## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## **Short Form Annual Return/Report of Small Employee Benefit Plan**

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

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

Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2014

This Form is Open to Public Inspection

For calendar								
	plan year 2014 or f	iscal plan year beginning 01/01	<u>/2014</u>	and ending 12/	/31/2014			
A This return	n/report is for:	X a single-employer plan		plan (not multiemployer) (loyer information in accord				
		a one-participant plan	a foreign plan					
<b>B</b> This return/report is		the first return/report	the final return/report					
		an amended return/report	a short plan year ret	urn/report (less than 12 mo	onths)			
C Check box	x if filing under:	X Form 5558	automatic extension	1	DFVC p	orogram		
		special extension (enter des	cription)					
Part II	Basic Plan Info	ormation—enter all requested	nformation		_	_		
1a Name of					1b Three-digi			
H & C TOOL S	SUPPLY CORPORA	ATION 401(K) PLAN			plan numb (PN) ▶	002		
					1c Effective of			
						01/01/2001		
	nsor's name and a	ddress; include room or suite num	ber (employer, if for a sing	le-employer plan)		Identification Number		
14010020	orrer dom ord				(=)	16-0802335 telephone number		
235 MT. READ	BLVD.					85-235-5700		
ROCHESTER,	NY 14611					code (see instructions) 423800		
3a Plan adm	ninistrator's name a	and address XSame as Plan Spo	nsor.		<b>3b</b> Administra			
					3C Administra	tor's telephone number		
4 If the nar	me and/or EIN of th	ne plan sponsor has changed sinc	e the last return/report filed	I for this plan, enter the	<b>4b</b> EIN			
name, E <b>a</b> Sponsor'		umber from the last return/report.			4c PN			
·		s at the beginning of the plan year	·		10 111			
_		3			5a	35		
		s at the end of the plan year			5a 5b			
		account balances as of the end of	of the plan year (defined be	nefit plans do not	5b	35		
	e this item)	account balances as of the end o	of the plan year (defined be	nefit plans do not	5b 5c	35 27		
<b>d(1)</b> Total i	e this item)number of active pa	account balances as of the end o	of the plan year (defined be	nefit plans do not	5b 5c 5d(1)	35 27 33		
<b>d(1)</b> Total <b>d(2)</b> Total	e this item)number of active particular of ac	account balances as of the end of the account balances as of the end of the articipants at the end of the plan y	of the plan year (defined be plan year	nefit plans do not	5b 5c 5d(1) 5d(2)	35 27 33 33		
<b>d(1)</b> Total ( <b>d(2)</b> Total ( <b>e</b> Number (	e this item)number of active pa number of active pa number of active pa of participants that t	account balances as of the end o	of the plan year (defined beplan yeareplan year with accrued be	nefit plans do not	5b 5c 5d(1)	35 27 33 33		
d(1) Total of d(2) Total e Number of less than	e this item)number of active participants that to 100% vested	articipants at the beginning of the articipants at the end of the plan y terminated employment during the	plan year (defined be plan yeare plan year with accrued be plan year will be assesse	nefit plans do not  nefits that were  d unless reasonable cau	5b 5c 5d(1) 5d(2) 5e use is established	35 27 33 33 (0		
d(1) Total of d(2) Total of e Number of less than Caution: A p Under penalti SB or Schedu	e this item)number of active par number of active participants that to a 100% vested nenalty for the late ites of perjury and of ule MB completed a	articipants at the beginning of the articipants at the end of the plan y terminated employment during the or incomplete filing of this return ther penalties set forth in the instrand signed by an enrolled actuary	e plan year with accrued be surple prize will be assesse uctions, I declare that I have	nefit plans do not  nefits that were  d unless reasonable cau	5b 5c 5d(1) 5d(2) 5e se is establisher cort, including, if a	35 27 33 33 40 applicable, a Schedule		
d(1) Total of d(2) Total of e Number of less than Caution: A p Under penalti SB or Schedubelief, it is tru	e this item)number of active par number of active participants that to a 100% vested nenalty for the late ies of perjury and of ule MB completed are, correct, and com	articipants at the beginning of the articipants at the end of the plan y terminated employment during the or incomplete filing of this return ther penalties set forth in the instrand signed by an enrolled actuary	e plan year with accrued be surple prize will be assesse uctions, I declare that I have	nefit plans do not  nefits that were  d unless reasonable cau	5b 5c 5d(1) 5d(2) 5e see is established bort, including, if at it, and to the best	38 27 33 33 4d. applicable, a Schedule		
d(1) Total of d(2) Total of e Number of less than  Caution: A p  Under penalti SB or Schedubelief, it is tru  SIGN HERF	e this item)number of active par number of active participants that to a 100% vested nenalty for the late ies of perjury and of ule MB completed are, correct, and com	articipants at the beginning of the articipants at the end of the plan y terminated employment during the terminated employment duri	pf the plan year (defined be plan yearearear	nefit plans do not  nefits that were  d unless reasonable cau re examined this return/report	5b 5c 5d(1) 5d(2) 5e use is established port, including, if a continuous cont	35 27 33 33 00 00 00 00 00 00 00 00 00 00 00		
