Form 5500-SF	Short Form Annu	al Return/Repor Benefit Plan	OMB Nos. 1210-0110 1210-0089					
Department of the Treasury Internal Revenue Service	This form is required to be file		4065 of the Employee Re	irement <b>2015</b>				
Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Income Security Act of 1974	nternal	al This Form is Open to Public Inspection					
	Complete all entries in a dentification Information	accordance with the ins	tructions to the Form 550	00-SF.		-		
For calendar plan year 2015 or fisc		015	and ending 12/	31/2015				
A This return/report is for:	X a single-employer plan a one-participant plan		plan (not multiemployer) ( mployer information in acc		-			
<b>B</b> This return/report is	the first return/report an amended return/report	the final return/report a short plan year retu	urn/report (less than 12 mo	nths)				
<b>C</b> Check box if filing under:	X Form 5558	automatic extension			DFVC prog	am		
	special extension (enter descr							
	mation—enter all requested inf	ormation		41				
<b>1a</b> Name of plan H & C TOOL SUPPLY CORPORAT	ION 401(K) PLAN			1b Threplan (PN	number	002		
				1c Effe	ctive date of	plan 1/2001		
	, apt., suite no. and street, or P.O			2b Emp (EIN	loyer Identif	ication Number 802335		
City or town, state or province, H & C TOOL SUPPLY CORPORATION	, country, and ZIP or foreign posta ON	al code (if foreign, see ins	structions)	2c Spo	Sponsor's telephone number 585-235-5700			
235 MT. READ BLVD.			-	2d Business code (see instructions)				
ROCHESTER, NY 14611					4238	00		
<b>3a</b> Plan administrator's name and	l address XSame as Plan Spons	sor.		3b Adm	inistrator's I	EIN		
4 If the name and/or EIN of the	plan sponsor has changed since	the last return/report filed		<b>3C</b> Adm <b>4b</b> EIN	inistrator's t	elephone number		
name, EIN, and the plan numl			· · ·	40 PN				
5a Total number of participants a	t the beginning of the plan year			5a		35		
	t the end of the plan year		F	5b		35		
	ccount balances as of the end of t			5c		28		
d(1) Total number of active parti			Ē	5d(1)		33		
<b>d(2)</b> Total number of active parti	icipants at the end of the plan yea	ar		5d(2)		33		
	erminated employment during the			5e		1		
Caution: A penalty for the late or Under penalties of perjury and othe SB or Schedule MB completed and belief, it is true, correct, and completed	er penalties set forth in the instruc I signed by an enrolled actuary, a	tions, I declare that I hav	e examined this return/rep	ort, includ	ing, if applic			
SIGN Filed with authorized/va	alid electronic signature.	08/30/2016	DONALD E. WALTZER	2				
HERE Signature of plan ad	ministrator	Date	Enter name of individu	al signing	as plan adn	ninistrator		
SIGN HERE								
Preparer's name (including firm na		Date clude room or suite numl	Enter name of individuo		as employe s telephone			
For Denerwork Deduction Act Nation	and OMB Control Numbers, see the	instructions for Form FEG	0.55			Form 5500-SF (2015)		

62 Ware all of the plan's assets during the plan year invested in alig	rible accete?	(See instructions)					X Yes No	
	<ul> <li>Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li> <li>Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)</li> </ul>							
under 29 CFR 2520.104-46? (See instructions on waiver eligibilit	y and conditi	ons.)		·····	·····		X Yes No	
If you answered "No" to either line 6a or line 6b, the plan ca								
<b>C</b> If the plan is a defined benefit plan, is it covered under the PBGC	insurance pi	rogram (see ERISA se	ection 4	021)?		Yes	No Not determined	
Part III Financial Information								
7 Plan Assets and Liabilities		(a) Beginning			_		(b) End of Year	
a Total plan assets			1612	783	_		1718302	
<b>b</b> Total plan liabilities			4040	700	_		1710000	
C Net plan assets (subtract line 7b from line 7a)	7c		1612	783	_		1718302	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	Int		_		(b) Total	
a Contributions received or receivable from: (1) Employers	8a(1)		21	179				
(2) Participants			134	776				
(3) Others (including rollovers)								
<b>b</b> Other income (loss)			15	822				
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						171777	
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)			65	973				
<ul> <li>Certain deemed and/or corrective distributions (see instructions).</li> </ul>								
f Administrative service providers (salaries, fees, commissions)								
g Other expenses				285				
h Total expenses (add lines 8d, 8e, 8f, and 8g)							66258	
i Net income (loss) (subtract line 8h from line 8c)							105519	
j Transfers to (from) the plan (see instructions)								
Part IV Plan Characteristics								
<b>9a</b> If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3D	on feature co	des from the List of Pla	an Cha	racteri	stic Co	odes in	the instructions:	
<b>B</b> If the plan provides welfare benefits, enter the applicable welfare	e feature cod	es from the List of Pla	n Chara	acterist	ic Coo	des in th	he instructions:	
Part V Compliance Questions								
<b>10</b> During the plan year:				Yes	No	N/A	Amount	
a Was there a failure to transmit to the plan any participant contril described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	SVoluntary Fi	iduciary Correction	10a		x			
<b>b</b> Were there any nonexempt transactions with any party-in-interereported on line 10a.)	•		10b		х			
C Was the plan covered by a fidelity bond?			10c	Х			265000	
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?			10d		х			
