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;
- [ ] 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
HAGEMEYER NORTH AMERICA PROFIT SHARING & 401(K) PLAN AND TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2001

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

HAGEMEYER NORTH AMERICA, INC.

1460 TOBIAS GADSON BLVD.
CHARLESTON, SC 29407

2b Employer Identification Number (EIN)
56-2281578

2c Sponsor's telephone number
843-745-6869

2d Business code (see instructions)
551112

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.	08/25/2014	CHRISTI FIX
	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:	**4b** EIN	
a Sponsor's name	**4c** PN	

5	Total number of participants at the beginning of the plan year	**5**	3188
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**	2581
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	728
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	3309
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	4
f	Total. Add lines **6d** and **6e**.	**6f**	3313
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	3190
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	172
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 2R 3H 2S 2T

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)	[ ]	**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
HAGEMEYER NORTH AMERICA PROFIT SHARING & 401(K) PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HAGEMEYER NORTH AMERICA, INC.

D Employer Identification Number (EIN)
56-2281578

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)

MERRILL LYNCH, PIERCE, FENNER AND S

13-5674085

(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?
15 52 59 60 62 63 71 72	RECORDKEEPER	65735	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

MOLEWSKI FINANCIAL PARTNERS

100 GATEWAY DRIVE
SUITE 300
BETHLEHEM, PA 18017

(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?
70	CONSULTANT	62500	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

KPMG LLP

13-5565207

(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?
50	OTHER	26000	Yes [ ] No [X]	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
HAGEMEYER NORTH AMERICA PROFIT SHARING & 401(K) PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
HAGEMEYER NORTH AMERICA, INC.

D Employer Identification Number (EIN)
56-2281578

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: INVESCO STABLE VALUE TRUST

b Name of sponsor of entity listed in (a): INVESCO NATIONAL 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)
84-1142974-001	C	32020456

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
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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

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
HAGEMEYER NORTH AMERICA PROFIT SHARING & 401(K) PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HAGEMEYER NORTH AMERICA, INC.

D Employer Identification Number (EIN)
56-2281578

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	1180	1833
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	147800	18012
(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)	4444504	4530199
(9) Value of interest in common/collective trusts	1c(9)	35056670	32020456
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	99909840	125747316
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	2016747	2445924

		(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)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	141576741	164763740
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
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	141576741	164763740

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)	2785817	
(B) Participants	2a(1)(B)	6890406	
(C) Others (including rollovers)	2a(1)(C)	227027	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		9903250
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	182590	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		182590
(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)	4557646	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		4557646
(3) Rents	2b(3)		
(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)		
(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)		531731
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		20181809
c Other income	2c		-900798
d Total income. Add all **income** amounts in column (b) and enter total	2d		34456228

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	10835574	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		10835574
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		276377
h Interest expense	2h		0
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	157278	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		157278
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		11269229

Net Income and Reconciliation

k Net income (loss). Subtract line **2j** from line **2d**	2k		23186999
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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: KPMG LLP **(2)** EIN: 13-5565207

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	
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		1000000
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			

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
HAGEMEYER NORTH AMERICA PROFIT SHARING & 401(K) PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HAGEMEYER NORTH AMERICA, INC.

D Employer Identification Number (EIN)
56-2281578

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): 94-1687665 _____

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):

KPMG LLP
1601 Market Street
Philadelphia, PA 19103-2499

July 31, 2014

Investment Committee
Hagemeyer North America Profit Sharing & 401(k) Plan and Trust
510 Walnut Street
Suite 400
Philadelphia, PA 19106

Ladies and Gentlemen:

We have audited the financial statements of the Hagemeyer North America Profit Sharing & 401(k) Plan and Trust (the Plan) as of and for the years the ended December 31, 2013 and 2012, and issued our report thereon under date of July 31, 2014. Under our professional standards, we are providing you with the accompanying information related to the conduct of our audits.

Our Responsibility Under Professional Standards

We were engaged to perform audits of the Plan's financial statements and supplemental schedule.

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's Administrator instructed us not to perform, and we did not perform any auditing procedures with respect to investment information which was certified by Merrill Lynch Bank and Trust Co., FSB, who serves as the trustee of the Plan. Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the financial statements and supplemental schedule taken as a whole.

We are responsible for forming and expressing opinions on the form and content of the financial statements and supplemental schedule, which have been prepared by the Plan's Administrator with the oversight of the Investment Committee, 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. We have a responsibility to perform our audit of the information included in the financial statements and supplemental schedule, other than the information certified by the trustee, in accordance with professional standards. In carrying out this responsibility, we planned and performed the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement, whether caused by error or fraud. Because of the nature of audit evidence and the characteristics of fraud, we are to obtain reasonable, not absolute, assurance that material misstatements are detected. We have no responsibility to plan and perform the audits to obtain reasonable assurance that misstatements, whether caused by error or fraud, that are not material to the financial statements are detected.

