Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

2012

Inspection

This Form is Open to Public

OMB Nos. 1210-0110

1210-0089

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

Part I	Annual Report Identification Information							
For calend	lar plan year 2012 or fiscal plan year beginning 01/01/2012		and ending	12/31/2	2012			
A This re	turn/report is for:	multiple-employer p	an (not multiemploye	oyer) a one-participant plan				
B This return/report is: the first return/report the final return/report								
	an amended return/report as	short plan year retur	n/report (less than 12	months))			
C Check box if filing under: Form 5558 automatic extension					DFVC progra	ım		
	special extension (enter description)		_					
Part II	Basic Plan Information—enter all requested information	on						
1a Name	·	<u></u>		1b	Three-digit			
	SUPPLY CORPORATION 401(K) PLAN				plan number	000		
					(PN) •	002		
				10	Effective date o	•		
	ponsor's name and address; include room or suite number (emple SUPPLY CORPORATION	ployer, if for a single-	employer plan)	2b	Employer Identi (EIN) 16-08	fication Number		
				20	Sponsor's telep			
235 MT. RE					585-23			
ROCHESTI	ER, NY 14611			2d	Business code (
3a Plan a	dministrator's name and address XSame as Plan Sponsor Nar	ne Same as Plar	Sponsor Address	3b	Administrator's	EIN		
	-	_		30	Administrator's	tolophono numbor		
				30	Administrators	telephone number		
	name and/or EIN of the plan sponsor has changed since the las	t return/report filed for	or this plan, enter the	4b	EIN			
	e, EIN, and the plan number from the last return/report. cor's name			4c	PN			
5a Total	number of participants at the beginning of the plan year			5a		25		
b Total	number of participants at the end of the plan year			5b		31		
	per of participants with account balances as of the end of the pla elete this item)	• •	•	5c		26		
6a Were	e all of the plan's assets during the plan year invested in eligible	assets? (See instruc	tions.)			X Yes No		
b Are y	ou claiming a waiver of the annual examination and report of an	independent qualifie	d public accountant (IQPA)				
	r 29 CFR 2520.104-46? (See instructions on waiver eligibility and					X Yes No		
	answered "No" to either line 6a or line 6b, the plan cannot							
	A penalty for the late or incomplete filing of this return/reporal ties of perjury and other penalties set forth in the instructions,					abla a Cabadula		
	edule MB completed and signed by an enrolled actuary, as well							
belief, it is	true, correct, and complete.					-		
SIGN	Filed with authorized/valid electronic signature.	07/23/2013	DONALD E. WALTZ	ZER				
HERE	Signature of plan administrator	Date	Enter name of indiv	vidual siç	gning as plan adn	ninistrator		
SIGN								
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan s			r or plan sponsor		
Preparer's	name (including firm name, if applicable) and address; include it			_		number (optional)		

Form 5500-SF 2012 Page **2**

Pai	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) En	d of Ye	ear	
a	Total plan assets	7a	777112				(,		99483	3
	Total plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)	7c	777112					ç	99483	3
	Income, Expenses, and Transfers for this Plan Year			(a) Amount			(b)	Total		
	Contributions received or receivable from:		(u) Amount				(5)	Total		
	(1) Employers	8a(1)	1991	7						
	(2) Participants	8a(2)	12020)2						
	(3) Others (including rollovers)	8a(3)	247	7 6						
b	Other income (loss)	8b	10869)4						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						2	51289)
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2746	i4						
е	Certain deemed and/or corrective distributions (see instructions)	8e	109	9						
f	Administrative service providers (salaries, fees, commissions)	8f								
q	Other expenses	8g	35	55						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							28918	3
	Net income (loss) (subtract line 8h from line 8c)	8i						2	22237	
	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics	, oj	l							
	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instru	uctions	:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Coc	les in t	he instru	tions:		
_	 									
Par						T	1			
10	During the plan year:			1	Yes	No		Amo	unt	
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corı	rection Program)	10a		X				
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c	X					50000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-	•	10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of					>				
	instructions.)			10e		X				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	X					12163
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i						
Part										
11	Is this a defined benefit plan subject to minimum funding requirem							Тп	Yes	X No
11a	5500) and line 11a below) Enter the amount from Schedule SB line 39					11a		<u>· </u>	. 00	
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se			ERISA?.	. П	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,									
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		and e	enter th Day	ne date of	the le		ing
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule									
b	Enter the minimum required contribution for this plan year					12b				
	• • • • • • • • • • • • • • • • • • • •									