e Were any fees or commissions paid to any brokers, agents, or o carrier, insurance service, or other organization that provides so the plan? (See instructions.)	ome or all of t	the benefits under	10e		х			
f Has the plan failed to provide any benefit when due under the p	olan?		10f		Х			
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount	t as of year e	nd.)	10g	х			4945	
<ul> <li>h If this is an individual account plan, was there a blackout period 2520.101-3.)</li> </ul>	? (See instru	ctions and 29 CFR	10g	x				
<ul> <li>If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520."</li> </ul>	the required	I notice or one of the	10i	х				
j Did the plan trust incur unrelated business taxable income?			10j					
			10]	1	L	I	I	

	· · · · · · · · · · · · · · · · · · ·	
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	Yes X No
11a	a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40 11a	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?	Yes X No

Form 5500-SF 2015

Page **3 -** 1

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	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ting the waiver.		enter th Day	e date of	the letter ru Year	ling			
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		<b>.</b>					
b	Enter	the minimum required contribution for this plan year		12b						
-		the amount contributed by the employer to the plan for this plan year		12c						
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		12d						
е	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?			Υe	es X No				
		es," enter the amount of any plan assets that reverted to the employer this year		13a						
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou								
D		e PBGC?				Yes 🗙	No			
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th assets or liabilities were transferred. (See instructions.)	fy the plan(s) to							
1	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)			
Part	VIII	Trust Information								
14a	Name	of trust		14b Trust's EIN						
14c Name of trustee or custodian						<b>14d</b> Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions								
15a	Is th	e plan a 401(k) plan?		Y	es	No				
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		b h	esign- ased safe arbor nethod		ADP/ACP test			
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?		Y	es	No				
		k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	.,	Цр	atio ercentage est		erage nefit test			
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con plan with any other plans under the permissive aggregation rules?	0	Y	es	No				
17a	Has	the plan been timely amended for all required tax law changes?		Y	es	No	N/A			
	for ta	the last plan amendment/restatement for the required tax law changes was adopted//////	•				tructions			
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placory letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable	IRS opinion	or			
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	in's last fa	avorable				
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		Υe	S	No				
19	Were	in-service distributions made during the plan year?		<b>Y</b>	es	No				
	lf "Y€	es," enter amount		19						
20		e required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wed), as required under section 401(a)(9)?	Y	es	No	N/A				

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Complex and second	Depa	tment of the Treasury				.,	1210-0089		
Encourse been isolver, version         Revenue Code (the Code).         Part B           Part II         Annual Report Identification Information         and undig 123/2016         Image: Code (the Code).           Part II         Annual Report Identification Information         and undig 123/2016         Image: Code (the Code).           Part II         Basic Plan Information-enter all requested information         a foreign plan version in a condition with the instructions of the Form 500-5F.         Image: Code (the Code).           Part II         Basic Plan Information-enter all requested information         Image: Code (the Code).         Image: Code (the Code).           Part II         Basic Plan Information-enter all requested information         Image: Code (the Code).         Image: Code (the Code).           Part II         Basic Plan Information-enter all requested information         Image: Code (the Code).         Image: Code (the Code).           Part II         Basic Plan Information-enter all requested information         Image: Code (the Code).         Image: Code (the Code).           Part II         Basic Plan Information-enter all requested information.         Image: Code (the Code).         Image: Code (the Code).           Part II         Basic Plan Information-enter all requested information.         Image: Code (the Code).         Image: Code (the Code).           24 Plan sponsor's name (employer, if for a single-employer plan).         Matic	Restored and the second second						t	2015	
A This return/report is     Complete all entries in accordance with the instructions to the Form 550-5F.     Part I Annual Report Identification Information     For detecting plan year 2015 or thead plan year beginning 04/01/2015     and entring 12/31/2015     and entring entring in the instructions)     a comparticipant talm     a comparticipant talm     a comparticipant talm     a entring entring entring in the first return/report     a bord plan year return/report     br/l a trans- entring in the entri	Employee B	enefits Security Administration							
