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

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2014 or fiscal plan year beginning 03/01/2014 and ending 02/28/2015

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); 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:
- [ ] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
BRADFORD EMPLOYEE 401(K) PROFIT SHARING PLAN & TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 05/01/1969

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

801 E MAIN ST
PO BOX 246
ROBINSON, IL 62454

2b Employer Identification Number (EIN)
37-0810255

2c Plan Sponsor's telephone number
618-544-3171

2d Business code (see instructions)
423990

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.	09/18/2015	JAN WAGY
	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	**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**	130
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	129
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	108
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	8
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	116
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	116
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	106
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	3
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 2T 3D

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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(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)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....…… ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ……..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

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.**	**2014** **This Form is Open to Public Inspection.**

For calendar plan year 2014 or fiscal plan year beginning 03/01/2014 and ending 02/28/2015

A Name of plan
BRADFORD EMPLOYEE 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BRADFORD SUPPLY COMPANY

D Employer Identification Number (EIN)
37-0810255

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).. . . . . [X] 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

SECURITIES SERVICE NETWORK, IN
202 S. FRANKLIN STREET
PO BOX 642
ROBINON, IL 62454

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

SECURITIES SERVICE NETWORK, IN
9729 COGDILL ROAD
SUITE 301
KNOXVILLE, TN 37932

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

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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)

ASCENSUS

11-3665754

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 99 15 60 50	NONE	7795	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

SCHEDULE 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

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 03/01/2014 and ending 02/28/2015

A Name of plan
BRADFORD EMPLOYEE 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BRADFORD SUPPLY COMPANY

D Employer Identification Number (EIN)
37-0810255

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		50904
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	54534	48420
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(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)	6959479	7624036
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(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	7014013	7723360
	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	7014013	7723360

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)	214909	
	(B) Participants	2a(1)(B)	307604	
	(C) Others (including rollovers)	2a(1)(C)	7259	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		529772
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)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	93995	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		93995
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(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)		
	(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)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(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)		596141
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1219908
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	502766	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		502766
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	7795	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		7795
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		510561
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		709347
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified **(2)** ☐ Qualified **(3)** ☒ Disclaimer **(4)** ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: KOEHLER, RUXER, WALKER & CO LLC **(2)** EIN: 35-1968635

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		700000
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

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 03/01/2014 and ending 02/28/2015

A Name of plan
BRADFORD EMPLOYEE 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BRADFORD SUPPLY COMPANY

D Employer Identification Number (EIN)
37-0810255

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): 45-0404698

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):

Bradford Employee 401(k)
Profit Sharing Plan & Trust

Financial Statements
February 28, 2015 and 2014

Bradford Employee 401(k) Profit Sharing Plan & Trust

Contents

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Koehler, Ruxer, Walker & Co., LLC
Dedicated to Your Success

INDEPENDENT AUDITORS' REPORT

Board of Trustees
Bradford Employee 401(k) Profit Sharing Plan & Trust
Robinson, Illinois

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Bradford Employee 401(k) Profit Sharing Plan & Trust, which comprise the statements of net assets available for benefits (modified cash basis) of as of February 28, 2015 and 2014, and the related statement of changes in net assets available for benefits (modified cash basis) for the year ended February 28, 2015, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting; 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 audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 1, which was certified by Ascensus Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. 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 February 28, 2015 and 2014 and for the year ended February 28, 2015, that the information provided to the plan administrator by the trustee is complete and accurate.

Certified Public Accountants/Business Consultants
9000 Keystone Crossing, Suite 600, Indianapolis, Indiana 46240
(317) 844-7993 (317) 848-3732/Fax

Disclaimer of Opinion

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

Other Matter

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules (modified cash basis) as of and for the year ended February 28, 2015 as listed in the accompanying table of contents, which are the responsibility of the Plan's management, are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedules referred to above.

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 schedules, 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Basis of Accounting

We draw attention to the summary of significant accounting policies, which describes the basis of accounting. The financial statements and supplemental schedules were prepared on the modified cash basis of accounting, which is a comprehensive basis of accounting other than generally accepted accounting principles. Our opinion is not modified with respect to that matter.

Kochler Rupe Walker & Co., LLC.

