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 Identific	ation Information					
For cale	ndar plan year 2013 or fiscal plan				31/2014		
A This return/report is for: a multiemployer plan; a multiple-employer plan; a multiple-employer plan; or							
□ a Single-employer plan; □ a DFE (specify)							
B This	return/report is:	the first return/report;	<u> </u>	return/report;			
		an amended return/report;	a short	plan year return/report (les	s than 12 m	onths).	
C If the	plan is a collectively-bargained pla	an, check here				. •	
D Chec	k box if filing under:	X Form 5558;	automa	tic extension;	☐ th	e DFVC program;	
	-	special extension (enter des	scription)		<u>—</u>		
Part	I Basic Plan Information	on—enter all requested informa	ation				
	ne of plan H&E TURBO BLADING, INC. SEC				1b	Three-digit plan number (PN) ▶	501
STORK	nae Turdu blading, inc. sec	TION 125 CAPETERIA PLAN			1c	Effective date of pl	an
2a Plan	sponsor's name and address; inc	Jude room or suite number (em	ployer if for a single	a-employer plan)	2h	Employer Identifica	etion
	H&E TURBO BLADING, INC.	lade room of suite number (emp	pioyei, ii ioi a sirigie	e-employer plan)	20	Number (EIN) 16-1160265	allon
	2, 2				2c Sponsor's telephone number		ne
224.00	AFORT DOAD	224 2014	500T 00 4 D		607-277-4968		8
ITHACA	MFORT ROAD NY 14850	334 COM ITHACA, I	FORT ROAD NY 14850		2d	Business code (se instructions) 333610	е
0	A manufaction that had a section of					-1 d	
	A penalty for the late or incom						alula a
	enalties of perjury and other penalth ats and attachments, as well as the						
SIGN HERE	Filed with authorized/valid electron	nic signature.	01/08/2015	DEBBIE CHADWICK			
TIEKE	Signature of plan administrato	r	Date	Enter name of individua	al signing as	plan administrator	
OLON.							
SIGN HERE	Filed with authorized/valid electron	nic signature.	01/08/2015	DEBBIE CHADWICK			
	Signature of employer/plan sp	onsor	Date	Enter name of individua	al signing as	employer or plan sp	onsor
SIGN							
HERE	Signature of DFE		Date	Enter name of individua	al signing as	DFE	
			Preparer's (optional)	reparer's telephone number			

	Form 5500 (2013) Page 2		
3a	Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address	3b Administrate	or's EIN
		3c Administrato number	r's telephone
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:	4b EIN	
а	Sponsor's name	4c PN	
5	Total number of participants at the beginning of the plan year	5	127
6	Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).		
а	Active participants	<u>6a</u>	129
b	Retired or separated participants receiving benefits	6b	1
С	Other retired or separated participants entitled to future benefits	6c	0
d	Subtotal. Add lines 6a, 6b, and 6c	6d	130
е	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	
f	Total. Add lines 6d and 6e.	6f	130
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
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 Co	des in the instruction	ns:
	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Cod 4A 4B 4D 4E 4H 4L		s:
9a	Plan funding arrangement (check all that apply) (1)	hat apply)	
	(1) Insurance (1) X Insurance (2) Code section 412(e)(3) insurance contracts (2) Code section 412(e)(3)) insurance contrac	ts
	(3) Trust (3) Trust	,ou.uoo oou.	
	(4) X General assets of the sponsor (4) X 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 nur	nber attached. (Se	e instructions)
а	Pension Schedules b General Schedules		
-	(1) R (Retirement Plan Information)	rmation)	
		,	
		rmation – Small Pla	n)
	Purchase Plan Actuarial Information) - signed by the plan (3) (4) 4 A (Insurance Information) C (Service Provi	,	
	(-) C (Service Flow)	aoi iiiioiiiialioii <i>j</i>	

(4)

(5)

(6)

SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

(3)

D (DFE/Participating Plan Information)

G (Financial Transaction Schedules)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.