For catched plan year 2016 rised plan year beginning 01081/2015       and nonhin 1221/2015         A This return/topot is for:       a single-employer plan       is of participating employer information in accordance with the form instructiona)         B This return/topot is for:       a one-participant plan       is for eign plan         C Check box if fling under:       Form 5558       automatic extension         Part II       Basic Plan Information—exter all requested information       1b forme-cipit         Ta kame of plan       a special extension (order description)       002         Part II       Basic Plan Information—exter all requested information       1b forme-cipit (FIP) & 002         Ta kame of plan       1b comployer, if for a single-employer plan)       1b comployer identification Number (FIP) & 002         Basing address finded room, a Listing on address (JSB and Plan sponsor's name (omployer, if for a single-employer plan)       2b Employer identification Number (EIP) 1000/2003         Statis address finded room, 2556.       Control Statis (JSB and Statis)       2c Soperar's telephone number         3a Plan administrator's base and address (JSB and as Plan Sponsor.       3b Administrator's telephone number         3a Plan administrator's name and address (JSB and as Plan year       5a 35         b Total number of participants at the edgrining of the plan year       5a 35         complate his telempine orading of the plan year       5a 35					structions to the Form 55	00-SF.			
A       This return/eport is for:       a single-employer plan       a one-participant plan       a one-participant plan       a one-participant plan         B       This return/eport is       a one-participant plan       b foreign plan       b foreign plan         B       This return/report is       in the first interturn/report       is obreign plan       is obreign plan         B       This return/report is       in the first interturn/report       is obreign plan       is obreign plan         C       Check box if filing under:       (Free dist)       is pacial extension (enter description)       DPVC program         Part II       Basic Plan Information—enter all requested information       1       is manifer       000         12       Plan sponsor's name (employer, if for a single-employer plan)       into a single-employer plan)       000         13       Name of plan       1       D Three-digit       000         24       Plan sponsor's name (employer, if for a single-employer plan)       000       100       100         14       Administrator's name and address       Sism os object on PA       100       20       Sponsor's telephone number         26       Sponsor's name       Administrator's name and address       Same as Plan Sponsor.       30       Administrator's telephone number       100 <td></td> <td></td> <td></td> <td></td> <td>and onding 10/2</td> <td>1/0045</td> <td></td> <td></td>					and onding 10/2	1/0045			
A This return/report is for:       a one-participant plan       is for earling plan         B This return/report is       in the first return/report       a namended return/report       a short plan year return/report (less than 12 months)         C Check box if filing under:       in a namended return/report       a short plan year return/report (less than 12 months)         Part II       Basic Plan Information—enter all requested information       1b Three-digit plan number of plan nu	For calenda	ai pian year 2015 of i		£	· · · · · · · · · · · · · · · · · · ·		acking this h	ov must attach a	
B This return/teport is       in the final return/teport       is short plan year return/teport (less than 12 months)         C Check box if filing under:       is podial eddension (enter description)       in dummatic extension       DPVC program         Part II       Basic Plan Information—enter all requested information       10       Three-digit plan number (report)       02         Part II       Basic Plan Information—enter all requested information       10       Three-digit plan number (report)       02         28       Plan sponsor's name (employer, if for a single-employer plan)       10       Three-digit plan number (report)       02         City of toom, ladd a portions. County, and 2P or foreign posal code (if foreign, see instructions)       20       Employer Identification Number (report)         City of toom, ladd a portions. County, and 2P or foreign posal code (if foreign, see instructions)       24       50       Sponsor's telephone number (SS) 236-5700         235 MT. READ BLVD.       24       Hit he 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.       35       36       Administrator's EIN         3a Plan administrator's telephone number       56       35       35       35         City of toom at the plan sponsor has changed since the last return/report filed for this plan, enter the name, EN, and the plan number of participants at the edgi	A This ret	urn/report is for:		list of participating			-		
