

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2014</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>03/31/2015</u>	
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 ☒ 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 <u>HAGEMEYER NORTH AMERICA PROFIT SHARING & 401(K) PLAN AND TRUST</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2001</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/2001</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/2001</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>HAGEMEYER NORTH AMERICA, INC.</u> <u>1460 TOBIAS GADSON BLVD.</u> <u>CHARLESTON, SC 29407</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>56-2281578</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>843-745-6869</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>551112</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>56-2281578</u>	2c Plan Sponsor's telephone number <u>843-745-6869</u>	2d Business code (see instructions) <u>551112</u>	
2b Employer Identification Number (EIN) <u>56-2281578</u>					
2c Plan Sponsor's telephone number <u>843-745-6869</u>					
2d Business code (see instructions) <u>551112</u>					

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/07/2015	ANNETTE GRABOW
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/07/2015	ANNETTE GRABOW
	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 ☒ 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	3309
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)	0
a(2) Total number of active participants at the end of the plan year		6a(2)	0
b Retired or separated participants receiving benefits		6b	0
c Other retired or separated participants entitled to future benefits.....		6c	0
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	0
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h	0
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)		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) ☒ Trust		(3) ☒ 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		b General Schedules	
(1) ☒ R (Retirement Plan Information)		(1) ☒ H (Financial Information)	
(2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary		(2) ☐ I (Financial Information – Small Plan)	
(3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		(3) ☐ A (Insurance Information)	
		(4) ☒ 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 _____

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2014
		This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2015 and ending 03/31/2015		
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)
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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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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	17914	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

MFP STRATEGIES

23-3038134

(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	15625	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

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:

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
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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
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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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning 01/01/2015 and ending 03/31/2015		
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	2147	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)		0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	16724	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common.....	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property).....	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans.....	1c(8)	4562730	0
(9) Value of interest in common/collective trusts	1c(9)	31520702	0
(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)	134303135	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	2794788	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(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	173200226	0

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 through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	173200226	0
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	677619	
(B) Participants	2a(1)(B)	2323644	
(C) Others (including rollovers)	2a(1)(C)	200835	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		3202098

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)	0	
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	46871	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		46871

(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)	293151	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		293151

(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	2894438	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	2894438	
(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)		85806
(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)		3982071
c Other income.....	2c		189610
d Total income. Add all income amounts in column (b) and enter total.....	2d		7799607

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	8696412	
(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)		8696412
f Corrective distributions (see instructions).....	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		84626
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)	42139	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		42139
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		8823177

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-1023570
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan.....	2l(2)		172176656

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: **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:

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.).....

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.).....

	Yes	No	Amount
4a		X	
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.)		X	
4c			
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.)		X	
4d			
e Was this plan covered by a fidelity bond?	X		1000000
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f			
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?		X	
4g			
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?		X	
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i			
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.)		X	
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	X		
4k			
l Has the plan failed to provide any benefit when due under the plan?		X	
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	X		
4m			
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.	X		
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: 0

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)
SONEPAR USA 401K PLAN	23-2975775	001

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 01/01/2015 and ending 03/31/2015

A Name of plan <u>HAGEMEYER NORTH AMERICA PROFIT SHARING & 401(K) PLAN AND TRUST</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HAGEMEYER NORTH AMERICA, INC.</u>	D Employer Identification Number (EIN) <u>56-2281578</u>

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	<u>0</u>
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): <u>94-1687665</u>		
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 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

October 1, 2015

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

Ladies and Gentlemen:

We have audited the financial statements of Hagemeyer North America Profit Sharing & 401(k) Plan and Trust (the Plan) as of March 31, 2015 and for the period from January 1, 2015 through March 31, 2015, as of December 31, 2014 and 2013 and for each of the years then ended and supplemental schedule as of March 31, 2015 and December 31, 2014, and issued our report thereon under date of October 1, 2015. Under our professional standards, we are providing you with the accompanying information related to the conduct of our audits.

Our Responsibility under Professional Standards

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to information summarized in Note 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 and supplemental schedule. 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 an opinion that the form and content of financial statements and supplemental schedule, that have been prepared by the Plan 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 audit to obtain reasonable assurance that misstatements, whether caused by error or fraud, that are not material to the financial statements are detected. Our audit does not relieve the Plan Administrator or the Investment Committee 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.