September 2, 2015

Bradford Employee 401(k) Profit Sharing Plan & Trust

Statements of Net Assets Available for Benefits
(Modified Cash Basis)

February 28,	2015	2014
Assets:		
Cash investments	$ 48,420	$ 54,534
Investments at fair value:		
Mutual funds	7,624,036	6,959,479
Total assets	7,672,456	7,014,013
NET ASSETS AVAILABLE FOR BENEFITS	**$ 7,672,456**	**$ 7,014,013**

See summary of significant accounting policies and notes to financial statements

Bradford Employee 401(k) Profit Sharing Plan & Trust

Statement of Changes in Net Assets Available for Benefits
(Modified Cash Basis)

Year ended February 28,	2015
Additions:	
Additions to net assets attributed to:	
Investment activity:	
Net appreciation in value of mutual funds	$ 596,142
Dividends on mutual funds	93,995
Total investment income	690,137
Contributions:	
Employer	164,005
Participants	307,604
Participant roll-overs	7,259
Total contributions	478,868
Total additions	1,169,005
Deductions:	
Deductions from net assets attributed to:	
Benefits paid to participants	502,766
Administrative expenses	7,796
Total deductions	510,562
Net increase in net assets available for benefits	658,443
Net assets available for benefits, beginning of year	7,014,013
Net assets available for benefits, end of year	$ 7,672,456

See summary of significant accounting policies and notes to financial statements

Bradford Employee 401(k) Profit Sharing Plan & Trust

Summary of Significant Accounting Policies

Nature of activities

The Bradford Employee 401(k) Profit Sharing Plan & Trust (the "Plan") is a defined contribution plan, established on April 22, 1970, effective May 1, 1969. The Plan was amended to add a 401(K) Plan in 1997 to the profit sharing Plan. The Plan covers substantially all full-time permanent employees of Bradford Supply Company (the "Company") and related companies who have attained a minimum age of twenty-one. Entry dates for these employees is the earlier of the first day of the Plan year of March 1, or the first day of the seventh month of the Plan year of September 1. The Plan allows participants to direct investments into various options offered by the Plan. Companies related to Bradford Supply Company included in the Plan are: Roar Energy Services, LLC, a wholly-owned subsidiary of Bradford Supply Company, and Lion Land and Mineral, LLC, a related entity.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974. The following description of the Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

Basis of accounting

The accompanying financial statements have been prepared under the modified cash basis of accounting, which is a comprehensive basis of accounting other than generally accepted accounting principles. The presentation is permitted by the Department of Labor. Such accounting method includes recording investments at fair value. Additions and deductions are recognized as received or paid rather than as earned or incurred.

Estimates

The preparation of financial statements in conformity with the modified cash basis of accounting requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Participant accounts

Each participant's account is credited with the participant's contribution, employer contributions, and any earnings thereon and is charged with administrative expenses based on a standard fee for each active account on the date the fee is processed. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investment valuation and income recognition

The Plan's investments in mutual funds are stated at their fair market values. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Shares of mutual funds are valued at quoted market prices of similar instruments which represent the last reported sales price for these instruments on the last business day of the Plan year end. Net appreciation or depreciation of investments is reported in the statement of changes in net assets available for benefits and consists of the realized gains or losses and the unrealized appreciation or depreciation of these investments. Purchases and sales of securities are recorded on a trade-date basis.

Contributions

Each year, participants may contribute eligible pretax annual compensation from 2% up to a maximum of 15%, as defined in the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. As of February 28, 2015, the Plan offered eighteen investment options.

The Company may elect to provide a matching and profit sharing contribution each plan year. The extent and amount of each year's matching and profit sharing contribution, if any, is at the discretion of the Board of Directors of the Company. The profit sharing contribution is allocated to participants in the Plan who completed at least 1,000 hours of service during the year and are employed by the Company on the last day of the Plan year based on the ratio of each participant's taxable wages to the total company taxable wages for the Plan year.

The Company provided an annual employer matching contribution of 25% of deferrals and a $100,000 profit sharing contribution for the year ended February 28, 2014. Accordingly, the Company's employer match and profit sharing contributions totaled $164,005 for the year ended February 28, 2014 which was received by the plan and included in employer contributions during the year ended February 28, 2015.

Vesting

Participants are immediately vested in their contributions and any earnings thereon. Vesting in the employer match and profit sharing contributions portion, and any earnings thereon, of their accounts is based on years of service. A participant is 100% vested in the employer matching and profit sharing contributions, and any earnings thereon, after three years of credited service.

Benefit payments

Upon termination of service due to death, disability or retirement, a participant will receive either a lump-sum amount equal to the value of the participant's vested interest in their account or optional installment payments. Also, for termination of service due to reasons other than those above, participants receive the value of the vested interest in their account as a lump-sum distribution. Additionally, under certain circumstances of financial hardship, the participant is allowed to withdraw funds from the Plan. Benefits are recorded when paid.