d(1) Total of d(2) Total of the Number of less than Caution: A punder penalti SB or Schedubelief, it is tru	e this item)number of active par number of active par number of active par number of active participants that the 100% vested	articipants at the beginning of the articipants at the end of the plan y terminated employment during the terminated employment duri	plan year (defined be plan yeare plan year with accrued be plan year with accrued be plan year will be assesse uctions, I declare that I have, as well as the electronic very 10/12/2015	nefit plans do not  nefits that were  d unless reasonable cause examined this return/reportersion of this return/report	5b 5c 5d(1) 5d(2) 5e use is established port, including, if a continuous cont	35 27 33 33 Cod. applicable, a Schedule of my knowledge and		
d(1) Total of d(2) Total of d(2) Total of e Number of less than  Caution: A p  Under penalti SB or Schedubelief, it is tru  SIGN HERE  SIGN HERE	e this item)number of active participants that to 100% vested  nenalty for the late item of perjury and on the late item of perjury and one item. The completed at the complete of the late item. The complete of the late item of perjury and complete of the late item. The late item of perjury and complete of the late item of perjury and complete of the late item of perjury and complete of perjury and	articipants at the beginning of the articipants at the end of the plan y terminated employment during the por incomplete filing of this returned signed by an enrolled actuary applete.  Idvalid electronic signature.  administrator  over/plan sponsor	plan year (defined be plan year	nefit plans do not  nefits that were  d unless reasonable cause examined this return/repersion of this return/report  DONALD E. WALTZEI  Enter name of individue	5b 5c 5d(1) 5d(2) 5e see is establisher ort, including, if a t, and to the best R ual signing as planual signing as emula sig	35 27 33 33 33 00 ad. applicable, a Schedule of my knowledge and an administrator		
d(1) Total of d(2) Total of d(2) Total of e Number of less than  Caution: A p  Under penalti SB or Schedubelief, it is tru  SIGN HERE SIGN HERE	e this item)number of active participants that to 100% vested  nenalty for the late item of perjury and on the late item of perjury and one item. The completed at the complete of the late item. The complete of the late item of perjury and complete of the late item. The late item of perjury and complete of the late item of perjury and complete of the late item of perjury and complete of perjury and	articipants at the beginning of the articipants at the end of the plan y terminated employment during the or incomplete filing of this returned signed by an enrolled actuary applete.  I/valid electronic signature.	plan year (defined be plan year	nefit plans do not  nefits that were  d unless reasonable cause examined this return/repersion of this return/report  DONALD E. WALTZEI  Enter name of individue	5b 5c 5d(1) 5d(2) 5e see is establisher ort, including, if a t, and to the best R ual signing as planual signing as emula sig	35 27 33 33 00 00 00 00 00 00 00 00 00 00 00		
d(1) Total of d(2) Total of d(2) Total of e Number of less than  Caution: A p  Under penalti SB or Schedubelief, it is tru  SIGN HERE  SIGN HERE	e this item)number of active participants that to 100% vested  nenalty for the late item of perjury and on the late item of perjury and one item. The completed at the complete of the late item. The complete of the late item of perjury and complete of the late item. The late item of perjury and complete of the late item of perjury and complete of the late item of perjury and complete of perjury and	articipants at the beginning of the articipants at the end of the plan y terminated employment during the por incomplete filing of this returned signed by an enrolled actuary applete.  Idvalid electronic signature.  administrator  over/plan sponsor	plan year (defined be plan year	nefit plans do not  nefits that were  d unless reasonable cause examined this return/repersion of this return/report  DONALD E. WALTZEI  Enter name of individue	5b 5c 5d(1) 5d(2) 5e see is establisher ort, including, if a t, and to the best R ual signing as planual signing as emula sig	applicable, a Schedule of my knowledge and un administrator		
d(1) Total of d(2) Total of d(2) Total of e Number of less than  Caution: A p  Under penalti SB or Schedubelief, it is tru  SIGN HERE  SIGN HERE	e this item)number of active participants that to 100% vested  nenalty for the late item of perjury and on the late item of perjury and one item. The completed at the complete of the late item. The complete of the late item of perjury and complete of the late item. The late item of perjury and complete of the late item of perjury and complete of the late item of perjury and complete of perjury and	articipants at the beginning of the articipants at the end of the plan y terminated employment during the por incomplete filing of this returned signed by an enrolled actuary applete.  Idvalid electronic signature.  administrator  over/plan sponsor	plan year (defined be plan year	nefit plans do not  nefits that were  d unless reasonable cause examined this return/repersion of this return/report  DONALD E. WALTZEI  Enter name of individue	5b 5c 5d(1) 5d(2) 5e see is establisher ort, including, if a t, and to the best R ual signing as planual signing as emula sig	35 27 33 33 00 ad. applicable, a Schedule of my knowledge and an administrator		