KPMG LLP is a Delaware limited liability partnership, the U.S. member firm of KPMG International Cooperative ("KPMG International"), a Swiss entity.

Our audits do not relieve the Plan's Administrator, the Investment Committee, or the Plan's sponsor, Hagemeyer North America (Plan Sponsor) of their responsibilities.

In addition, in planning and performing our audit of the financial statements, we considered internal control over financial reporting (internal control) as a basis for designing our auditing procedures for the purpose of expressing our opinion on the financial statements but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we do not express an opinion on the effectiveness of the Plan's internal control. We also have a responsibility to communicate significant matters related to the financial statement audit that are, in our professional judgment, relevant to the responsibilities of the Plan's Administrator and management of the Plan's Sponsor in overseeing the financial reporting process. We are not required to design procedures for the purpose of identifying other matters to communicate to you.

Other Information in Documents Containing Audited Financial Statements

Our responsibility for other information in documents containing the Plan's financial statements and our auditors' reports thereon does not extend beyond the financial information identified in our auditors' reports, and we have no obligation to perform any procedures to corroborate other information contained in these documents. We have, however, read the other information included in the draft annual report on Form 5500 that will be submitted to the Department of Labor no later than July 31, 2014, and no matters came to our attention that cause us to believe that such information, or its manner of presentation, is materially inconsistent with the information, or manner of its presentation, appearing in the financial statements.

Accounting Practices and Alternative Treatments

Significant Accounting Policies

The significant accounting policies used by the Plan are described in Note 2, *Summary of Significant Accounting Policies*, to the financial statements. These policies and practices are considered both most important to the portrayal of the Plan's net assets available for benefits and changes in net assets available for benefits to include the most difficult, subjective, or complex judgments, often as a result of the need to make estimates about matters that are inherently uncertain. We have discussed with the Plan's Administrator and management of the Plan's Sponsor our assessment of the disclosures regarding such policies and practices, the reasons why these policies and practices are considered significant, and how current and anticipated future events impact those determinations.

Unusual Transactions

None noted.

Critical Accounting Policies and Practices

None noted.

Alternative Accounting Treatments Within U.S. Generally Accepted Accounting Principles

None noted.

Qualitative Aspects of Accounting Practices

We have discussed with the Plan's Administrator and management our judgments about the quality, not just the acceptability, of the Plan's accounting principles as applied in its financial reporting. The discussions generally included such matters as the consistency of the Plan's accounting policies and their application, and the understandability and completeness of the Plan's financial statements, which include related disclosures.

Management Judgments and Accounting Estimates

The preparation of the financial statements and supplemental schedule require management of the Plan to make a number of estimates and assumptions relating to the reported amounts of assets and liabilities and the disclosure of contingent assets and liabilities at the date of the financial statements and supplemental schedule and the reported amounts of additions and deductions from net assets during the period.

Uncorrected and Corrected Misstatements

There were no uncorrected or corrected misstatements identified during the audit of the 2013 Plan financial statements.

Disagreements with Management

There were no disagreements with management on financial accounting, and reporting matters that, if not satisfactorily resolved, would have caused a modification of our auditors' reports on the Plan's financial statements.

Management's Consultation with Other Accountants

To the best of our knowledge the Plan's Administrator and management of the Plan's Sponsor have not consulted with or obtained opinions, written or oral, from other independent accountants during the years ended December 31, 2013 and 2012.

Significant Issues Discussed, or Subject to Correspondence, with Management

Major Issues Discussed with Management Prior to Retention

We generally discuss a variety of matters with the Plan's Administrator and management of the Plan's Sponsor each year prior to our retention by as the Plan auditors. These discussions occurred in the normal course of our professional relationship and the result of these discussions was not a condition to our retention.

Material Written Communications

Attached to this letter please find copies of the following material written communications between management and us:

1. Engagement letter
2. Management representation letter

Significant Difficulties Encountered During the Audit

We encountered no significant difficulties in dealing with management in performing our audits.

Other Significant Findings or Issues

We identified no significant findings or issues in performing our audits.

Independence

Our professional standards and other regulatory requirements specify that we communicate to you in writing, at least annually, all independence-related relationships between our firm and the Plan and provide confirmation that we are independent accountants with respect to the Plan.

We are not aware of any independence-related relationships between our firm, the Plan, and the Plan's Sponsor.

Confirmation of Audit Independence

We hereby confirm that as of July 31, 2014 we are independent accountants with respect to the Plan under all relevant professional and regulatory standards.

* * * * * * *

This letter to the Plan's Administrator is intended solely for the information and use of the Plan's Administrator and management and is not intended to be and should not be used by anyone other than these specified parties.