Insurance companies are required to provide the information

OMB No. 1210-0110

2013

This Form is Open to Public

			ERISA section 103(a)(2).	omation		Inspection
For calendar plan year 20	13 or fiscal plai	n year beginning 06/01/2013	а	and ending 05	5/31/2014	
A Name of plan STORK H&E TURBO BLA	ADING, INC. SE	ECTION 125 CAFETERIA PLAN	В	Three-digit plan number (P	N) •	501
C Plan sponsor's name a STORK H&E TURBO BLA		e 2a of Form 5500		Employer Identific 16-1160265	cation Number	(EIN)
		ing Insurance Contract Individual contracts grouped as				
1 Coverage Information:						
(a) Name of insurance ca	rrier					
- EXCELEGO BOBO			(e) Approximate number	r of	Policy or or	ontract year
(b) EIN	(c) NAIC code	(d) Contract or identification number	persons covered at end	of (f)	From	(g) To
15-0329043	55107	8477	policy or contract year	06/01/20		05/31/2014
2 Insurance fee and com descending order of the		ation. Enter the total fees and to	otal commissions paid. List in	line 3 the agents,	brokers, and o	ther persons in
(a) Total amount of commissions paid (b) Total amount of fees paid						
		55140				
3 Persons receiving com	missions and fo	ees. (Complete as many entrie	s as needed to report all perso	ons).		
		and address of the agent, broke	r, or other person to whom cor PLUM STREET. SUITE 200	nmissions or fees	s were paid	
BROWN & BROWN OF N	NEW YORK, IN		ACUSE, NY 13204			
(b) Amount of sales ar	nd base	Fe	es and other commissions pa	id		
commissions pa		(c) Amount	(d) Purpose			(e) Organization code
	55140					3
	(a) Name a	and address of the agent, broke	r, or other person to whom cor	nmissions or fees	s were paid	
(b) Amount of sales a	nd base	Fe	es and other commissions pa	id		
commissions pa		(c) Amount	(d) Purpose			(e) Organization code

Schedule A (Form 5500)	2013	Page 2 - 1	
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	vere paid
(4)	and and address of the agent, stone	.,	
		Fees and other commissions paid	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
	(o) / tinodit	(a) 1 dipose	0000
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	ere paid
		Fees and other commissions paid	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
	(O) / timodine	(a) 1 diposes	0000
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	vere paid
	_		
		Fees and other commissions paid	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
	(o) / unoun	(4)	3345
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	vere paid
		Fees and other commissions paid	() 0
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
	(1)	()	
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	ere paid
(h) Amount of sales and har-		Fees and other commissions paid	(2) Omanination
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
	, ,	, , ,	

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Pa	art II					
		Where individual contracts are provided, the entire group of such individual this report.	idual contra	cts with each carrier ma	ly be treated as a	a unit for purposes of
4	Curr	ent value of plan's interest under this contract in the general account at year	end		4	
		ent value of plan's interest under this contract in separate accounts at year e			5	
6	Cont	racts With Allocated Funds:				_
	а	State the basis of premium rates •				
	_					
	b	Premiums paid to carrier			6b	
	C _.	Premiums due but unpaid at the end of the year			6с	
	d	If the carrier, service, or other organization incurred any specific costs in coretention of the contract or policy, enter amount.			6d	
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferred	d annuity			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan, o	check here		
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma				
	а			tion guarantee		
		(3) guaranteed investment (4) other		· ·		
		(3) guaranteed investment (4) clifer y				
	b	Balance at the end of the previous year			7b	
	C	Additions: (1) Contributions deposited during the year	1		75	
		(2) Dividends and credits	7c(2)			
		(3) Interest credited during the year	- (a)			
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	7c(5)			
		•				
		(6)Total additions			7c(6)	
	d	Total of balance and additions (add lines 7b and 7c(6)).			7d	
		Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) Administration charge made by carrier	7e(2)			
		(3) Transferred to separate account	7e(3)			
		(4) Other (specify below)	7e(4)			
		>				
		(5) Total deductions			7e(5)	
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)				