Forfeited accounts

According to provisions of the Plan document, non-vested participant account balances forfeited by participants may be used to reduce future employer match or profit sharing contributions or to pay administrative expenses of the Plan. As of February 28, 2015 and 2014, forfeited non-vested accounts totaled $14,871 and $9,075, respectively. During the year ended February 28, 2015, $11,066 of non-vested accounts were forfeited by participants, $5,594 of forfeited accounts were used to pay administrative expenses of the Plan and no forfeited non-vested accounts were used to reduce employer contributions.

Administrative expenses

The Plan's trustee duties are performed by Ascensus Trust Company. Trustee fees are paid by the Plan and are based on a standard fee for each active account on the date the fee is processed. Fees are charged to the individual participant's accounts on the date the fee is processed by the record keeper.

Accounting for uncertainty in income taxes

The Plan is subject to audit by federal, state or local authorities in the areas of income taxes. The Plan's federal income tax returns for 2012 through 2015 are subject to examination by the applicable tax authorities, generally for three years after the later of the original or extended due date. These audits could include questioning the Plan's tax exempt status and compliance with federal, state, and local tax laws. Management is not aware of any tax positions that are more likely than not to change in the next twelve months or that would not sustain an examination by applicable taxing authorities. Therefore, there is no effect recorded in these financial statements for assets or liabilities resulting from unrecognized tax benefits. The Plan's policy is to recognize penalties and interest as paid in the statement of changes in net assets available for benefits, which totaled $0 for the year ended February 28, 2015.

Note 1 – Investments

The February 28, 2015 and 2014 statements of net assets available for benefits (modified cash basis), the investment activities included on the statement of changes in net assets available for benefits (modified cash basis) for the year ended February 28, 2015, the accompanying notes to the financial statements, and the supplemental schedules were prepared in part or entirely from information certified by the trustee in accordance with 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 information certified complete and accurate by the trustee included in the accompanying financial statements and supplemental schedules as of February 28, 2015 and 2014, and for the year ended February 28, 2015, includes the following data:

	February 28, 2015	February 28, 2014
Cash investments	$ 48,420	$ 54,534
Investments at fair value, mutual funds	$ 7,624,036	$ 6,959,479

	Year Ended February 28, 2015
Net appreciation in value of mutual funds	$ 596,142
Dividends on mutual funds	$ 93,995

The Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedules.

All investments are participant directed and the following table presents investment balances representing five percent or more of the Plan's net assets as of February 28, 2015 and 2014:

	2015	2014
Mutual funds:		
American Funds American Balanced Fund	$ 1,289,798	$ 1,112,294
American Funds Growth Fund of America	1,493,257	1,398,346
American Funds Inv Company of America	1,131,169	992,538
American Funds New Perspective Fund	1,636,816	1,597,079
American Funds Washington Mutual Inv	1,119,340	1,045,987

Note 2 – Tax status

The Internal Revenue Service has ruled that the Plan constitutes a qualified trust under Section 401(a) of the Internal Revenue Code and is thus considered exempt from federal income taxes.

The Internal Revenue Service has determined and informed the Plan through its latest determination letter dated March 31, 2008, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC) including amendments to comply with recent legislation. Although the Plan has been amended since receiving its latest determination letter, the Plan administrator believes that the Plan is designed and currently operated in compliance with the applicable requirements of the IRC, and therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

Note 3 – Reconciliation of financial statements to Schedule H of Form 5500

The following is a reconciliation of employer contributions per the financial statements to Schedule H of Form 5500:

	2015
Employer contributions per the financial statements	$ 164,005
Plus: Employer contributions receivable per Schedule H of Form 5500, end of year	50,904
Less: Employer contributions receivable per Schedule H of Form 5500, beginning of year	-
Employer contributions per Schedule H of Form 5500	$ 214,909

Differences between employer contributions per the financial statements and amounts included in Schedule H of Form 5500 is because employer contributions included on Form 5500 are based on the accrual basis of accounting.

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500:

	2015
Net assets available for benefits per the financial statements	$ 7,672,456
Plus: Employer contributions receivable per Schedule H of Form 5500, end of year	50,904
Net assets available for benefits per Schedule H of Form 5500, end of year	$ 7,723,360

Differences between net assets available for benefits per the financial statements and amounts included in Schedule H of Form 5500 is because employer contributions included on Form 5500 are based on the accrual basis of accounting.