Very truly yours,

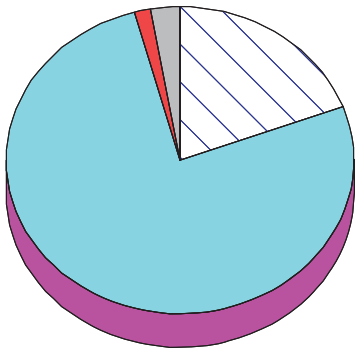
KPMG LLP

STATEMENT OF ASSETS

FOR THE PERIOD 01/01/2013 - 12/31/2013

HAGEMEYER NORTH AMERICA
PROFIT SHARING & 401(K) PLAN
CONSOLIDATION

ALLOCATION OF PLAN ASSETS



- 19.29% COMMON / COLLECTIVE TRUSTS
- 1.49% OTHER ASSETS
- 0.00% PENDING SETTLEMENT FUNDS
- 0.01%
- 76.45% MUTUAL FUNDS
- 2.75% LOANS
- 0.00% ACCRUED INCOME

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
COMMON / COLLECTIVE TRUSTS					
INVESCO STABLE VALUE TRUST	29,388,482.0066	1.000	29,388,482.95	29,388,482.01	17.87%
INVESCO STABLE VALUE TRUST GM	2,344,055.0505	1.000	2,344,055.37	2,344,055.05	1.43%
TOTAL COMMON / COLLECTIVE TRUSTS			31,732,538.32	31,732,537.06	19.29%
MUTUAL FUNDS					
PIMCO TOTAL RETURN PORT. INSTL	574,894.7281	10.690	6,436,752.51	6,145,624.64	3.74%
PIMCO TOT RET PORT INSTL-GM	613,897.3783	10.690	6,850,929.21	6,562,562.97	3.99%
PRUDENTIAL JENNISON MID-CAP Z	224,176.8977	40.490	7,240,815.33	9,076,922.59	5.52%
PRUDENTIAL JENNISON MID-CAP Z	36,411.5472	40.490	1,169,970.64	1,474,303.55	0.90%
COLUMBIA SMALL CAP INDEX	36,377.7724	23.530	690,864.24	855,968.98	0.52%
COLUMBIA SMALL CAP INDEX GM	14,295.7048	23.530	261,967.82	336,377.93	0.20%

Balances include pending activity

STATEMENT OF ASSETS

FOR THE PERIOD 01/01/2013 - 12/31/2013

HAGEMEYER NORTH AMERICA
PROFIT SHARING & 401(K) PLAN
CONSOLIDATION

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
COLUMBIA MIDCAP INDEX FD CL Z	74,366.0786	15.040	883,398.13	1,118,465.82	0.68%
COLUMBIA MIDCAP INDEX CL Z GM	22,334.6827	15.040	269,026.25	335,913.63	0.20%
ALLIANZGI NFJ SML-CP VAL INSTL	30,497.6463	35.170	957,962.75	1,072,602.22	0.65%
ALLIANZGI NFJ SML-CP VL INS GM	48,726.5186	35.170	1,339,510.10	1,713,711.66	1.04%
COLUMBIA DIVIDEND INCOME	126,515.8513	18.320	2,208,589.09	2,317,770.40	1.41%
COLUMBIA DIVIDEND INCOME GM	301,754.8404	18.320	5,273,882.22	5,528,148.68	3.36%
AMERICAN EUROPACIFIC GR FD R5	181,555.2887	48.980	7,235,244.09	8,892,578.04	5.41%
AMERICAN EUROPACIFIC GR R5 GM	54,416.8550	48.980	2,202,048.39	2,665,337.56	1.62%
CLEARBRIDGE SMALL CAP GRTH I	27,958.3492	29.640	747,242.24	828,685.47	0.50%
CLEARBRIDGE SMALL CP GRTH I GM	31,008.7209	29.640	823,879.49	919,098.49	0.56%
T ROWE PRICE DIVIDEND	284,150.2915	33.650	6,882,496.56	9,561,657.31	5.81%
VANGUARD INSTITUTIONAL INDEX	47,924.0895	169.280	6,165,940.79	8,112,589.87	4.93%
VANGUARD DEVELOPED MKTS	18,281.5719	11.570	186,809.10	211,517.79	0.13%
VANGUARD DEVELOPED MKTS GM	217,181.6509	11.570	2,006,480.52	2,512,791.70	1.53%
JP MORGAN:MID VALUE;INST	148,797.0329	35.120	4,495,681.42	5,225,751.80	3.18%
JP MORGAN:MID VALUE;INST GM	67,385.6966	35.120	2,043,768.47	2,366,585.66	1.44%
MAINSTAY LARGE CAP GROWTH FUND	1,545,662.9314	10.410	12,665,131.05	16,090,351.12	9.78%
MAINSTAY LARGE CAP GROWTH GM	420,607.6481	10.410	3,435,049.70	4,378,525.62	2.66%
THORNBURG INTL VAL FUND CL R5	14,102.3704	32.020	370,200.30	451,557.90	0.27%
THORNBURG INTL VAL FD CL R5 GM	83,476.9084	32.020	2,173,130.23	2,672,930.61	1.63%
VANGUARD TOTAL BOND MKT INDX	99,142.6118	10.560	1,075,400.12	1,046,945.98	0.64%