Page 4	

	Schedule A (Form 5500) 2013		Pa	ige 4		
Part III	If more than one contract covers the same g information may be combined for reporting p the entire group of such individual contracts	roup of employees of the urposes if such contracts with each carrier may be	are experience	ce-rated as a unit. Wh	nere contracts co	
8 Bene	efit and contract type (check all applicable boxes)					
a 🛚	Health (other than dental or vision)	b Dental	С	Vision	d [Life insurance
e	Temporary disability (accident and sickness)	f Long-term disabi	lity g	Supplemental unem	ployment h	Prescription drug
ιĒ	Stop loss (large deductible)	j HMO contract	k [PPO contract	ı	Indemnity contract
m [Other (specify)	<i>,</i> –		_	_	_ ,
	_ cure (epoon)/ /					
9 Expe	rience-rated contracts:					
	Premiums: (1) Amount received		9a(1)		1625358	
	(2) Increase (decrease) in amount due but unpai	d	. 9a(2)			
	(3) Increase (decrease) in unearned premium res	serve	9a(3)			
	(4) Earned ((1) + (2) - (3))		<u></u>		. 9a(4)	1625358
b	Benefit charges (1) Claims paid		9b(1)		1159591	
	(2) Increase (decrease) in claim reserves		. 9b(2)		0	
	(3) Incurred claims (add (1) and (2))					1159591
	(4) Claims charged				. 9b(4)	1159591
С	Remainder of premium: (1) Retention charges (c	on an accrual basis)				
	(A) Commissions		_ ` ` ` `		44697	
	(B) Administrative service or other fees		***		171963	
	(C) Other specific acquisition costs		0 (4)(5)			
	(D) Other expenses					
	(E) Taxes					
	(F) Charges for risks or other contingencies.					
	(G) Other retention charges		. , , , ,		00(4)(H)	04000
	(H) Total retention	_	_		` ' ` '	216660
	(2) Dividends or retroactive rate refunds. (These		<u></u>			
d	Status of policyholder reserves at end of year: (1					
	(2) Claim reserves				9d(2)	
	(3) Other reserves				9d(3)	
	Dividends or retroactive rate refunds due. (Do n	ot include amount entere	ed in line 9c(2)	1.)	. 9e	
	nexperience-rated contracts:	agriar			100	
	Total premiums or subscription charges paid to o				. 10a	
	If the carrier, service, or other organization incur retention of the contract or policy, other than rep				. 10b	
Sp	ecify nature of costs					

Part	IV	Provision of Information			
11 D	Did the	insurance company fail to provide any information necessary to complete Schedule A?	Yes	X	No

¹² If the answer to line 11 is "Yes," specify the information not provided. •

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Insurance 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

Pension Benefit Guaranty Co	orporation	Insurance companie pursuant to		required to provide tl SA section 103(a)(2)		formation			Inspection
For calendar plan year 2013 or fiscal plan year beginning 06/01/2013						and ending 05	/31/2014		
A Name of plan	•	ECTION 125 CAFETERIA PLA			В	Three-digit plan number (Pl	N) •		501
C Plan sponsor's name a STORK H&E TURBO BLA		ne 2a of Form 5500				Employer Identific	cation Num	ber (EIN)
Part I Information on a separate	Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.								nation for each contract A.
1 Coverage Information:									
(a) Name of insurance ca	rrier								
	(c) NAIC	(d) Contract or		(e) Approximate nu			Policy	or cc	ontract year
(b) EIN	code	identification number		persons covered at end of policy or contract year		(1)	From		(g) To
15-0329043	55107	14542		113		06/01/20)13		05/31/2014
2 Insurance fee and com- descending order of the		nation. Enter the total fees and	total c	ommissions paid. Li	ist in	line 3 the agents,	brokers, a	nd ot	ther persons in
(a) Total a	amount of com	nmissions paid				(b) Total amount	of fees pa	id	
•									0
3 Persons receiving com		fees. (Complete as many entri			-				
	(a) Name	and address of the agent, brok	er, or o	other person to whor	n cor	nmissions or fees	were paid		
(b) Amount of sales ar	nd base	F	Fees a	and other commission	ns pa	id			
commissions pa	id	(c) Amount		(d) Purpose		urpose			(e) Organization code
	(a) Name	and address of the execut head		othor porosis to use s	m c = :	mminnione entere	ore ==!		
	(a) Name	and address of the agent, broke	er, or o	otner person to whor	n cor	nmissions or tees	were paid		
(b) Amount of sales and base Fees a				ınd other commissior	ns pa	id			
commissions pa		(c) Amount			(d) P	urpose			(e) Organization code