C       Check box if filing under:       an amended return/report       a short plan year return/report (less than 12 months)         Part II       Basic Plan Information—ener all requested information       atomatic extension       DFVC program         Part II       Basic Plan Information—ener all requested information       1b       Three-digit plan number (with description)         Part II       Basic Plan Information—ener all requested information       1b       Three-digit plan number (with description)         A name of plan       1b       Three-digit plan number (with description)       002         A To CL SUPPLY CORPORATION 401(0) PLAN       2b       Employer identification Number (ifFN) 10-002335         CU of use of province, country, and 2IP or foreign postal code (if foreign, see instructions)       2c       Sponsor's leaphone number (ifFN) 10-002235         235 MT. READ BLVD.       2c       Sponsor's leaphone number (ifFN) 10-002235       2c       Sponsor's leaphone number (ifFN) 10-002         3a       Plan administrator's name and address [Same as Plan Sponsor.       3b       Administrator's telephone number (ifFN) 10-002         3a       Plan number of participants at the end of the plan year.       5a       3a       35         5a       3d       3d       3d       3d       3d       3d         4       If the name and/or EIN of the plan sponsor has changed sinc									
C       C Check box if filing under:       Form 5558       Internatio extension       DFVC program         Part II       Basic Plan Information—enter all requested information       1b       Time-digit plan number         13 Name of plan       1b       Time-digit plan number       002         14 C       Effective date of plan number       002         15 C       Effective date of plan number       0001/2001         21 Plan sponsor's name (employer, if for a single-employer plan)       0001/2001       2b       Employer Identification Number         21 OC USUPPLY CORPORATION       at Crock SUPPLY CORPORATION       2D Employer Identification Number       (EIN) 14 doe2038         22 S MT. READ BLVD.       RCHEDTER, NY 14611       3c       Administrator's name and address [Same as Plan Sponsor.       3b       Administrator's telephone number         32 A 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 plan year.       5a       35         3a Plan administrator's name and address [Same as Plan Sponsor.       3b       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 plan year.       5a       35         5a Total number of participants at the end of the plan year.       5a	<b>B</b> This retu	ırn/report is							
Part II       Basic Plan Information — enter all requested information         14 Name of plan       1b       Three-digit plan number (Pi) b       002         12 Plan sponsor's name (amployer, if for a single-employer plan)       1c       Effective date of plan       001/2001         24 Plan sponsor's name (amployer, if for a single-employer plan)       2b       Employer lotnification Number (PN) b       002         25 Coproor's telephone number (BN) 57.000       City or town, stele or province, country, and 2IP or foreign postal code (if foreign, see instructions)       2c       Sponsor's name (BN) 56.0602335         26 Coproor's telephone number (BN) 57.050       2d       Guines code (see instructions)         235 MT, READ BLVD.       2d       Administrator's EIN         30 Administrator's name and address (Same as Plan Sponsor.       3b       Administrator's telephone number (BS) 23.5-5700         31 A fit 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.       3b       Administrator's telephone number (BS) 23.5-5700         32 A tomber of participants at the beginning of the plan year.       5b       3c       Administrator's telephone number (BS) 23.5-5700         33 A daministrator's telephone number (BS) 3c and a soce the set return/report.       3c       Administrator's telephone number (BS) 3c         3a The number of participants at the begin			an amended return/report	a snort plan year re	urn/report (less than 12 mo	ontns)	_		
Part II       Basic Plan Information—enter all requested information       1b       Three-digit plan number         18 & G TOOL SUPPLY CORPORATION 401(K) PLAN       1b       Three-digit plan number (PN)       002         2a       Plan sponsor's name (employer, If for a single-employer plan)       1d       The Effective date of plan 0101/2001       002         2a       Plan sponsor's name (employer, If for a single-employer plan)       1d       The Effective date of plan 0101/2001       002         Clip of town, state or province, country, and ZIP or forsign postal code (If foreign, see instructions)       2c       Sponsor's telephone number (EN) 19-0902335         2d       Business code (see instructions)       423800       2d       Business code (see instructions)         3a       Plan administrator's name and address [CSame as Plan Sponsor.       3b       Administrator's telephone number (68) 235-700         3a       Plan administrator's name and address [CSame as Plan Sponsor.       3b       Administrator's telephone number (BA) EN         3a       Plan administrator's name and of the plan year       5a       35         3a       Total number of participants at the beginning of the plan year       5a       35         3b       Total number of participants at the beginning of the plan year       5d(1)       33         3d(1)       Total number of asticipants at the beginning of the p	C Check I	pox if filing under:	X Form 5558	automatic extensio	า		] DFVC prog	ram	