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

Form 5500-SF

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Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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2012

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	Pension Benefit Guaranty Corporation	▶ Complete all entries in accorda	nce with the instruc	tions to the Form 550	0-SF.				
		Identification Information							
For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012									
Α	This return/report is for:	X a single-employer plan a	multiple-employer pl	an (not multiemployer)	a one-par	ticipant plan			
В	This return/report is:	the first return/report the	ne final return/report						
		an amended return/report as	short plan year returr	n/report (less than 12 m	onths)				
С	Check box if filing under:	Form 5558	utomatic extension		☐ DFVC pro	gram			
		special extension (enter description)			L-J	•			
P	art II Basic Plan Info	rmation—enter all requested information	on						
1a	Name of plan				1b Three-digit				
Н&	C TOOL SUPPLY CORPORA	TION 401(K) PLAN			plan number				
					(PN)	002			
					1c Effective date	e of plan 11/2001			
2a	Plan sponsor's name and ad	dress; include room or suite number (emp	olover if for a single-	emnlover nlan)		· · · · · · · · · · · · · · · · · · ·			
Н&	C TOOL SUPPLY CORPORA	TION	noyer, it for a origio .	stripioyer plany		ntification Number 0802335			
					2c Sponsor's telephone number				
235	MT. READ BLVD.					235-5700			
200	WIT. NEAD DEVE.					le (see instructions)			
	CHESTER, NY 14611	1914			423	· · · · · · · · · · · · · · · · · · ·			
За	Plan administrator's name an	nd address X Same as Plan Sponsor Nan	ne USame as Plan	Sponsor Address	3b Administrator	's EIN			
					3c Administrator	's telephone number			
					7 Administrator	2 feichione unimer			
		•							
					1				
4	If the name and/or EIN of the	e plan sponsor has changed since the las	t return/report filed fo	r this plan, enter the	4b EIN				
-	name, EIN, and the plan nun	e plan sponsor has changed since the last need from the last return/report.	t return/report filed fo	r this plan, enter the					
a	name, EIN, and the plan nun Sponsor's name	mber from the last return/report.			4c PN	25			
a	name, EIN, and the plan nun Sponsor's name Total number of participants	at the beginning of the plan year			4c PN 5a	25			
a 5a b	name, EIN, and the plan nun Sponsor's name Total number of participants Total number of participants	at the beginning of the plan year			4c PN	25 31			
a 5a b	name, EIN, and the plan nun Sponsor's name Total number of participants Total number of participants Number of participants with a	at the beginning of the plan year	n year (defined bene	fit plans do not	4c PN 5a				
a 5a b c	name, EIN, and the plan nun Sponsor's name Total number of participants Total number of participants Number of participants with a complete this item)	at the beginning of the plan yearat the end of the plan yearat the end of the plan year	n year (defined bene	fit plans do not	4c PN 5a 5b 5c	31			
a 5a b c	name, EIN, and the plan nun Sponsor's name Total number of participants Total number of participants Number of participants with a complete this item) Were all of the plan's assets Are you claiming a waiver of	at the beginning of the plan year	n year (defined bene assets? (See instruct independent qualifie	fit plans do not tions.)d public accountant (IQI	4c PN 5a 5b 5c	31 26 X Yes No			
a 5a b c	name, EIN, and the plan nun Sponsor's name Total number of participants Total number of participants with a complete this item) Were all of the plan's assets Are you claiming a waiver of under 29 CFR 2520.104-46?	at the beginning of the plan year	n year (defined bene assets? (See instruct independent qualified d conditions.)	fit plans do not tions.) d public accountant (IQI	4c PN 5a 5b 5c PA)	31 26 X Yes No			
a 5a b c	name, EIN, and the plan nun Sponsor's name Total number of participants Total number of participants with a complete this item) Were all of the plan's assets Are you claiming a waiver of under 29 CFR 2520.104-46? If you answered "No" to eit	at the beginning of the plan year	n year (defined bene assets? (See instruct independent qualified d conditions.)use Form 5500-SF a	fit plans do not tions.) d public accountant (IQI	4c PN 5a 5b 5c PA) Form 5500.	31 26 X Yes No			