Balances include pending activity

STATEMENT OF ASSETS

FOR THE PERIOD 01/01/2013 - 12/31/2013

HAGEMEYER NORTH AMERICA
PROFIT SHARING & 401(K) PLAN
CONSOLIDATION

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
VANGUARD TOTAL BOND MKT IND GM	615,725.9836	10.560	6,667,169.34	6,502,066.39	3.95%
NEUBERG & BERMN GENESIS TRUST	259,798.1670	64.550	12,059,220.64	16,769,971.68	10.20%
TOTAL MUTUAL FUNDS			104,818,560.74	125,747,316.06	76.45%
OTHER ASSETS					
SELF-DIRECT ACCT	2,183,128.4071	1.000	2,183,128.39	2,183,128.41	1.33%
SELF-DIRECT ACCT	262,795.3800	1.000	262,795.38	262,795.38	0.16%
TOTAL OTHER ASSETS			2,445,923.77	2,445,923.79	1.49%
LOANS					
LOAN FUND	4,530,199.3400	1.000	4,530,199.34	4,530,199.34	2.75%
PENDING SETTLEMENT FUNDS					
PENDING SETTLEMENT FUND	1,833.6900	1.000	1,833.69	1,833.69	0.00%
INVESTMENT TOTAL			143,529,055.86	164,457,809.94	99.99%
UNINVESTED CASH			0.00	0.00	0.00%
ACCRUED INCOME			1,053.66	1,053.66	0.00%
CASH			16,958.10	16,958.10	0.01%
TOTAL ASSETS			143,547,067.62	164,475,821.70	100.00%

Balances include pending activity

HAGEMEYER NORTH AMERICA
PROFIT SHARING & 401(k) PLAN AND TRUST

Financial Statements and Supplemental Schedule

December 31, 2013 and 2012

(With Independent Auditors' Report Thereon)

HAGEMEYER NORTH AMERICA
PROFIT SHARING & 401(k) PLAN AND TRUST

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Note: The accompanying financial statements and supplemental schedule have been prepared for the purpose of filing Department of Labor's Form 5500. Supplemental schedules required by 29 CFR 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, other than the schedule listed above, are omitted because of the absence of conditions under which such schedules are required.

KPMG LLP
1601 Market Street
Philadelphia, PA 19103-2499

Independent Auditors' Report

The Participants and Administrator
Hagemeyer North America Profit Sharing & 401(k) Plan and Trust:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Hagemeyer North America Profit Sharing & 401(k) Plan and Trust (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 U.S. generally accepted accounting principles; 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.

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 (DOL) 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 the information summarized in note 7, which was certified by Merrill Lynch Bank and Trust Co., FSB, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2013 and 2012, that the information provided to the Plan administrator by the trustee 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.

KPMG LLP is a Delaware limited liability partnership, the U.S. member firm of KPMG International Cooperative ("KPMG International"), a Swiss entity.

KPMG

Other Matter

The supplemental schedule H, line 4i – schedule of assets (held at end of year) as of December 31, 2013 is required by the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is 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 the supplemental schedule.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, 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 DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

KPMG LLP

July 31, 2014

HAGEMEYER NORTH AMERICA
PROFIT SHARING & 401(k) PLAN AND TRUST

Statements of Net Assets Available for Benefits

December 31, 2013 and 2012

	2013	2012
Assets:		
Participant-directed investments – at fair value:		
Mutual funds	$ 125,747,316	99,909,840
Common collective trust	32,020,456	35,056,670
Self-directed brokerage accounts	2,445,924	2,016,747
Transactions in-transit – cash	19,845	148,980
Total investments	160,233,541	137,132,237
Receivables:		
Employer contributions	578,426	555,674
Notes receivable from participants	4,530,199	4,444,504
Total receivables	5,108,625	5,000,178
Adjustments from fair value to contract value for fully benefit-responsive investment contracts	(387,492)	(1,288,290)
Net assets available for benefits	$ 164,954,674	140,844,125

See accompanying notes to financial statements.

HAGEMEYER NORTH AMERICA
PROFIT SHARING & 401(k) PLAN AND TRUST

Statements of Changes in Net Assets Available for Benefits

Years ended December 31, 2013 and 2012

	2013	2012
Additions:		
Investment income	$ 5,271,967	4,013,580
Net appreciation in fair value of investments	20,181,809	8,910,768
Total investment income	25,453,776	12,924,348
Contributions:		
Participant	6,890,406	6,528,141
Participant rollover	227,027	223,588
Employer, net of forfeitures	2,808,569	2,171,125
Total contributions	9,926,002	8,922,854
Total additions	35,379,778	21,847,202
Deductions:		
Benefits paid to participants	11,111,951	13,101,224
Administrative expenses	157,278	161,560
Total deductions	11,269,229	13,262,784
Net increase	24,110,549	8,584,418
Net assets available for benefits:		
Beginning of year	140,844,125	132,259,707
End of year	$ 164,954,674	140,844,125

See accompanying notes to financial statements.