Schedule A (Form 5500)	2013	Page 2 - 1	
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	vere paid
(4)	and and address of the agent, profit	.,	
		Fees and other commissions paid	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
	(o) / tinodit	(a) 1 dipose	0000
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	ere paid
		Fees and other commissions paid	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
	(O) / timodine	(a) 1 diposes	0000
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	vere paid
	_		
		Fees and other commissions paid	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
	(o) / unoun	(4)	3345
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	vere paid
		Fees and other commissions paid	() 0
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
	(1)	()	
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	ere paid
(h) Amount of sales and har-		Fees and other commissions paid	(2) Omanination
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
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Part II						
		Where individual contracts are provided, the entire group of such individual this report.	idual contra	cts with each carrier ma	ly be treated as a	a unit for purposes of
4	Curr	ent value of plan's interest under this contract in the general account at year	end		4	
		ent value of plan's interest under this contract in separate accounts at year e			5	
6	Cont	racts With Allocated Funds:				_
	а	State the basis of premium rates •				
	_					
	b	Premiums paid to carrier			6b	
	C _.	Premiums due but unpaid at the end of the year			6с	
	d	If the carrier, service, or other organization incurred any specific costs in coretention of the contract or policy, enter amount.			6d	
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferred	d annuity			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan, o	check here		
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma				
	а			tion guarantee		
		(3) guaranteed investment (4) other		· ·		
		(3) guaranteed investment (4) clifer y				
	b	Balance at the end of the previous year			7b	
	C	Additions: (1) Contributions deposited during the year	1		75	
		(2) Dividends and credits	7c(2)			
		(3) Interest credited during the year	- (a)			
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	7c(5)			
		•				
		(6)Total additions			7c(6)	
	d	Total of balance and additions (add lines 7b and 7c(6)).			7d	
		Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) Administration charge made by carrier	7e(2)			
		(3) Transferred to separate account	7e(3)			
		(4) Other (specify below)	7e(4)			
		>				
		(5) Total deductions			7e(5)	
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)				

Page 4	
employer(s) or members of the same en perience-rated as a unit. Where contract d as a unit for purposes of this report.	
c ☐ Vision g ☐ Supplemental unemployment k ☐ PPO contract	d Life insurance h Prescription dru l Indemnity contra

Pa	art II	Welfare Benefit Contract Informat If more than one contract covers the same gr information may be combined for reporting p the entire group of such individual contracts of	roup of employees of the surposes if such contracts a	are experie	ence	e-rated as a unit. Wh	ere contract		
8	Bene	efit and contract type (check all applicable boxes)							
	а	Health (other than dental or vision)	b X Dental	С	; \Box	Vision		d Life ins	urance
	е	Temporary disability (accident and sickness)	f Long-term disabilit	v a	ıП	Supplemental unemp	olovment	h Prescri	ption drug
	i	Stop loss (large deductible)	j HMO contract	_	ш	PPO contract	,	브	nity contract
	m∫	Other (specify)	, I illino contract		`Ш	11 0 contract			inty contract
_									
9		erience-rated contracts:	Г	0 (4)			00400	_	
		Premiums: (1) Amount received	H	9a(1)			60120	_	
		(2) Increase (decrease) in amount due but unpaid	i i	9a(2)					
		(3) Increase (decrease) in unearned premium res	-				00(4)		60120
		(4) Earned ((1) + (2) - (3))			 T		9a(4) 39891		00120
		(2) Increase (decrease) in claim reserves	T T T T T T T T T T T T T T T T T T T				33031	_	
		(3) Incurred claims (add (1) and (2))	<u>-</u>				9b(3)		39891
		(4) Claims charged					9b(4)		39891
		Remainder of premium: (1) Retention charges (c				•••••	35(4)		00001
	•	(A) Commissions	΄ Γ	9c(1)(A)		2705	_	
		(B) Administrative service or other fees	I	9c(1)(B)			6763	-	
		(C) Other specific acquisition costs		9c(1)(C)			0.00		
		(D) Other expenses		9c(1)(D)				_	
		(E) Taxes		9c(1)(E))				
		(F) Charges for risks or other contingencies.		9c(1)(F))				
		(G) Other retention charges		9c(1)(G)				
		(H) Total retention	······				9c(1)(H)		9468
		(2) Dividends or retroactive rate refunds. (These	amounts were paid in	cash, or	С	redited.)	9c(2)		
	d	Status of policyholder reserves at end of year: (1) Amount held to provide I	benefits af	ter	retirement	9d(1)		
		(2) Claim reserves					9d(2)		
		(3) Other reserves					9d(3)		
	е	Dividends or retroactive rate refunds due. (Do n	ot include amount entered	in line 9c	(2).)	9e		
10) No	nexperience-rated contracts:			_				
	а	Total premiums or subscription charges paid to o	carrier				10a		
	b	If the carrier, service, or other organization incur retention of the contract or policy, other than rep					10b		
	Sp	ecify nature of costs							