Investment Committee
Hagemeyer North America Profit Sharing & 401(k) Plan and Trust
October 1, 2015
Page 2 of 4

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 Investment Committee 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' report thereon does not extend beyond the financial information identified in our auditors' report, 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 annual report Form 5500 to be submitted to the Department of Labor, 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 the matters that are inherently uncertain. We have discussed with the Plan Administrator and management of the Plan 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 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.



Investment Committee
Hagemeyer North America Profit Sharing & 401(k) Plan and Trust
October 1, 2015
Page 3 of 4

Management Judgments and Accounting Estimates

The preparation of the financial statements and supplemental schedule requires 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 Plan's financial statements.

Disagreements with Management

There were no disagreements with management on financial accounting and reporting matters that would have caused a modification of our auditors' reports on the Plan's financial statements and supplemental schedule.

Management's Consultation with Other Accountants

To the best of our knowledge, the Plan Administrator and management of the Plan Sponsor have not consulted with or obtained opinions, written or oral, from other independent accountants during the periods from January 1, 2015 through March 31, 2015 and years ended December 31, 2014 and 2013.

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 Administrator and management of the Plan Sponsor each year prior to our retention as the Plan's 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 audit.

Other Significant Findings or Issues

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

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 Sponsor and the Plan and provide confirmation that we are independent accountants with respect to the Plan Sponsor and the Plan.



Investment Committee
Hagemeyer North America Profit Sharing & 401(k) Plan and Trust
October 1, 2015
Page 4 of 4

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

Confirmation of Audit Independence

We hereby confirm that as of October 1, 2015, we are independent accountants with respect to the Plan under all relevant professional and regulatory standards.

* * * * *

This letter is intended solely for the information and use of the Plan Administrator, the Investment Committee, 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



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

Financial Statements and Supplemental Schedule

March 31, 2015 and December 31, 2014 and 2013

(With Independent Auditors' Report Thereon)

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

Table of Contents

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Statements of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5
Supplemental Schedule	
Form 5500, Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	16
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 March 31, 2015 (date of plan merger), December 31, 2014 and 2013, and the related statements of changes in net assets available for benefits for the periods from January 1, 2015 through March 31, 2015 and the years ended December 31, 2014 and 2013, 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 to the financial statements, 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 March 31, 2015 (date of plan merger), December 31, 2014, and December 31, 2013, and for the periods from January 1, 2015 through March 31, 2015 and for the years ended December 31, 2014 and 2013, 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.



Other Matter

The supplemental Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of March 31, 2015 (date of plan merger) and December 31, 2014 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's 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

October 1, 2015

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

Statements of Net Assets Available for Benefits

March 31, 2015 and December 31, 2014 and 2013

	<u>2015</u>	<u>2014</u>	<u>2013</u>
Assets:			
Participant-directed investments – at fair value:			
Mutual funds	\$ —	134,303,136	125,747,316
Common collective trust	—	31,520,701	32,020,456
Self-directed brokerage accounts	—	2,794,788	2,445,924
Transactions in-transit – cash	—	18,871	19,845
Total investments	<u>—</u>	<u>168,637,496</u>	<u>160,233,541</u>
Receivables:			
Employer contributions	—	673,930	578,426
Notes receivable from participants	—	4,562,730	4,530,199
Total receivables	<u>—</u>	<u>5,236,660</u>	<u>5,108,625</u>
Adjustments from fair value to contract value for fully benefit-responsive investment contracts	<u>—</u>	<u>(553,694)</u>	<u>(387,492)</u>
Net assets available for benefits	<u>\$ —</u>	<u>173,320,462</u>	<u>164,954,674</u>

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

For the period from January 1, 2015 through March 31, 2015 and
Years ended December 31, 2014 and 2013

	<u>2015</u>	<u>2014</u>	<u>2013</u>
Additions:			
Investment income	\$ 425,828	8,972,544	5,271,967
Net appreciation in fair value of investments	<u>3,982,071</u>	<u>295,506</u>	<u>20,181,809</u>
Total investment income	<u>4,407,899</u>	<u>9,268,050</u>	<u>25,453,776</u>
Contributions:			
Participant	2,323,644	7,386,956	6,890,406
Participant rollover	200,835	328,206	227,027
Employer, net of forfeitures	<u>887,392</u>	<u>2,769,867</u>	<u>2,808,569</u>
Total contributions	<u>3,411,871</u>	<u>10,485,029</u>	<u>9,926,002</u>
Total additions	<u>7,819,770</u>	<u>19,753,079</u>	<u>35,379,778</u>
Deductions:			
Benefits paid to participants	8,781,038	11,227,472	11,111,951
Administrative expenses	<u>42,139</u>	<u>159,819</u>	<u>157,278</u>
Total deductions	<u>8,823,177</u>	<u>11,387,291</u>	<u>11,269,229</u>
Net (decrease) increase before transfers	(1,003,407)	8,365,788	24,110,549
Transfers to the Sonepar USA 401(k) Plan	(172,317,055)	—	—
Net assets available for benefits:			
Beginning of period	<u>173,320,462</u>	<u>164,954,674</u>	<u>140,844,125</u>
End of period	<u>\$ —</u>	<u>173,320,462</u>	<u>164,954,674</u>

See accompanying notes to financial statements.