(1) Description of the Plan

The following description of the Hagemeyer North America Profit Sharing & 401(k) Plan and Trust (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

(a) General

The Plan is a defined contribution plan covering substantially all employees of Hagemeyer North America Inc., and subsidiaries (the Company). The Company's Investment Committee controls and manages the operation and administration of the Plan. Merrill Lynch Bank and Trust Co., FSB (Merrill Lynch) serves as the trustee of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

(b) Eligibility

An employee is eligible to make salary deferral contributions to the Plan effective as soon as administratively practicable after the date on which the employee is first credited with an hour of service. An eligible employee becomes a participant with respect to matching contributions effective as soon as administratively practicable on the first day of the calendar quarter on or following the date on which the eligible employee has completed a six-month period of service.

(c) Contributions

Participants may contribute any percentage of pretax compensation for a total amount of contributions up to the annual limits under the Internal Revenue Code (IRC). At the time that an employee becomes a participant, as defined, the Company automatically defers 3% of the participant's compensation unless the participant elects not to defer compensation or to defer a smaller or larger percentage of compensation. The automatic deferral of compensation does not take effect until 30 days after an eligible employee has received a detailed written explanation of the provisions of the automatic deduction. A profit sharing contribution may be made at the discretion of the Company's Board of Directors. No profit sharing contributions were made during 2013 and 2012. Participants may also contribute amounts representing distributions from other qualified plans, as described in the Plan document. In the case of a participant making a hardship withdrawal, the participant may not make contributions to the Plan for six months from the date of such withdrawal.

A matching contribution may be made at the discretion of the Company's Board of Directors. In 2013 and 2012, the Company matched 50% of a participant's deferrals that are contributed to the Plan that do not exceed 6% of a participant's eligible compensation. The match is allocated each calendar quarter-end. The employer match for 2013 totaled $2,538,037, of which $229,468 was funded by the utilization of forfeitures. The employer match for 2012 totaled $2,446,185, of which $275,060 was funded by the utilization of forfeitures.

(Continued)

(d) ERISA Account

An ERISA account is maintained to hold funds received from Merrill Lynch which exceed a $65 per Plan participant administrative fee. This account can be used for ERISA permissable reimbursable plan expenses or may be allocated to Plan participants. At December 31, 2013 and 2012, the ERISA account totaled $99,573 and $640,366, respectively. In the fourth quarter of 2013, a distribution of $500,000 from this account was allocated to Plan participants.

(e) Participant Accounts

Individual accounts are maintained for each plan participant. Each participant's account is credited with the participant's deferral contributions, the Company's matching contribution, allocations of any Company profit sharing contributions, Plan investment income, and charged with any benefit payments and allocations of Plan investment losses and administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the vested portion of a participant's account.

(f) Investments

Participants direct the investment of their account into various investment options offered by the Plan. The Plan currently offers numerous mutual funds and one common collective trust fund in various combinations. Additionally, the Plan offers a self-directed brokerage option that allows participants to buy, hold, and sell a broad array of stocks, bonds, exchange-traded funds, and mutual funds.

(g) Vesting

Participants are vested immediately in their deferral contributions plus actual earnings thereon. Vesting in the Company's matching contributions, allocations of any profit sharing contributions, and earnings thereon is based on years of credited service according to the following schedule:

Years of service	Vesting percentage
Less than 2	—%
2	25
3	50
4	75
5 or more	100

(Continued)

Certain participants were formerly participants in the Cameron & Barkley Company Employee Stock Ownership Plan (ESOP). Effective January 1, 2007, for ESOP participants who have at least one hour of service with the Company after such date, the Plan was amended to reflect the following vesting schedule for such participants' ESOP accounts:

Years of service	Vesting percentage
Less than 3	—%
3 or more	100

(h) Notes Receivable from Participants

Participants may borrow from their accounts up to a maximum of $50,000 or 50% of their vested account balances, whichever is less. The loans are secured by the balance in the participant's account and bear interest at rates commensurate with local prevailing rates as determined by the Plan administrator. Principal and interest are paid ratably through payroll deductions over a period not exceeding five years, with the exception of certain qualifying home loans that can be up to ten years.

(i) Payment of Benefits

On termination of service due to death, disability, or retirement, a participant receives a lump-sum cash payment equal to the value of the participant's vested interest in his or her account. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

(j) Forfeited Accounts

Forfeited balances of terminated participants which relate to amounts other than ESOP accounts are first made available to reinstate previously forfeited account balances of former participants, if any. Any remaining non-ESOP forfeited amounts are then used to offset Plan expenses and reduce future employer contributions to the Plan. Forfeitures may not be allocated to participants' accounts to provide additional benefits, unless the Company has determined during such plan year to permanently cease making contributions to the Plan.