Part IV	Provision of Information			
11 Did th	e insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	

Schedule A (Form 5500) 2013

¹² If the answer to line 11 is "Yes," specify the information not provided.

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 06/01/2013 and ending 05/31/2014							
A Name of plan STORK H&E TURBO BLADING, INC. SECTION 125 CAFETERIA PLAN				hree-digit blan number (PN)	501		
C Plan sponsor's name a STORK H&E TURBO BLA		e 2a of Form 5500		nployer Identification Number -1160265	(EIN)		
		ing Insurance Contract (Individual contracts grouped as					
1 Coverage Information:							
(a) Name of insurance ca	rrier						
HARTFORD LIFE AND A	CCIDENT						
			(e) Approximate number of	of Policy or c	ontract year		
(b) EIN	(c) NAIC code	(d) Contract or identification number	persons covered at end of policy or contract year		(g) To		
06-0838648	70815	855438G	129	01/01/2013	12/31/2013		
2 Insurance fee and communication descending order of the		ation. Enter the total fees and total	al commissions paid. List in lin	e 3 the agents, brokers, and c	ther persons in		
	amount of comr	missions paid	(h) Total amount of fees paid			
(a) 10tal a	amount of com	9488	u)	Total amount of fees paid	1962		
3 Persons receiving com	missions and fe	ees. (Complete as many entries	as needed to report all persons	s).			
	(a) Name a	nd address of the agent, broker,	or other person to whom comm	nissions or fees were paid			
BROWN & BROWN OF N		C. 500 P	LUM STREET, SUITE 200 CUSE, NY 13204	·			
					1		
(b) Amount of sales ar	nd base	Fee	s and other commissions paid				
commissions pai		(c) Amount	(d) Pur	(e) Organization code			
	9488	1962 BC	DNUS COMMISSIONS		3		
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid							
	(a)						
(b) Amount of sales and base Fees			s and other commissions paid				
commissions pai		(c) Amount	(d) Pur	oose	(e) Organization code		
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. Schedule A (Form 5500) 2013							

Schedule A (Form 5500)	2013	Page 2 - 1				
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	vere paid			
(4)	and and address of the agent, profit	.,				
		Fees and other commissions paid				
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code			
	(o) / tinodit	(a) 1 dipose	0000			
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	ere paid			
		Fees and other commissions paid				
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code			
	(O) / timodine	(a) 1 diposes	0000			
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	vere paid			
	_					
		Fees and other commissions paid				
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code			
	(o) / unoun	(4)	3345			
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	vere paid			
		Fees and other commissions paid	() 0			
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code			
	(1)	()				
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid						
(h) Amount of sales and har-		Fees and other commissions paid	(2) Omanination			
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code			
	, ,	, , ,				

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Part II						
		Where individual contracts are provided, the entire group of such individual this report.	idual contra	cts with each carrier ma	ly be treated as a	a unit for purposes of
4	Curr	ent value of plan's interest under this contract in the general account at year	end		4	
		ent value of plan's interest under this contract in separate accounts at year e			5	
6	Cont	racts With Allocated Funds:				_
	а	State the basis of premium rates •				
	_					
	b	Premiums paid to carrier			6b	
	C _.	Premiums due but unpaid at the end of the year			6с	
	d	If the carrier, service, or other organization incurred any specific costs in coretention of the contract or policy, enter amount.			6d	
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferred	d annuity			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan, o	check here		
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma				
	а			tion guarantee		
		(3) guaranteed investment (4) other		· ·		
		(3) guaranteed investment (4) clifer y				
	b	Balance at the end of the previous year			7b	
	C	Additions: (1) Contributions deposited during the year	1		75	
		(2) Dividends and credits	7c(2)			
		(3) Interest credited during the year	- (a)			
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	7c(5)			
		•				
		(6)Total additions			7c(6)	
	d	Total of balance and additions (add lines 7b and 7c(6)).			7d	
		Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) Administration charge made by carrier	7e(2)			
		(3) Transferred to separate account	7e(3)			
		(4) Other (specify below)	7e(4)			
		>				
		(5) Total deductions			7e(5)	
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)				