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PROFIT SHARING & 401(k) PLAN AND TRUST**

Notes to Financial Statements

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(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) Plan Merger

On February 27, 2013, the Sonepar USA Retirement Plan Investment Committee approved a resolution to merge the Plan into the Sonepar USA 401(k) plan effective March 31, 2015. All participants under the Plan received a benefit immediately after the merger which was at least as equal to the benefit determined under the Plan immediately before the merger.

(c) 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.

(d) 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 2015, 2014 and 2013. 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 2015, 2014 and 2013, 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 the period from January 1, 2015 through March 31, 2015 totaled

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\$887,392, none of which was funded by forfeitures. The employer match for 2014 totaled \$2,895,419, of which \$125,552 was funded by the utilization of forfeitures. The employer match for 2013 totaled \$2,538,037, of which \$229,468 was funded by the utilization of forfeitures.

(e) 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 permissible reimbursable plan expenses or may be allocated to Plan participants. At March 31, 2015 (prior to merger), December 31, 2014 and 2013, the ERISA account totaled \$60,413, \$44,175 and \$99,573, respectively. In the fourth quarter of 2014, a distribution of \$40,000 from this account was allocated to Plan participants. In the fourth quarter of 2013, a distribution of \$500,000 from this account was allocated to Plan participants.

(f) 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.

(g) 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.

(h) 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:

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

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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:

<u>Years of service</u>	<u>Vesting percentage</u>
Less than 3	—%
3 or more	100

(i) 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 10 years.

(j) 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.

(k) 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 March 31, 2015, December 31, 2014 and 2013, forfeited nonvested accounts totaled \$100,694, \$50,589 and \$28,076, respectively. During the periods from January 1, 2015 through March 31, 2015 and the years ended December 31, 2014 and 2013, forfeitures aggregated \$50,105, \$148,096 and \$163,503 and employer contributions were reduced by \$0, \$125,552 and \$229,468, respectively, from forfeited nonvested accounts. During the periods from January 1, 2015 through March 31, 2015 and

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the years ended December 31, 2014 and 2013, no funds were allocated to participants with an ESOP account from forfeited nonvested accounts. Other activity in these accounts totaled a net reduction in 2014 of \$31 and a net reduction in 2013 of \$23,943.

(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 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.

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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 period. 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 2015, 2014 and 2013, interest rates ranged from 4.25% to 9.0%. Delinquent notes receivable from participants are reclassified as distributions based on the terms of the Plan agreement. Notes receivable from participants of \$1,388, \$85,057 and \$59,852 were in default as of March 31, 2015, December 31, 2014 and 2013, 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 periods from January 1, 2015 through March 31, 2015 and for the years ended December 31, 2014 and 2013, the Company paid expenses related to the Plan of \$15,625, \$94,162 and \$91,269, respectively.

(h) *Excess Contributions Payable*

The Plan is required to return contributions received during the Plan year in excess of the IRC limits. In 2015, 2014 and 2013, the Plan did not have any contributions in excess of the IRC limits.

(3) Fair Value Measurements

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic 820, *Fair Value Measurement* (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.
- 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.

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- 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 March 31, 2015, December 31, 2014 or December 31, 2013.

Mutual funds – Valued at the net asset value of shares held by the Plan at measurement date.

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 periods from January 1, 2015 through March 31, 2015 and the years ended December 31, 2014 and 2013 was 1.29%, 1.51% and 1.64%, respectively. The average crediting interest rate for 2015, 2014 and 2013 was 1.79%, 1.65% and 1.47%, 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 March 31, 2015 and December 31, 2014, 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.