1a Name of plan       1b Trace-digli       002         H & C TOOL SUPPLY CORPORATION 401(K) PLAN       1b Innumber (PA) →       002         2a Plan aponsor's name (employer, if for a single-employer plan)       1c Effective date of plan outprized in the single-employer plan)       00101/2001         2a Plan aponsor's name (employer, if for a single-employer plan)       2b Employer Identification Number (EN) 16408233       2c Sponsor's telephone number (ES) 16408233         2b Employer Identification Number       2c Sponsor's telephone number (ES) 255700       2d Business code (see instructions)         3a Plan administrator's name and address (Same as Plan Sponsor.       3b Administrator's telephone number       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 form the last return/report.       3b Administrator's telephone number         3c Internet of participants at the beginning of the plan year       5a 35       5b 35         b Total number of participants at the beginning of the plan year.       5c 28       25c 28         4(1) Total number of participants at the beginning of the plan year.       5d 35       5d(1) 33         complete this flam.       1d Employees teles test best for the plan year.       5d 35         10 total number of participants at the beginning of the plan year.       5d 13       3d 2d(1) Total number of participants at the beginnin				· · · ·				00-11-11-11-10-1-21/07/07/07/07/07/07/07/07/07/07/07/07/07/	
H & C TOOL SUPPLY CORPORATION 401(K) PLAN       plan number       plan number       002         2a       Plan sponsor's name (employer, if for a single-employer plan) Maling address (include room, apl., suite no. and street, or P.O. Box) City of town, site e province, county, and ZIP or forsign postal code (if foreign, see instructions)       2b       Employer Identification Number (EN) 16-0802335         235 MT. READ BLVD.       2d Business code (see instructions)       2d Business code (see instructions)         243 Plan administrator's name and address       Same as Plan Sponsor.       3b       Administrator's EIN         3a       Plan administrator's name and address       Same as Plan Sponsor.       3b       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 a Sponsor's telephone number       4b       EIN         5a       Total number of participants at the beginning of the plan year       5a       35         5b       35       5b       35         62(2)       33       62(2)       33         62(1)       1033       62(2)       33         62(2)       33       5c       28         63       35       5b       35         54       1041 number of participants with account balances as of the end of the plan year       5	Part II	Basic Plan Info	prmation—enter all requested ir	formation	······			·····	
2a       Plan sponsor's name (employer, if for a single-employer plan) Malling address (include room, apl., suble no. and street, or P.O. Box) Otty or town, site or province, country, and 2P or foreign postal code (if foreign, see instructions)       2b       Effective drate of plan Otto/2201         235 MT. READ BLVD.       2d       Business country, and 2P or foreign postal code (if foreign, see instructions)       2d       Sponsor's telephone number (EN) 16-0802335         235 MT. READ BLVD.       2d       Business code (see instructions)       4d       2d         3a       Plan administrator's name and address Same as Plan Sponsor.       3b       Administrator's EIN         3c       Administrator's telephone number       5a       35         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.       5a       35         3       Total number of participants with account balances as of the end of the plan year       5a       35         4(1) Total number of participants with account balances as of the end of the plan year.       5d(2)       33         4(2) Total number of participants with account balances as of the end of the plan year.       5d(1)       33         4(2) Total number of participants with account balances as of the end of the plan year.       5d(2)       33         4(2) Total number of participants with account balances as of th		•	TION 401(K) PLAN			pla	an number	002	
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt, suite no. and street, or P.O. Box) City or fown, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)       2b Employer Identification Number (EIN 16-0802336         235 MT. READ BLVD.       2c Sponsor's telephone number (068) 235-5700       2d Business code (see instructions) 423600         235 MT. READ BLVD.       2b Employer Identification Number (168) 235-5700       2d Business code (see instructions) 423600         24 If the name and/or EIN of the plan sponsor name and address [Same as Plan Sponsor.       3b 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.       3b Administrator's telephone number         5a Total number of participants at the beginning of the plan year.       5a 5c       2a8         5b Total number of participants at the end of the plan year.       5d(1)       33 5c         61(1) Total number of active participants at the end of the plan year.       5d(2)       33 5c         61(1) Total number of active participants at the end of the plan year.       5d(2)       33 5c       5d(2)         70% wested       2x/2 32       5d       3       5d(2)       33 5c       5d(2)       33 5c         61(1) Total number of active participants at the end of the plan year.       5d(2)       33 5c					-	1c Ef	fective date o	f plan	
City or Town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)       Image: Construction of the state of the plan state of the state of the state of the plan state of the plan state of the plan state of the state of the state of the state of th	2a Plan s	ponsor's name (emplo	yer, if for a single-employer plan)					fication Number	