Schedule A (Form 5500) 2013		Page 4		
rt III Welfare Benefit Contract Inform If more than one contract covers the sam information may be combined for reporting the entire group of such individual contral.	e group of employees of the sig purposes if such contracts a	are experience-rated	as a unit. Where contract	
Benefit and contract type (check all applicable box	(es)			
a Health (other than dental or vision)	b Dental	c Vision		d X Life insurance
e Temporary disability (accident and sickness	s) f X Long-term disabilit	y g 🗍 Supple	emental unemployment	h Prescription drug
i Stop loss (large deductible)	j HMO contract	k ∏ PPO c		I Indemnity contract
m ☐ Other (specify) ►ACCIDENTAL DEATH &	DISMEMBERMENT			
Experience-rated contracts:				
a Premiums: (1) Amount received		9a(1)		
(2) Increase (decrease) in amount due but ur	paid	9a(2)		
(3) Increase (decrease) in unearned premium	reserve			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid		9b(1)	<u>.</u>	
(2) Increase (decrease) in claim reserves		9b(2)		
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charge	s (on an accrual basis)			
(A) Commissions		9c(1)(A)		
(B) Administrative service or other fees		9c(1)(B)		
(C) Other specific acquisition costs		9c(1)(C)		

9c(1)(H)

9c(2)

9d(1)

9d(2) 9d(3)

9e

10a

10b

87040

retention of the contract or policy, other than reported in Part I, line 2 above, report amount..... Specify nature of costs

10 Nonexperience-rated contracts:

8 Benefit and contract type (check all applicable boxes) a Health (other than dental or vision)

(C) Other specific acquisition costs

(D) Other expenses.....

(E) Taxes.....

(F) Charges for risks or other contingencies.....

(H) Total retention.....

(2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.).....

(2) Claim reserves

(3) Other reserves..... Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....

Total premiums or subscription charges paid to carrier

If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or

d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement

Part III

Part IV	Provision of Information			
11 Did th	e insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	

9c(1)(D)

9c(1)(E)

9c(1)(F)

¹² If the answer to line 11 is "Yes," specify the information not provided.

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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

r ension benefit dualarity oc	проганоп		eare required to provide the ERISA section 103(a)(2).	nformation		Inspection		
For calendar plan year 20	For calendar plan year 2013 or fiscal plan year beginning 06/01/2013 and ending 05/31/2014							
A Name of plan STORK H&E TURBO BLA	ADING, INC. S	SECTION 125 CAFETERIA PLAN	В	Three-digit plan numb		501		
C Plan sponsor's name a STORK H&E TURBO BLA		ne 2a of Form 5500	D	Employer Ide 16-1160265	entification Number	(EIN)		
Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. 1 Coverage Information:								
(a) Name of insurance ca	rrier							
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate numb persons covered at er policy or contract ye	nd of	Policy or (f) From	contract year (g) To		
22-2777159	47029	30034706	56		01/2013	05/31/2014		
2 Insurance fee and com descending order of the		nation. Enter the total fees and to	otal commissions paid. List i	n line 3 the ag	ents, brokers, and	other persons in		
The state of the s	•	nmissions paid		(b) Total am	nount of fees paid			
(1)		585		<u> </u>	,	0		
3 Persons receiving com	missions and	fees. (Complete as many entrie	s as needed to report all per	sons).				
		and address of the agent, broke			r fees were paid			
BROWN & BROWN OF N		NC. 500	PLUM STREET, SUITE 200 RACUSE, NY 13204		·			
(b) Amount of sales ar	nd base	Fe	ees and other commissions p	paid				
commissions pa		(c) Amount	(d)	Purpose		(e) Organization code		
	585					3		
	(a) Name	and address of the agent, broke	r or other person to whom c	ommissions o	r fees were naid			
	(a) Name	and address of the agent, broke	r, or outer person to whom o	<u> </u>	Ticcs were paid			
(b) Amount of sales ar	nd base	Fe	Fees and other commissions paid					
commissions pa		(c) Amount	(d)	Purpose		(e) Organization code		