Effective on or after January 1, 2009, forfeitures attributable to ESOP accounts are to be made available to restore previously forfeited ESOP account balances, if any, or, at the discretion of the Plan administrator, used to pay expenses of the Plan or reduce the Company's matching contributions. Any ESOP account restorations in excess of the prior year ESOP forfeitures will be funded by a Company contribution.

At December 31, 2013 and 2012, forfeited nonvested accounts totaled $28,076 and $117,984, respectively. During the years ended December 31, 2013 and 2012, forfeitures aggregated $163,503 and $371,558 and employer contributions were reduced by $229,468 and $275,060, respectively, from forfeited nonvested accounts. During the years ended December 31, 2013 and 2012, no funds were allocated to participants with an ESOP account from forfeited nonvested accounts. Other activity in these accounts totaled a net reduction in 2013 of $23,943 and a net increase in 2012 of $133.

(2) Summary of Significant Accounting Policies

(a) Basis of Accounting

The accompanying financial statements have been prepared using the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

(b) Use of Estimates

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

(c) Risks and Uncertainties

The Plan utilizes various investment instruments, including mutual funds and a common trust fund. Investment securities, in general, are exposed to various risks such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of investments will occur in the near term and such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

(d) Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Shares of mutual funds are stated at the net asset value of shares of such funds held by the Plan at year-end. Investments in the common trust fund are stated at fair value as determined by the issuer of the common trust fund based on the fair market value of the underlying investments. Common trust funds with underlying investments in investment contracts are valued at the fair market value of the underlying investments and then adjusted by the issuer to contract value. Money market funds are valued at net asset value. Investments in the self-directed brokerage accounts are valued at quoted market prices.

The INVESCO Stable Value Trust (the Trust) is a stable value fund in the Institutional Retirement Trust (IRT). IRT is a collective trust of AMVESCAP National Trust Company for Participating Pensions and Profit Sharing Trusts, established by AMVESCAP for the investment and reinvestment of funds contributed by AMVESCAP in its capacity as a fiduciary for pension and profit sharing trusts. The Trust holds guaranteed investment contracts and synthetic guaranteed investment

(Continued)

contracts. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. Contract value represents contributions made to the fund, plus earnings, less participant withdrawals.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes gains and losses on investments bought and sold as well as held during the year. Management fees and operating expenses charged to the Plan for investments in the mutual funds and common trust fund 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 investment return for such investments.

(e) Notes Receivable from Participants

Notes receivable from participants represent participant loans on vested account balances and are measured at the unpaid principal balance of the loans plus any accrued but unpaid interest. In 2013 and 2012, interest rates ranged from 4.25% to 9%. Delinquent notes receivable from participants are reclassified as distributions based on the terms of the Plan agreement. Notes receivable from participants of $59,852 and $140,614 were in default as of December 31, 2013 and 2012, respectively.

(f) Payment of Benefits

Benefit payments to participants are recorded upon distribution.

(g) Administrative Expenses

The Plan and the participants paid expenses related to the Plan as reflected in the financial statements. In addition, for the years ended December 31, 2013 and 2012, the Company paid expenses related to the Plan of $91,269 and $78,805, respectively.

(h) Excess Contributions Payable

The Plan is required to return contributions received during the Plan year in excess of the IRC limits. In 2013 and 2012, the Plan did not have any contributions in excess of the IRC limits.

(3) Fair Value Measurements

FASB Accounting Standards Codification (ASC) Topic 820, *Fair Value Measurements* (ASC 820), establishes a framework for measuring fair value that provides a fair value hierarchy that prioritizes the inputs to valuation techniques to measure fair value. ASC 820 defines fair value as 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. 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):

- Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities at the measurement date.

(Continued)

- Level 2 inputs are inputs, other than quoted prices included within Level 1, that are observable, directly or indirectly through corroboration with observable market data at the measurement date.
- Level 3 inputs are unobservable inputs that reflect management's best estimate of the assumptions (including assumptions about risk) that market participants would use in pricing the asset or liability at the measurement date.

The level in the fair value hierarchy within which a fair value measurement in its entirety falls is based on the lowest level input that is significant to the fair value measurement in its entirety.

The following is a description of the valuation methodologies used for Plan assets measured at fair value. There have been no changes in the methodologies used at December 31, 2013 and 2012.

Mutual funds – Valued at the net asset value of shares held by the Plan at year-end.

Common collective trust – The Trust accounts for investment contracts in accordance with the accounting guidance for fully benefit-responsive investment contracts in employee benefit plans, which limits the circumstances in which the net assets of an investment company will be able to reflect the contract value of wrapper agreements and provides guidance with respect to the financial statement presentation and disclosure of fully benefit-responsive investment contracts at year-end. The fair value of wrap contracts is determined by the Trust based on the change in the present value of the contract's replacement cost. There are no reserves against contract value for credit risk of the contract issuer or otherwise. The actual average yield earned on the Trust for the years ended December 31, 2013 and 2012 was 1.64% and 1.95%, respectively. The average crediting interest rate for 2013 and 2012 was 1.47% and 1.89%, respectively. The crediting interest rate is based on a formula agreed upon with the issuer, but may not be less than zero. Interest rates are reviewed for resetting on a quarterly basis.