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b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lif you answered "No" to either line 6a or line 6b, the plan cannot be a continuous control of the plan cannot be a control of the control of th	an indepe and condit	ndent qualified public accounta	int (IQ	PA)			X Yes	No No
С	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40	21)?		Yes	□No □ N	lot determ	nined
Par	t III Financial Information	1	1						
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of		
	Total plan assets	7a	13564	120	-			161278	33
	Total plan liabilities	7b	13564	120				161278	13
	Net plan assets (subtract line 7b from line 7a)	7c		120			/b\ Ta4		
	Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amount				(b) Tot	aı	
	(1) Employers	8a(1)	202						
	2) Participants	8a(2)	1234						
	(3) Others (including rollovers)	8a(3)	714						
	Other income (loss)	8b	889	958					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						30414	14
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	472	247					
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f	5	534					
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						4778	
	Net income (loss) (subtract line 8h from line 8c)	8i						25636	3
J	Transfers to (from) the plan (see instructions)	8j							
	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3D  If the plan provides welfare benefits, enter the applicable welfare fellows  V Compliance Questions								
10	During the plan year:				Yes	No	Α	mount	
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulation)	ıciary Cor	rection Program)	10a		X			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X			
C	Was the plan covered by a fidelity bond?			10c	X			2	265000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Χ			
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ber	efits under the plan? (See	10e		X			
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10g	X				6292
h	If this is an individual account plan, was there a blackout period? ( 2520.101-3.)			10h		X			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i					
Part									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Yes	X No
_11a	Enter the unpaid minimum required contribution for current year fr	om Sched	lule SB (Form 5500) line 39			11a			_
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	or se	ection :	302 of	ERISA?	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,		·				<u> </u>		
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and 6 	enter th Day		letter ruli ear	ng 