Schedule A (Form 5500)	2013	Page 2 - 1				
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	vere paid			
(4)	and and address of the agent, profit	.,				
		Fees and other commissions paid				
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code			
	(o) / tinodit	(a) 1 dipose	0000			
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	ere paid			
		Fees and other commissions paid				
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code			
	(O) / timodine	(a) 1 diposes	0000			
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	vere paid			
	_					
		Fees and other commissions paid				
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code			
	(o) / unoun	(4)	3345			
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	vere paid			
		Fees and other commissions paid	() 0			
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code			
	(1)	()				
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid						
(h) Amount of sales and har-		Fees and other commissions paid	(2) Omanination			
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code			
	, ,	, , ,				

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Pa	art II					
		Where individual contracts are provided, the entire group of such individual this report.	idual contra	cts with each carrier ma	ly be treated as a	a unit for purposes of
4	Curr	ent value of plan's interest under this contract in the general account at year	end		4	
		ent value of plan's interest under this contract in separate accounts at year e	5			
6	Cont	racts With Allocated Funds:				_
	а	State the basis of premium rates •				
	_					
	b	Premiums paid to carrier			6b	
	C.	Premiums due but unpaid at the end of the year			6с	
	d	If the carrier, service, or other organization incurred any specific costs in coretention of the contract or policy, enter amount.			6d	
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferred	d annuity			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan, o	check here		
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma				
	а			tion guarantee		
		(3) guaranteed investment (4) other		ŭ		
		(3) guaranteed investment (4) clifer y				
	b	Balance at the end of the previous year			7b	
	C	Additions: (1) Contributions deposited during the year	1		75	
	•	(2) Dividends and credits	7c(2)			
		(3) Interest credited during the year	- (a)			
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	7c(5)			
		•				
		(6)Total additions			7c(6)	
	d	Total of balance and additions (add lines 7b and 7c(6)).			7d	
		Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) Administration charge made by carrier	7e(2)			
		(3) Transferred to separate account	. 7e(3)			
		(4) Other (specify below)	7e(4)			
		>				
		(5) Total deductions			7e(5)	
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)				

	Schedule A (Form 5500) 2013		Pa	age 4		
Part I	Welfare Benefit Contract Informat If more than one contract covers the same g information may be combined for reporting p the entire group of such individual contracts	roup of employees of the surposes if such contracts	are experien	ce-rated as a unit. Wh	ere contract	
8 Ber	efit and contract type (check all applicable boxes)					
а	Health (other than dental or vision)	b Dental	C	Vision		d Life insurance
е	Temporary disability (accident and sickness)	f Long-term disabili	ty g	Supplemental unem	ployment	h Prescription drug
i	Stop loss (large deductible)	j HMO contract	k [PPO contract		I ndemnity contract
m	Other (specify)	<i>-</i> L	_	_		<u></u>
9 Exp	erience-rated contracts:					
а	Premiums: (1) Amount received		9a(1)			
	(2) Increase (decrease) in amount due but unpai	d	9a(2)			
	(3) Increase (decrease) in unearned premium res	serve	9a(3)		1	
	(4) Earned ((1) + (2) - (3))				. 9a(4)	
b	Benefit charges (1) Claims paid					_
	(2) Increase (decrease) in claim reserves				1	
	(3) Incurred claims (add (1) and (2))				9b(3)	
	(4) Claims charged				. 9b(4)	
С	Remainder of premium: (1) Retention charges (c	,		Г		_
	(A) Commissions		9c(1)(A)			
	(B) Administrative service or other fees		9c(1)(B)			_
	(C) Other specific acquisition costs		9c(1)(C)			_
	(D) Other expenses		9c(1)(D)			_
	(E) Taxes		- (1)(-)			_
	(F) Charges for risks or other contingencies.					_
	(G) Other retention charges				00(4)(U)	
	(H) Total retention	_			9c(1)(H)	+
	(2) Dividends or retroactive rate refunds. (These	<u>—</u> ·				
d	Status of policyholder reserves at end of year: (1	'				
	(2) Claim reserves				9d(2)	
_	(3) Other reserves				9d(3)	
е	Dividends or retroactive rate refunds due. (Do n	ot include amount entered	d in line 9c(2)) .)	. 9e	

Part IV	Provision of Information			
11 Did th	e insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	

a Total premiums or subscription charges paid to carrier.....