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The following tables present the Plan's assets that are measured at fair value on a recurring basis at March 31, 2015, and December 31, 2014 and 2013:

		Fair value measurements at reporting date using		
		Quoted prices in active markets for identical assets (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)
	March 31, 2015 carrying value			
Mutual funds:				
Fixed income funds	\$ —	—	—	—
Growth funds	—	—	—	—
Index funds	—	—	—	—
Common collective trust	—	—	—	—
Self-directed brokerage accounts	—	—	—	—
In-transit cash	—	—	—	—
Total	\$ —	—	—	—

		Fair value measurements at reporting date using		
		Quoted prices in active markets for identical assets (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)
	December 31, 2014 carrying value			
Mutual funds:				
Fixed income funds	\$ 12,994,871	12,994,871	—	—
Growth funds	109,960,266	109,960,266	—	—
Index funds	11,347,999	11,347,999	—	—
Common collective trust	31,520,701	—	31,520,701	—
Self-directed brokerage accounts	2,794,788	2,794,788	—	—
In-transit cash	18,871	18,871	—	—
Total	\$ 168,637,496	137,116,795	31,520,701	—

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March 31, 2015 and December 31, 2014 and 2013

		Fair value measurements at reporting date using		
		Quoted prices in active markets for identical assets (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)
	December 31, 2013 carrying value			
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	—

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 2015, 2014 and 2013. 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 March 31, 2015 and December 31, 2014 and 2013 are as follows:

Investments > 5%	2015	2014	2013
Neuberger and Berman Genesis Trust Fund	\$ —	14,874,228	16,769,972
Mainstay Large Cap Growth Fund	—	16,919,244	16,090,351
T Rowe Price Dividend	—	11,132,254	9,561,657
Vanguard Institutional Index Fund	—	9,678,051	N/A
Prudential Jennison Mid-Cap Z	—	9,609,175	9,076,923
American Europa CIFIC Growth Fund R5	—	9,128,851	8,892,578
INVESCO Stable Value Trust	—	31,520,701	32,020,456

N/A – not 5% or more of Plan Assets.

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PROFIT SHARING & 401(k) PLAN AND TRUST**

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During 2015, 2014 and 2013, 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:

	<u>2015</u>	<u>2014</u>	<u>2013</u>
Mutual funds	\$ 3,907,199	96,021	19,852,269
Common stock held in individually directed brokerage accounts	<u>74,872</u>	<u>199,485</u>	<u>329,540</u>
Net appreciation in fair value of investments	<u>\$ 3,982,071</u>	<u>295,506</u>	<u>20,181,809</u>

There was no appreciation in value of the common collective trust during 2015, 2014 or 2013.

(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 designed and is currently being operated in compliance with the applicable requirements of the IRC and the Plan and related trust are tax-exempt.

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 March 31, 2015 and December 31, 2014 and 2013, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan 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.

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PROFIT SHARING & 401(k) PLAN AND TRUST**

Notes to Financial Statements

March 31, 2015 and December 31, 2014 and 2013

(7) Information Certified by the Trustee

The following is a summary of the unaudited information regarding the Plan as of March 31, 2015, December 31, 2014, and December 31, 2013, and for the periods from January 1, 2015 through March 31, 2015 and the years ended December 31, 2014 and 2013, 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:

	<u>2015</u>	<u>2014</u>	<u>2013</u>
Participant-directed investments:			
Mutual funds	\$ —	134,303,136	125,747,316
Self-directed brokerage accounts	—	2,794,788	2,445,924
Notes receivable from participants	—	4,562,730	4,530,199
Invesco Stable Value Trust, at contract value	—	30,967,007	31,632,964
	<u>\$ —</u>	<u>172,627,661</u>	<u>164,356,403</u>
Investment income:			
Dividends and interest	\$ 425,828	8,972,544	5,271,967
Net appreciation in fair value of investments	3,982,071	295,506	20,181,809

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 March 31, 2015 and December 31, 2014 and 2013:

	<u>2015</u>	<u>2014</u>	<u>2013</u>
Net assets available for benefits per the financial statements	\$ —	173,320,462	164,954,674
Employer contributions receivable	—	(673,930)	(578,426)
Adjustment from contract value to fair value for fully benefit-responsive investment contracts	—	553,694	387,492
Net assets available for benefits per Form 5500, at fair value	<u>\$ —</u>	<u>173,200,226</u>	<u>164,763,740</u>

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

Notes to Financial Statements

March 31, 2015 and December 31, 2014 and 2013

The following is a reconciliation of changes in net assets available for benefits per the financial statements to the net (decrease) increase per Form 5500 for the periods from January 1, 2015 through March 31, 2015 and the year ended December 31, 2014:

