Form 5500	Annual Return/Report	of Employee Benefit Plan		OMB Nos. 12	10-0110
FOIIII 5500	•	mployee benefit plans under sections 104		12	10-0089
Department of the Treasury Internal Revenue Service		t Income Security Act of 1974 (ERISA) and a) of the Internal Revenue Code (the Code).		2014	
Department of Labor Employee Benefits Security Administration	•	tries in accordance with is to the Form 5500.			
Pension Benefit Guaranty Corporation			This	Form is Open to Pu Inspection	ıblic
Part I Annual Report Ider	ntification Information			•	
For calendar plan year 2014 or fiscal	plan year beginning 08/01/2014	and ending 07/31/20)15		
A This return/report is for:	a multiemployer plan;	a multiple-employer plan (Filers checking participating employer information in acco			ons); 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	s).	
C If the plan is a collectively-bargain	ed plan, check here			• 🗌	
D Check box if filing under:	Form 5558;	automatic extension;	the DF	VC program;	
j i i i j i i i j i i i i i i i i i i i	special extension (enter description)				
Part II Basic Plan Inform	mation—enter all requested informatio	n			
1a Name of plan CARDINAL TOOL SUPPLY, INC. RE			1b	Three-digit plan number (PN) ▶	001
			1c	Effective date of pla 08/01/2011	ิมา
2a Plan sponsor's name and addres	ss; include room or suite number (employ	yer, if for a single-employer plan)	2b	Employer Identifica	tion
CARDINAL TOOL SUPPLY, INC.				Number (EIN) 61-1077538	
1218 GARDINER LANE	1218 GARDI LOUISVILLE		2c	Plan Sponsor's tele number 888-473-2227	•
LOUISVILLE, KY 40213	LOUISVILLE	, NT 40213	2d	Business code (see instructions) 444190	;

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.			
HERE	Signature of plan administrator	Date	Enter name of individu	al signing as plan administrator
SIGN HERE				
	Signature of employer/plan sponsor	Date	Enter name of individu	al signing as employer or plan sponsor
SIGN HERE				
HERE	Signature of DFE	Date	Enter name of individu	al signing as DFE
JERRY S	r's name (including firm name, if applicable) and address (include r SOLZMAN, CPA	room or suite number	r) (optional)	Preparer's telephone number (optional) 502-585-3251
WELEN	KEN CPAS			
	ST MARKET STREET ILLE, KY 40202-2757			

3a	Plan administrator's name and address XSame as Plan Sponsor	3b Adm	inistrator's EIN
		3c Admi num	inistrator's telephone ber
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	
а	Sponsor's name	4c PN	
5	Total number of participants at the beginning of the plan year	5	3
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)	3
a(2) Total number of active participants at the end of the plan year	6a(2)	3
b	Retired or separated participants receiving benefits	. 6b	
С	Other retired or separated participants entitled to future benefits	. 6c	
d	Subtotal. Add lines 6a(2), 6b, and 6c.	6d	3
е	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	. 6e	
f	Total. Add lines 6d and 6e	6f	3
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	. 6g	3
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		
8a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Cod 2E 2G 2J 2R	les in the ir	nstructions:

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 fun	ding arrangement (check all that apply)	9b	Plan bene	əfit a	arrangement (check all that apply)
	(1)	Insurance		(1)		Insurance
	(2)	Code section 412(e)(3) insurance contracts		(2)		Code section 412(e)(3) insurance contracts
	(3)	X Trust		(3)	X	Trust
	(4)	General assets of the sponsor		(4)		General assets of the sponsor
10	Check a	Il applicable boxes in 10a and 10b to indicate which schedules are at	tache	d, and, wł	nere	e indicated, enter the number attached. (See instructions)
а	Pensior	Schedules	b	General	Scł	nedules
	(1)	R (Retirement Plan Information)		(1)		H (Financial Information)
	(2)	MB (Multiemployer Defined Benefit Plan and Certain Money		(2)	Х	I (Financial Information – Small Plan)
		Purchase Plan Actuarial Information) - signed by the plan		(3)		A (Insurance Information)
		actuary		(4)		C (Service Provider Information)
	(3)	SB (Single-Employer Defined Benefit Plan Actuarial		(5)		D (DFE/Participating Plan Information)
		Information) - signed by the plan actuary		(6)		G (Financial Transaction Schedules)

Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)
	provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR
If "Yes" is check	ed, 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.)
enter the Receip	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, of Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to ceipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code__

			r		11	Dian			OMB No. 1210-011	0
	SCHEDULE I	Financial Inf	orm	ation—Sn	nall	Plan	-			
	(Form 5500)	This schedule is required to	o ha fila	d under section '	104 of	the Employee			2014	
	Department of the Treasury Internal Revenue Service	Retirement Income Security A	Act of 19	974 (ERISA), and	d sectio					
	Department of Labor Employee Benefits Security Administration			e Code (the Code hment to Form	,			This	Form is Open to Inspection	Public
For	Pension Benefit Guaranty Corporation calendar plan year 2014 or fiscal pla	an year beginning 08/01/201	4		a	nd ending	07/3	1/2015		
	Name of plan	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			_	Three-digit				
CA	RDINAL TOOL SUPPLY, INC. RETI	REMENT PLAN AND TRUST				plan number (F	PN)	•	001	
С	Plan sponsor's name as shown on li	ne 2a of Form 5500			D E	mployer Identi	ficatio	n Numbe	er (EIN)	
	RDINAL TOOL SUPPLY, INC.					1-1077538				
		(
	nplete Schedule I if the plan covered all plan under the 80-120 participant r						comple	ete Sche	dule I if you are filin	ig as a
Pa	rt I Small Plan Financial	Information								
Rep	port below the current value of asset	s and liabilities, income, expense	es, trans	sfers and change	s in ne	t assets during	g the p	olan year	r. Combine the valu	ue of plan
	ets held in more than one trust. Do r efit at a future date. Include all incor									
	arance carriers. Round off amounts			,	,,		(-)	,		
1	Plan Assets and Liabilities:			(a) Be	ginning	g of Year			(b) End of Year	
a	Total plan assets		1a			2810)44			300971
b	Total plan liabilities					2010	144			200074
С	Net plan assets (subtract line 1b fro		1c			2810)44			300971
2	Income, Expenses, and Transfer			(i	a) Amo	ount			(b) Total	
а	Contributions received or receivable									
			2a(1)				66			
			. ,			350	000			
			2a(3)							
b	Noncash contributions		2b				70			
С	Other income		2c			-221	76			10000
d	Total income (add lines 2a(1), 2a(2		2d							19990
e	Benefits paid (including direct rollo									
t a	Corrective distributions (see instruct		2f							
g	Certain deemed distributions of particular (see instructions)	•	2g							
h	Administrative service providers (s	alaries, fees, and commissions).	2h				63			
i	Other expenses		2i							
j	Total expenses (add lines 2e, 2f, 2	g, 2h, and 2i)	2j							63
k	Net income (loss) (subtract line 2j f	rom line 2d)	2k							19927
I	Transfers to (from) the plan (see in	structions)	21							
3	Specific Assets: If the plan held as remaining in the plan as of the end of									
	by-line basis unless the trust meets o				mmingi	ied trust contair	ing the	e asseis (or more than one pla	an on a line-
				г			No		Amount	
а	Partnership/joint venture interests .				3a		X			
b	Employer real property				3b		X			
С	Real estate (other than employer re	eal property)			3c		X			
d	Employer securities				3d		X			
е	Participant loans				3e		X			

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500

			Yes	No	Amount
3f	Loans (other than to participants)	3f		X	
g	Tangible personal property	3g		Х	

Pa	art II Compliance Questions				
4	During the plan year:		Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance.	4b		x	
C	Were any leases to which the plan was a party in default or classified during the year as uncollectible?	4c		x	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	4d		X	
е	Was the plan covered by a fidelity bond?	4e		X	
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		x	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		x	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		x	
i	Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?	4i		x	
j	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4j		x	
k	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	4k	X		
I	Has the plan failed to provide any benefit when due under the plan?	41		Х	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	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	4n		x	
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 XNo Amount:

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1)	Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
5c If the	plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA sec	tion 4021)? Yes No No	t determined
Part III	Trust Information (optional)		
6a Name of	ftrust	6b Trust's EIN	

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			0400	sponsor	Signature of employer/plan	
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A CONTRACTOR OF		JOHN CARLI	Date Date	ator	Signature of plan administra	
				110		IERE
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Form 5500 (2014)

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3a Plan administrator's name and address 🛛 Same as Plan Sponsor							
			3	b Admir	nistrator	's EIN	
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 4 If the name and/or EIN of the plan sponsor has changed since the EIN and the plan number from the last return/report: a Sponsor's name 							
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