If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or

retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....

10a

10b

6668

10 Nonexperience-rated contracts:

Specify nature of costs >

¹² If the answer to line 11 is "Yes," specify the information not provided.

Attachment to 2013 Form 5500 Form M-1 Compliance Information

Plan	Name Stork H&E	Turbo	Brading,	Inc.	Section	125	Cafeteria	<u>Plan</u>	EIN:	16-1	160265
Plan	Sponsor's Name	Stork	H&E Turbo	Blac	ding, In	c		_	PN:	5	01
1.	If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year?							Ye	es 🗌	Nox	
	If "Yes" is checked,	comple	te lines 2 a	nd 3.							
2.	is the plan currently i	n compli	ance with F	orm M-	·1 filing req	uirem	ents?		Ye	s	No
3.	Enter the Receipt Co to file the 2013 Form M-1 that was required Receipt Confirmation	M-1 ann d to be fil	nual report, e led under th	enter th e Form	ne Receipt n M-1 filing	Confir requir	mation Code rements. (Fa	for the i	most re enter a	cent F	
	Receipt Confirmation	Code									

Form **5558** (Rev. August 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns

► For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Information about Form 5558 and its instructions is at www.irs.gov/form5558

OMB No. 1545-0212

File With IRS Only

Par	t I Identification								
	Name of filer, plan administrator, or plan sponsor (see instructions)	В	Filer's	identif	ying number (s	ee instructio	ns)		
;	Stork H&E Turbo Blading, Inc.		Employ	er ider	tification numb	er (EIN) (9 dig	Its XX-XXXXXXXX)		
	Number, street, and room or suite no. (If a P.O. box, see instructions)		16-1160265						
	334 Comfort Road	\Box	Social	securit	y number (SSN)	(9 digits XXX	-XX-XXXX)		
	City or town, state, and ZIP code	1							
	Ithaca NY 14850								
C	Plan name		Plan		Plai	Plan year ending			
		+	numbe	r	MM	DD	YYYY		
	Charle U.S.C. Turka Blading Inc. Continu 405 Colotada Blan	_		4	-		0014		
	Stork H&E Turbo Blading, Inc. Section 125 Cafeteria Plan	5	0	1	5	31	2014		
Part	Extension of Time To File Form 5500 Series, and/or Form 8	955-9	SSA						
1	Check this box if you are requesting an extension of time on line 2 to file the in Part 1, C above.	e first	Form 5	500 s	eries return/r	eport for th	e plan listed		
2	I request an extension of time until 3 / 15 / 2015 to file Form Note. A signature IS NOT required if you are requesting an extension to file Form			-	structions).				
3	Leaguest on extension of time until	OOEE	CCA /	!	der cational				
3	I request an extension of time until / to file Form Note. A signature IS NOT required if you are requesting an extension to file Fo				structions).				
	Note: A signature to NOT required if you are requesting all extension to life Po	1111 03	00-00F	١.					
	The application is automatically approved to the date shown on line 2 and/o the normal due date of Form 5500 series, and/or Form 8955-SSA for which and/or line 3 (above) is not later than the 15th day of the third month after the r	this e	extension	n is i					
Part	Extension of Time To File Form 5330 (see instructions)					- -			
4	I request an extension of time until/ /to file Form	5330							
	You may be approved for up to a 6 month extension to file Form 5330, after the	e norr	nal due	date	of Form 5330).			
a	Enter the Code section(s) imposing the tax	•	а						
b	Enter the payment amount attached				8 45 82 F	b			
c	For excise taxes under section 4980 or 4980F of the Code, enter the reversion.	/amer	dment	date	🕨	С			
5	State in detail why you need the extension:								
	**************************************	******			^				
	14, 110 A								
	***************************************					41			

					~~~				
	penalties of perjury, I declare that to the best of my knowledge and belief, the statements made or are this application.	n this fo	orm are t	rue, co	rrect, and comp	lete, and that	I am authorized		
Signa									