	<u>2015</u>	<u>2014</u>
Net (decrease) increase in net assets available for benefits per the financial statements	\$ (1,003,407)	8,365,788
Plus adjustment from contract value to fair value for fully benefit-responsive investment contracts	743,304	553,694
Less reversal of prior-year adjustment from contract value to fair value for fully benefit-responsive investment contracts	(553,694)	(387,492)
Less receivables at end of year	(883,702)	(673,930)
Plus receivables at beginning of year	673,930	578,426
Net (decrease) increase per Form 5500	<u>\$ (1,023,569)</u>	<u>8,436,486</u>

The following is a reconciliation of the transfer of assets to the Sonepar USA 401(k) Plan per the financial statements to the transfer per Form 5500 for the period from January 1, 2015 through March 31, 2015.

	<u>2015</u>
Transfer of assets per the financial statements	\$ 172,317,055
Employer contributions receivable	(883,702)
Adjustment from contract value to fair value for fully benefit-responsive investment contracts	743,304
Transfer of assets per Form 5500	<u>\$ 172,176,657</u>

(9) Subsequent Events

The Plan has evaluated subsequent events through October 1, 2015, 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)

March 31, 2015 and December 31, 2014

Identity of issue	Description of investment	March 31, 2015 Fair value	December 31, 2014 Fair value
Prudential Jennison Mid-Cap Z	Mutual fund	\$ —	9,609,175
Prudential Jennison Mid-Cap Z GM	Mutual fund	—	1,629,592
Columbia Small Cap Index	Mutual fund	—	944,614
Columbia Small Cap Index GM	Mutual fund	—	475,545
Columbia Mid Cap Index Fund CL Z	Mutual fund	—	1,336,453
Columbia Mid Cap Index CL Z GM	Mutual fund	—	471,266
Allianz NFH SM Cap Val Inst	Mutual fund	—	1,116,960
Allianz NFH SM Cap Val GM Inst	Mutual fund	—	1,883,714
Columbia Dividend Income	Mutual fund	—	3,273,610
Columbia Dividend Income GM	Mutual fund	—	6,213,623
American Europa CIFIC Gr Fd R5	Mutual fund	—	9,128,851
American Europa CIFIC Gr Fd R5 – GM	Mutual fund	—	6,050,713
Clearbridge Small Cap Growth I	Mutual fund	—	627,910
Clearbridge Small Cap Growth I GM	Mutual fund	—	1,039,593
Metropolitan West Total FDI	Mutual fund	—	5,837,504
Metropolitan West I GM	Mutual fund	—	7,157,367
T Rowe Price Dividend	Mutual fund	—	11,132,254
Vanguard Institutional Index	Mutual fund	—	9,678,051
Vanguard TTL BD Mrkt Indx Adm	Mutual fund	—	1,035,725
Vanguard TTL BD Mrkt Indx Adm GM	Mutual fund	—	7,084,396
JP Morgan Mid Value Inst	Mutual fund	—	6,033,326
JP Morgan Mid Value Inst GM	Mutual fund	—	2,554,946
Mainstay Large Cap Growth Fund	Mutual fund	—	16,919,244
Mainstay Large Cap Growth Fund GM	Mutual fund	—	5,010,048
Vanguard Developed Mrkts Inv	Mutual fund	—	375,643
Vanguard Developed Mrkts Inv GM	Mutual fund	—	2,808,785
Neuberger & Berman Genesis Trust	Mutual fund	—	14,874,228
INVESCO Stable Value Trust	Common Collective trust fund	—	31,520,701
Various	Self-directed brokerage accounts	—	2,794,788
Total investments at fair value		\$ —	168,618,625
* Transactions in-transit	Cash	\$ —	18,871
* Various participants	Participant loans, maturing 2015 to 2036 at interest rates ranging from 4.25% to 9.0% (1)	—	4,562,730

* Indicates a party in interest

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

See accompanying independent auditors' report.

STATEMENT OF ASSETS
FOR THE PERIOD 01/01/2015 - 03/31/2015

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

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
INVESTMENT TOTAL			0.00	0.00	0.00%
UNINVESTED CASH			0.00	0.00	0.00%
ACCRUED INCOME			0.00	0.00	0.00%
TOTAL ASSETS			0.00	0.00	0.00%

A portion of the balance displayed in the BIF Money Fund or the Merrill Lynch Bank Deposit Program (MLBD Program) may contain a pending deposit. If cash funds are invested / deposited in the BIF or MLBD Program, sweep activity details are available upon request.

Balances include pending activity