Note 4 – Risks and uncertainties

The Plan invests in certain mutual funds that provide for various investment options in any combination of stocks, bonds, fixed income securities, other mutual funds or other investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities may occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

Note 5 – Plan termination

Although it has not expressed any intent to do so, the Plan sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in all employer contributions.

Note 6 - Excess participant contributions

In accordance with the Tax Reform Act of 1986, the Plan is required to be in compliance with federal regulations regarding discrimination testing. Any excess aggregate contributions and related earnings made by certain plan participants are required to be refunded to those participants. There were no excess contributions made by plan participants during 2015 or 2014 that were required to be refunded to those participants.

Note 7 – Related-party transactions

Fees paid by the Plan to Ascensus Trust Company, the trustee of the Plan, for the investment management services totaled $7,796 for 2015.

Note 8 – Subsequent events

The Plan has evaluated subsequent events through September 2, 2015, which is the date these financial statements were available to be issued and have determined that no subsequent events require disclosure in the financial statements.

Note 9 – Fair value measurements

The Plan's financial assets are reported at fair value in the accompanying statements of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The Plan uses a three-level fair value hierarchy that prioritizes the inputs used to measure fair value. This hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of inputs used to measure fair value are as follows:

- Level 1 – Quoted prices in active markets for identical assets or liabilities. The fair values of mutual funds are based on quoted market prices reported by the fund which represent the last reported sales price for these instruments on the last business day of the Plan at year end. The mutual funds held by the Plan are deemed to be actively traded.

- Level 2 – Observable inputs other than quoted prices included in Level 1, such as quoted prices for similar assets and liabilities in active markets, similar assets and liabilities in markets that are not active or can be corroborated by observable market data.

- Level 3 – Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets and liabilities. This includes certain pricing models, discounted cash flow methodologies and similar techniques that use significant unobservable inputs.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Note 9 – Fair value measurements (continued)

The following tables present information on these assets as well as the fair value hierarchy used to determine their fair value:

	Level 1: Quoted Prices In Active Markets	Level 2: Significant Other Observable Inputs	Total Fair Value
February 28, 2015			
Cash investments:			
American Funds Money Market Fund	$ 48,420	$ -	$ 48,420
Investments in mutual funds:			
American Funds American Balanced Fund	1,289,798	-	1,289,798
American Funds Growth Fund of America	1,493,257	-	1,493,257
American Funds Intrm Bond of America	183,859	-	183,859
American Funds Inv Company of America	1,131,169	-	1,131,169
American Funds New Perspective Fund	1,636,816	-	1,636,816
American Funds U.S. Government Sec	279,710	-	279,710
American Funds Washington Mutual Inv	1,119,340	-	1,119,340
American Funds Capital Income Builder	302,408	-	302,408
American Funds Target Date Retirement 2010	9,713	-	9,713
American Funds Target Date Retirement 2020	33,160	-	33,160
American Funds Target Date Retirement 2025	110,133	-	110,133
American Funds Target Date Retirement 2030	9,862	-	9,862
American Funds Target Date Retirement 2035	11,183	-	11,183
American Funds Target Date Retirement 2040	707	-	707
American Funds Target Date Retirement 2045	379	-	379
American Funds Target Date Retirement 2050	11,230	-	11,230
American Funds Target Date Retirement 2055	1,312	-	1,312
Total	$7,672,456	$ -	$7,672,456

Note 9 – Fair value measurements (continued)

	Level 1: Quoted Prices In Active Markets	Level 2: Significant Other Observable Inputs	Total Fair Value
February 28, 2014			
Cash investments:			
American Funds Money Market Fund	$ 54,534	$ -	$ 54,534
Investments in mutual funds:			
American Funds American Balanced Fund	1,112,294	-	1,112,294
American Funds Growth Fund of America	1,398,346	-	1,398,346
American Funds Intrm Bond of America	188,154	-	188,154
American Funds Inv Company of America	992,538	-	992,538
American Funds New Perspective Fund	1,597,079	-	1,597,079
American Funds U.S. Government Sec	268,025	-	268,025
American Funds Washington Mutual Inv	1,045,987	-	1,045,987
American Funds Capital Income Builder	207,345	-	207,345
American Funds Target Date Retirement 2010	9,093	-	9,093
American Funds Target Date Retirement 2020	25,304	-	25,304
American Funds Target Date Retirement 2025	98,143	-	98,143
American Funds Target Date Retirement 2030	6,461	-	6,461
American Funds Target Date Retirement 2035	3,493	-	3,493
American Funds Target Date Retirement 2040	262	-	262
American Funds Target Date Retirement 2045	935	-	935
American Funds Target Date Retirement 2050	5,759	-	5,759
American Funds Target Date Retirement 2055	261	-	261
Total	$7,014,013	$ -	$7,014,013