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lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to line 13.			
b	Enter the minimum required contribution for this plan year		12b		
С	Enter the amount contributed by the employer to the plan for this plan year		12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result negative amount)	-	1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?		🔲 Y	′es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer the	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		inder the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify th	e plan(s) to		
1	3c(1) Name of plan(s):		<b>13c(2)</b> EI	N(s)	<b>13c(3)</b> PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee **Benefit Plan**

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

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

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to **Public Inspection** 

Part I Annual Repor	t Identification Information						
For calendar plan year 2014 or		1/2014	·····	2/31/2014			
A This return/report is for:	a single-employer plan  a multiple-employer plan (not multiemployer) (Filers checking this box must attach a of participating employer information in accordance with the form instructions)  a one-participant plan						
<b>Ta.</b>	Lad '	岩					
B This return/report is	the first return/report	the final return/report  a short plan year return/report (less than 12 months)					
	an amended return/report	La snort plan year retun	meport (less than 12 mc				
C Check box if filling under:	X Form 5558	automatic extension		DFVC p	rogram		
	special extension (enter desc	cription)					
Part II Basic Plan Inf	ormation—enter all requested in	formation					
1a Name of plan H & C TOOL SUPPLY CORPOR	RATION 401(K) PLAN			1b Three-digit plan number (PN)			
				1c Effective d 01/01/200			
2a Plan sponsor's name and a	iddress; include room or suite numb ATION	per (employer, if for a single-	employer plan)	2b Employer Identification Number (EIN) 16-0802335			
•				2c Sponsor's telephone number (585) 235-5700			
235 MT. READ BLVD.  ROCHESTER, NY 14611				2d Business code (see instructions) 423800			
	and address X Same as Plan Spon	BOr.		3b Administrat	or's EIN		
4 If the name and/or EIN of the name, EIN, and the plan in	he plan sponsor has changed since umber from the last return/report,	the last return/report filed fo	or this plan, enter the	4b EIN			
a Sponsor's name				4c PN			
	ts at the beginning of the plan year.		1	5a	35		
	ts at the end of the plan year			5b	35		
complete this Item)	h account balances as of the end of			5c	27		
` '	articipants at the beginning of the p			5d(1)	33		
	participants at the end of the plan ye			5d(2)	33		
	terminated employment during the			5e	0		
Linder penalties of periun/ and	e or incomplete filing of this return other penalties set forth in the instru- and signed by an enrolled actuary,	ictions. I declare that I have	examined this return/ren	ort, including, if a	pplicable, a Schedule		
200000000000000000000000000000000000000	with	10-8-2015	DONALD E. WALTZE	R			
HERE Signature of plan	administrator	Date	Enter name of individu	ual signing as pla	n administrator		
SIGN HERE OLLEGATION		Dat-	Cutar name of hall de	ial cianina ca co	nlover or plan enonger		
Section 1 Signature of emp	loyer/plan sponsor name, if applicable) and address (	Date			ployer or plan sponsor hone number (optional)		
r rebardi s riame (incoroniù mu	manne, ii appiivauje) and addiess (		,				