The existence of certain conditions can limit the Trust's ability to transact at contract value with issuers of its investment contracts. Specifically, any event outside the normal operation of the Trust that causes a withdrawal from an investment contract may result in a negative market value adjustment with respect to the withdrawal. Examples of such events include, but are not limited to, partial or complete legal termination of the Trust or a unit holder, tax disqualification of the Trust or unit holder, and certain Trust amendments if issuers' consent is not obtained. As of December 31, 2013, the occurrence of an event outside the normal operation of the Trust that would cause a withdrawal from an investment contract is not considered to be probable.

Self-directed brokerage accounts – Valued at the quoted market prices in active markets of investments held in the accounts.

The following tables present the Plan's assets that are measured at fair value on a recurring basis at December 31, 2013 and 2012:

		Fair value measurements at reporting date using		
	December 31, 2013 carrying value	Quoted prices in active markets for identical assets (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)
Mutual funds:				
Balanced funds	$ 2,724,310	2,724,310	—	—
Fixed income funds	20,257,200	20,257,200	—	—
Growth funds	100,119,079	100,119,079	—	—
Index funds	2,646,727	2,646,727	—	—
Common collective trust	32,020,456	—	32,020,456	—
Self-directed brokerage accounts	2,445,924	2,445,924	—	—
In-transit cash	19,845	19,845	—	—
Total	$ 160,233,541	128,213,085	32,020,456	—

		Fair value measurements at reporting date using		
	December 31, 2012 carrying value	Quoted prices in active markets for identical assets (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)
Mutual funds:				
Balanced funds	$ 2,032,153	2,032,153	—	—
Fixed income funds	19,235,358	19,235,358	—	—
Growth funds	77,208,649	77,208,649	—	—
Index funds	1,433,680	1,433,680	—	—
Common collective trust	35,056,670	—	35,056,670	—
Self-directed brokerage accounts	2,016,747	2,016,747	—	—
In-transit cash	148,980	148,980	—	—
Total	$ 137,132,237	102,075,567	35,056,670	—

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan 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. There were no transfers to or from Levels 1 or 2 of the fair value hierarchy in 2013 and 2012. The Plan's policy is to recognize transfers between levels at the end of the reporting period.

(4) Investments

The Plan's investments that represented 5% or more of the Plan's net assets available for benefits as of December 31, 2013 and 2012 are as follows:

Investments > 5%	2013	2012
Neuberger and Berman Genesis Trust Fund	$ 16,769,972	12,614,192
Mainstay Large Cap Growth Fund	16,090,351	11,863,341
T Rowe Price Dividend	9,561,657	7,357,712
Prudential Jennison Mid-Cap Z	9,076,923	7,299,862
American Europa CIFIC Growth Fund R5	8,892,578	7,745,597
INVESCO Stable Value Trust	32,020,456	35,056,670

During 2013 and 2012, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value as follows:

	2013	2012
Mutual funds	$ 19,852,269	8,745,823
Common stock held in individually directed brokerage accounts	329,540	164,945
Net appreciation in fair value of investments	$ 20,181,809	8,910,768

There was no appreciation in value of the common collective trust during 2013 or 2012.

(5) Plan Termination

Although it has not expressed any intention 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 set forth in ERISA. In the event that the Plan is terminated, participants would become 100% vested in their accounts.

(6) Federal Income Tax Status

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated May 24, 2011, that the Plan and related trust are designed in accordance with the applicable regulations of the IRC. The Company and the Plan administrator believe that the Plan is currently designed and operated in compliance with the applicable requirements of the IRC and the Plan and related trust are tax-exempt.

(Continued)

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2013 and 2012, 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 is subject to routine audits by taxing jurisdictions. Filings for the 2010 and 2011 Plan years were audited by the IRS and the returns were accepted as filed. However, during the audit it was noted that select temporary employees were inadvertently excluded from Plan participation. The Company availed itself of the Internal Revenue Service's Voluntary Compliance Program to correct for this matter and the affected employees were automatically enrolled in the Plan, and the Company made a $30,910 contribution during 2012 on their behalf.

The Company believes the Plan is no longer subject to income tax examinations for periods prior to 2009.