Supplemental Information

Bradford Employee 401(k) Profit Sharing Plan & Trust

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (Modified Cash Basis)

Plan Number: 001

Plan Sponsor EIN: 37-0810255

February 28, **2015**

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Cash investments:				
	American Funds Money Market Fund	48,419.84 shares	#	$ 48,420
Mutual Funds:				
	American Funds American Balanced Fund	50,980.162 shares	#	1,289,798
	American Funds Growth Fund of America	33,556.342 shares	#	1,493,257
	American Funds Intrm Bond of America	13,528.983 shares	#	183,859
	American Funds Inv Company of America	29,681.693 shares	#	1,131,169
	American Funds New Perspective Fund	42,915.995 shares	#	1,636,816
	American Funds U.S. Government Sec	19,781.438 shares	#	279,710
	American Funds Washington Mutual Inv	26,816.969 shares	#	1,119,340
	American Funds Capital Income Builder	4,929.222 shares	#	302,408
	American Funds Target Date Retirement 2010	923.286 shares	#	9,713
	American Funds Target Date Retirement 2020	2,810.147 shares	#	33,160
	American Funds Target Date Retirement 2025	8,775.516 shares	#	110,133
	American Funds Target Date Retirement 2030	752.834 shares	#	9,862
	American Funds Target Date Retirement 2035	849.152 shares	#	11,183
	American Funds Target Date Retirement 2040	53.111 shares	#	707
	American Funds Target Date Retirement 2045	28.287 shares	#	379
	American Funds Target Date Retirement 2050	857.245 shares	#	11,230
	American Funds Target Date Retirement 2055	81.505 shares	#	1,312
Total investments held at end of year				$ 7,672,456

The cost of participant directed investments is not required to be disclosed.

Bradford Employee 401(k) Profit Sharing Plan & Trust

Schedule H, Line 4j - Schedule of Reportable Transactions (Modified Cash Basis)

Plan Number: 001

Plan Sponsor EIN: 37-0810255

Year ended February 28, **2015**

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
None	N/A	$ -	$ -	$ -	$ -	$ -	$ -	$ -

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name BRADFORD EMPLOYEE 401(K) PROFIT SHARING PLAN & TRUST **EIN:** 37-0810255
Plan Sponsor's Name BRADFORD SUPPLY COMPANY **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	American Funds	American Funds American Balanced Fund A	0	1,289,798
	American Funds	American Funds Growth Fund of America A	0	1,493,257
	American Funds	American Funds Intrm BondOf AmericaA	0	183,859
	American Funds	American Funds Inv Company Of Ameri	0	1,131,169
	American Funds	American Funds New Perspective Fund A	0	1,636,816
	American Funds	American Funds U.S. Govt SecA	0	279,710
	American Funds	American Funds Washington Mutual Inv A	0	1,119,340

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name BRADFORD EMPLOYEE 401(K) PROFIT SHARING PLAN & TRUST **EIN:** 37-0810255
Plan Sponsor's Name BRADFORD SUPPLY COMPANY **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	American Funds	American Funds Capital Income Bldr	0	302,408
	American Funds	American Funds Trgt Date Ret 2010A	0	9,713
	American Funds	American Funds Trgt Date Ret 2020A	0	33,160
	American Funds	American Funds Trgt Date Ret 2025A	0	110,133
	American Funds	American Funds Trgt Date Ret 2030A	0	9,862
	American Funds	American Funds Trgt Date Ret 2035A	0	11,183
	American Funds	American Funds Trgt Date Ret 2040A	0	707

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name BRADFORD EMPLOYEE 401(K) PROFIT SHARING PLAN & TRUST **EIN:** 37-0810255
Plan Sponsor's Name BRADFORD SUPPLY COMPANY **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	American Funds	American Funds Trgt Date Ret 2045A	0	379
	American Funds	American Funds Trgt Date Ret 2050A	0	11,230
	American Funds	American Funds Money Market Fund A	0	48,420
	American Funds	American Funds Trgt Date Ret 2055A	0	1,312