<sup>o</sup> ag	е	2

b	Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	an Indepen and condition not use For	dent qualified public account ons.) m 5500-SF and must inste	ant (I	QPA) e <b>For</b> r	n 5500	),	X Yes [	No No
***	If the plan is a defined benefit plan, is it covered under the PBGC is	nsurance pr	ogram (see ERISA section 4	021)7	·····[	Yes	No	Not determin	ned
Pa	rt III Financial Information				-				
7	Plan Assets and Liabilities	All de	(a) Beginning of Ye	ar		and the state of t	(b) En	d of Year	
a	Total plan assets	. 7a	135642	20				1612783	
<u>b</u>		7b		<del></del>		Minutes .	·	-	
C	Net plan assets (subtract line 7b from line 7a)	7c	135642	20		***		1612783	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		_		(b)	Total	-
а	Contributions received or receivable from: (1) Employers	8a(1)	2029	16					
BOSCO-propried	(2) Participants	8a(2)	12347						
-	(3) Others (including rollovers)	8a(3)	7141	*					-
b	Other income (loss)	8b	8895		Tí.				
	Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			Design Transfer	-		304144	
d	Benefits paid (including direct rollovers and insurance premiums	00						304144	
-	to provide benefits)	<b>8</b> d	4724	7					
e	Certain deemed and/or corrective distributions (see instructions)	8e		************	34 33				
f_	Administrative service providers (salaries, fees, commissions)	8f	53	4					
<u>g</u>	Other expenses	8g		Sheened mineral					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h .				47781			
<u>i</u>	Net Income (loss) (subtract line 8h from line 8c)	81		,		256363			
<u> </u>	Transfers to (from) the plan (see Instructions)  TIV Plan Characteristics	8j		-	13				
b	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3D  If the plan provides welfare benefits, enter the applicable welfare fe			decima					
***************************************	V Compliance Questions	······································	7-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		r		·	videory of the contract of the	
10 a	During the plan year:  Was there a failure to transmit to the plan any participant contribut	ions within t	he time period described in		Yes	No	***************************************	Amount	0.0200.000.000
	29 CFR 2510.3-102? (See Instructions and DOL's Voluntary Fidu	clary Correc	ction Program)	10a		Х			
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	? (Do not in	clude transactions reported	10b		Х	***************************************		
C	Was the plan covered by a fidelity bond?	***************************************	***************************************	10c	X			265	000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bond	, that was caused by fraud	10d		Х	Maria Anti-Article St. Book St	t ode gegen en generale en	*****************************
е	Were any fees or commissions paid to any brokers, agents, or othe insurance service, or other organization that provides some or all cinstructions.)	of the benefi	ts under the plan? (See	10e		×			
f	Has the plan falled to provide any benefit when due under the plan			10f		Х			· · · · · · · · · · · · · · · · · · ·
9	Did the plan have any participant loans? (If "Yes," enter amount as	of year end	1.),	10g	Х			6:	292
h	If this is an individual account plan, was there a blackout period? (3 2520.101-3.)	See Instruct	ions and 29 CFR	10h		Х			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101			101					
Part	VI Pension Funding Compliance							Movement in this leader budge	······································
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)	ents? (If "Ye	s," see instructions and com	plete	Sched	ule SB	(Form	Yes 🛛	No
11a	Enter the unpaid minimum required contribution for current year fro					11a			
12	is this a defined contribution plan subject to the minimum funding r	equirement	s of section 412 of the Code	or se	ction 3	02 of I	ERISA?	Yes 🛛	No
***************************************	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,				***************************************			-0-0-4	
а	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	g amortized	in this plan year, see instruc	tions,	and e	nter th Day	e date of t	he letter ruling	

***************************************	Form 5500-SF 2014	Page 3 - 1					
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form	n 5500), and skip to line 13.		-			·
b	Enter the minimum required contribution for this plan year	***************************************		12b			
Water Redomptory							
C	Enter the amount contributed by the employer to the plan for this plan year			12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (negative amount)			12d			
e	Will the minimum funding amount reported on line 12d be met by the funding	deadline?	********		Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?	,			es X N	)	
	If "Yes," enter the amount of any plan assets that reverted to the employer thi	s year		13a			idiki adamia kentahakata men
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?						Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan which assets or liabilities were transferred. (See instructions.)						
1	3c(1) Name of plan(s):		13	3c(2) El	N(s)	13c(3	) PN(s)
Part	VIII Trust Information (optional)		·				<del></del>
	Name of trust	The State of the S	1	14b Tr	ust's EIN		
			-				