(7) Information Certified by the Trustee

The following is a summary of the unaudited information regarding the Plan as of and for the years ended December 31, 2013 and 2012, included in the Plan's financial statements and supplemental schedule that was prepared by or derived from information prepared by Merrill Lynch, the trustee of the Plan, and furnished to the Plan administrator. The Plan administrator has obtained certifications from the trustee that such information is complete and accurate:

	2013	2012
Participant-directed investments:		
Mutual funds	$ 125,747,316	99,909,840
Self-directed brokerage accounts	2,445,924	2,016,747
Notes receivable from participants	4,530,199	4,444,504
Invesco Stable Value Trust, at contract value	31,632,964	33,768,380
Transactions in-transit – cash	19,845	148,980
	$ 164,376,248	140,288,451
Investment income:		
Dividends and interest	$ 5,271,967	4,013,580
Net appreciation in fair value of investments	20,181,809	8,910,768

In addition, all investment balances in note 4 and the supplemental schedule were provided and certified by the trustee. The adjustment from fair value to contract value for the fully benefit-responsive stable value fund was determined by management based upon audited information of the Invesco Stable Value Trust.

(8) Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per financial statements to Form 5500 as of December 31, 2013 and 2012:

	2013	2012
Net assets available for benefits per the financial statements	$ 164,954,674	140,844,125
Employer contributions receivable	(578,426)	(555,674)
Adjustment from contract value to fair value for fully benefit-responsive investment contracts	387,492	1,288,290
Net assets available for benefits per Form 5500, at fair value	$ 164,763,740	141,576,741

The following is a reconciliation of changes in net assets available for benefits per the financial statements to the net increase per Form 5500 for the year ended December 31, 2013:

	2013
Net increase in net assets available for benefits per the financial statements	$ 24,110,549
Plus adjustment from contract value to fair value for fully benefit-responsive investment contracts	387,492
Less reversal of prior-year adjustment from contract value to fair value for fully benefit-responsive investment contracts	(1,288,290)
Less receivables at end of year	(578,426)
Plus receivables at beginning of year	555,674
Net increase per Form 5500	$ 23,186,999

(9) Subsequent Events

The Plan has evaluated subsequent events through July 31, 2014 the date the financial statements were available to be issued, and determined that there are no items to disclose.

SUPPLEMENTAL SCHEDULE OF SELECTED FINANCIAL DATA

Supplemental Schedule

HAGEMEYER NORTH AMERICA
PROFIT SHARING & 401(k) PLAN AND TRUST

Form 5500, Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2013

	Identity of issue	Description of investment		Fair value
	PIMCO Total Return Port. Instl	Mutual fund	$	6,145,625
	PIMCO Total Return Port. Instl – GM	Mutual fund		6,562,563
	Prudential Jennison Mid-Cap Z	Mutual fund		9,076,923
	Prudential Jennison Mid-Cap Z GM	Mutual fund		1,474,303
	Columbia Small Cap Index	Mutual fund		855,969
	Columbia Small Cap Index GM	Mutual fund		336,378
	Columbia Mid Cap Index Fund CL Z	Mutual fund		1,118,466
	Columbia Mid Cap Index CL Z GM	Mutual fund		335,914
	Allianz NFH SM Cap Val Inst	Mutual fund		1,072,602
	Allianz NFH SM Cap Val GM Inst	Mutual fund		1,713,712
	Columbia Dividend Income	Mutual fund		2,317,770
	Columbia Dividend Income GM	Mutual fund		5,528,149
	American Europa CIFIC Gr Fd R5	Mutual fund		8,892,578
	American Europa CIFIC Gr Fd R5 – GM	Mutual fund		2,665,336
	Clearbridge Small Cap Growth I	Mutual fund		828,685
	Clearbridge Small Cap Growth I GM	Mutual fund		919,098
	T Rowe Price Dividend	Mutual fund		9,561,657
	Vanguard Institutional Index	Mutual fund		8,112,590
	Vanguard Developed Mkts	Mutual fund		211,518
	Vanguard Developed Mkts GM	Mutual fund		2,512,792
	JP Morgan Mid Value Inst	Mutual fund		5,225,752
	JP Morgan Mid Value Inst GM	Mutual fund		2,366,586
	Mainstay Large Cap Growth Fund	Mutual fund		16,090,351
	Mainstay Large Cap Growth Fund GM	Mutual fund		4,378,526
	Thornburg International Value	Mutual fund		451,558
	Thornburg International VL GM	Mutual fund		2,672,931
	Vanguard Total Bond Mkt Index	Mutual fund		1,046,946
	Vanguard Total Bond Mkt Index GM	Mutual fund		6,502,066
	Neuberger & Berman Genesis Trust	Mutual fund		16,769,972
	INVESCO Stable Value Trust	Common Collective trust fund		32,020,456
	Various	Self-directed brokerage accounts		2,445,924
	Total investments at fair value		$	160,213,696
*	Transactions in-transit	Cash	$	19,845
*	Various participants	Participant loans, maturing 2014 to 2023 at interest rates ranging from 4.25% to 9.0% (1)	$	4,530,199

* Indicates a party in interest

(1) Current value represents unpaid principal balance plus any accrued but unpaid interest.

See accompanying independent auditors' report.