a 5a b c 6a b	name, EIN, and the plan nun Sponsor's name Total number of participants Number of participants with a complete this item) Were all of the plan's assets Are you claiming a waiver of under 29 CFR 2520.104-46? If you answered "No" to eit ution: A penalty for the late of	at the beginning of the plan year	n year (defined bene assets? (See instruct independent qualified d conditions.)use Form 5500-SF a t will be assessed u	fit plans do not tions.) d public accountant (IQI and must instead use	4c PN 5a 5b 5c PA) Form 5500. use is established.	31 26 X Yes No X Yes No			
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a 5a b c c 6a b Unc SB SHEI SIG	name, EIN, and the plan nun Sponsor's name Total number of participants Total number of participants Number of participants with a complete this item) Were all of the plan's assets Are you claiming a waiver of under 29 CFR 2520.104-46? If you answered "No" to eit ution: A penalty for the late of der penalties of perjury and oth or Schedule MB completed an ief, it is true, correct, and comp SN RE Signature of plan ac SN RE Signature of employ	at the beginning of the plan year	assets? (See instruct independent qualified conditions.)	fit plans do not tions.) d public accountant (IQI and must instead use unless reasonable cau examined this return/report DONALD E. WALTZEI Enter name of individu	4c PN 5a 5b 5c 5c PA) Form 5500. Use is established. port, including, if appt, and to the best of including as plan are ual signing as employed.	31 26 X Yes No X Yes No Dicable, a Schedule my knowledge and			
a 5a b c c 6a b Unc SB SHEI SIG	name, EIN, and the plan nun Sponsor's name Total number of participants Total number of participants Number of participants with a complete this item) Were all of the plan's assets Are you claiming a waiver of under 29 CFR 2520.104-46? If you answered "No" to eit ution: A penalty for the late of der penalties of perjury and oth or Schedule MB completed an ief, it is true, correct, and comp SN RE Signature of plan ac SN RE Signature of employ	at the beginning of the plan year	assets? (See instruct independent qualified conditions.)	fit plans do not tions.) d public accountant (IQI and must instead use unless reasonable cau examined this return/report DONALD E. WALTZEI Enter name of individu	4c PN 5a 5b 5c 5c PA) Form 5500. Use is established. port, including, if appt, and to the best of including as plan are ual signing as employed.	31 26 X Yes No X Yes No Dicable, a Schedule my knowledge and			
a 5a b c c 6a b Unc SB SHEI SIG	name, EIN, and the plan nun Sponsor's name Total number of participants Total number of participants Number of participants with a complete this item) Were all of the plan's assets Are you claiming a waiver of under 29 CFR 2520.104-46? If you answered "No" to eit ution: A penalty for the late of der penalties of perjury and oth or Schedule MB completed an ief, it is true, correct, and comp SN RE Signature of plan ac SN RE Signature of employ	at the beginning of the plan year	assets? (See instruct independent qualified conditions.)	fit plans do not tions.) d public accountant (IQI and must instead use unless reasonable cau examined this return/report DONALD E. WALTZEI Enter name of individu	4c PN 5a 5b 5c 5c PA) Form 5500. Use is established. port, including, if appt, and to the best of including as plan are ual signing as employed.	31 26 X Yes No X Yes No Dicable, a Schedule my knowledge and			
a 5a b c c 6a b Unc SB SHEI SIG	name, EIN, and the plan nun Sponsor's name Total number of participants Total number of participants Number of participants with a complete this item) Were all of the plan's assets Are you claiming a waiver of under 29 CFR 2520.104-46? If you answered "No" to eit ution: A penalty for the late of der penalties of perjury and oth or Schedule MB completed an ief, it is true, correct, and comp SN RE Signature of plan ac SN RE Signature of employ	at the beginning of the plan year	assets? (See instruct independent qualified conditions.)	fit plans do not tions.) d public accountant (IQI and must instead use unless reasonable cau examined this return/report DONALD E. WALTZEI Enter name of individu	4c PN 5a 5b 5c 5c PA) Form 5500. Use is established. port, including, if appt, and to the best of including as plan are ual signing as employed.	26 X Yes No X Yes No Dicable, a Schedule my knowledge and			

