1NMSAX	Columbia Small Cap Index A
1ARTMX	Artisan Mid Cap Inv
1NTIAX	Columbia Mid Cap Index A
1ACSDX	Invesco Comstock Y
1FSTAX	Fidelity Advisor Strategic Income A
1PI-TRT	PIMCO Total Return Fund - Admin
1MOR803	Morley Stable Value Fund
1JSFSX	J P Morgan SmartRetirement 2015 Select
1JNSSX	J P Morgan SmartRetirement 2025 Select
1SRJSX	J P Morgan SmartRetirement 2035 Select
1JSASX	J P Morgan SmartRetirement 2045 Select
1JFFSX	J P Morgan SmartRetirement 2055 Select
1ODVYX	Oppenheimer Developing Markets Y
1TRIEX	TIAA-CREF International Eq Idx Retire
1AVPAX	American Beacon Small Cp Val Inv
1PASSX	T. Rowe Price Small Cap Stock - Adv
1ARTQX	Artisan Mid Cap Value Investor
1NEIAX	Columbia Large Cap Index A
1TRSAX	T. Rowe Price Growth Stock Fund - Adv
1HWHAX	Hotchkis and Wiley High Yield A
1FIBZX	Templeton International Bond Adv

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year
CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year