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		(a) Pantanta	``					
a Total plan assets	7a	(a) Beginning of Year			(b) End of Year			
D Total plan liabilities	74	777112						999483
C Net plan assets (subtract line 7b from line 7a)	7c				 ,			
Income, Expenses, and Transfers for this Plan Year	·- /c		777112				(999483
a Contributions received or receivable from:		(a) Amount			Y = 1, 12	<u>(t</u>) Total	
(1) Employers	. 8a(1)	19	917					
(2) Participants	8a(2)		202					
(3) Others (including rollovers)	. 8a(3)		476					
b Other income (loss)	. 8b	108						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c				erin iii e	<u> </u>	. 0000000	
to provide benefits)	8d	27/	464				2	51289
e Certain deemed and/or corrective distributions (see instructions)	8e							
Administrative service providers (salaries, fees, commissions)	8f	10)99					
g Other expenses	8g							
n Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		355					
Net income (loss) (subtract line 8h from line 8c)	8i						2	28918
Transfers to (from) the plan (see instructions)	8j				era o er ov		22	22371
If the plan provides welfare benefits, enter the applicable welfare fee		morn the List of Plan Chara	acteris	SUC CO	ues in	uie iiisuud	tions:	
rt V Compliance Questions		TIOTH the List of Plan Chara	acteris	Stic Co.	ues in	the mstruc	uons:	
During the plan year: a Was there a failure to transmit to the plan any participation.				Yes	No No	The instruc		ınt
During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntes Fidure).	ons within t	ne time period described in	I	Yes	No		Amou	nt
During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiductions und Dol's Voluntary Fiductions und Dol's Voluntary Fiduc	ons within t iary Correc (Do not inc	ne time period described in tion Program)lude transactions reported	10a	Yes	No X			nt
During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiductions und Dol's Voluntary Fiductions und Dol's Voluntary Fiduc	ons within t iary Correc (Do not inc	ne time period described in tion Program)lude transactions reported	I	Yes	No	The Instruc		nt
During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce to Were there any nonexempt transactions with any party-in-interest? Was the plan covered by a fidelity bond?	ons within t iary Correc (Do not inc	ne time period described in tion Program) ude transactions reported	10a	Yes	No X	ine instruc		n t 5000
During the plan year: a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce by Were there any nonexempt transactions with any party-in-interest? on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's ficor dishonesty?	ons within to	ne time period described in tion Program)ude transactions reported	10a	Yes	No X	The Institut		
During the plan year: a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce Were there any nonexempt transactions with any party-in-interest? on line 10a.)	ons within the contract of the	that was caused by fraud	10a 10b 10c	Yes	No X X	The Institut		
During the plan year: a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce to Were there any nonexempt transactions with any party-in-interest? on line 10a.) C Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's ficor dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of the plan failed to provide any benefit when due under the plan?	ons within to iary Correct (Do not incommended)	that was caused by fraud	10a 10b 10c 10d	Yes	X X X	The Institut		
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С	Enter the amount contributed by the employer to the plan for this plan year	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?	$ \Box\rangle$	∕es X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to			
1	3c(1) Name of plan(s):	3c(2) ⊟	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)			<u> </u>	
14a	Name of trust	14b ⊤	rust's EIN		