H & C TOOL SUPPLY CORPORATION       ZC Sponsor's telephone number (165) 225-5700         235 MT. READ BLVD.       Zd Business code (see instructions) 423800         ROCHESTER, NY 14611       30         3a Plan administrator's name and address Same as Plan Sponsor.       3b Administrator's EIN         3c Administrator's telephone number       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         4 Sponsor's name       5a       35         5a Total number of participants at the beginning of the plan year.       5a       35         b Total number of participants at the beginning of the plan year.       5d (1)       33         e Number of participants at the beginning of the plan year.       5d (2)       33         e Number of participants at the beginning of the plan year.       5d (2)       33         e Number of participants at the end of the plan year.       5d (2)       33         e Number of participants at the end of the plan year.       5d (2)       33         e Number of participants that terminated employment during the plan year.       5d (2)       33         e Number of participants that terminated employment during the plan year.       5d (2)       33         e Number of participants that terei					structions)	(El	IN) 16-08023	35	
235 MT. READ BLVD.     423800       ROCHESTER, NY 14611       3b Administrator's name and address (Same as Plan Sponsor.       3b Administrator's ElN       3c Administrator's telephone number       4 If the name and/or ElN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, ElN, and the plan number from the last return/report.     4b ElN       5c Administrator's telephone number       5a Total number of participants at the beginning of the plan year.       5b 365       5b 365       Colspan="2">Colspan= 25b 365       Colspan= 25cl (1) 33       Signature of participants at the beginning of the plan year.       Colspan= 25cl (1) 33       Signature of participants at the dof the plan year with accrued benefits that were less the final the instructions, I cleare that 1 have examined this return/report, Including, if applicable, a Schedule SB or Schedule MD complete filling of this return/report will be assessed unless reasonable cause is established.       Under penaliticipants at the end	•					<b>2c</b> Sp			
Addim: NEWD Date:       3b       Administrator's call         Brochester, NY 14611       3c       Administrator's EIN         3a       Plan administrator's name and address [Same as Plan Sponsor.       3b       Administrator's EIN         3c       Administrator's telephone number       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       5a       telephone number         5a       telephone of participants at the beginning of the plan year.       5a       5b       35         5 Total number of participants at the end of the plan year.       5c       28       5d(1)       33         61(1)       total number of active participants at the beginning of the plan year.       5d(2)       33       5d(2)       33         6       Number of active participants at the end of the plan year.       5e       1       1         10/16 repartise of perity or al other pentiles set forth in the instructions. I decare that have easonable cause is established.       1       1         20/16 number of active participants at the end of the plan year.       5e       1       1         10/16 repantiles of perity and other pentiles tentructi								(see instructions)	
3a Plan administrator's name and address       Same as Plan Sponsor.       3b Administrator's EIN         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         3 poinsor's name       4c PN         5a Total number of participants at the beginning of the plan year.       5a 35         b Total number of participants at the end of the plan year.       5a 35         c Number of participants at the end of the plan year.       5c 28         d(1) Total number of active participants at the beginning of the plan year.       5d(1) 33         d(2) Total number of active participants at the beginning of the plan year.       5d(2) 33         e Number of participants at the end of the plan year.       5d(2) 33         for an under of active participants at the end of the plan year.       5d(2) 33         d(1) Total number of active participants at the end of the plan year.       5d(2) 33         e Number of participants with account balances as of the plan year.       5c 1         Caution: A ponalty for the late or incomplete filling of this return/report will be assested unless reasonable cause is established.       Under penalites of perity and other penalites of participants.         belief, It for the late or incomplete filling of this return/report will be assested unless reasonable cause is established.       Under penalites of perity and other penalites set forth in th	235 MT. RE	AD BLVD.				42	3800		
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         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         5a       Total number of participants at the beginning of the plan year       5a       35         5       Total number of participants with account balances as of the end of the plan year       5b       36         d(1)       Total number of active participants at the beginning of the plan year       5d(1)       33         f(2)       Total number of active participants at the end of the plan year       5d(2)       33         e       Number of participants that terminated employment during the plan year with accured benefits that were less       5d(2)       33         f(2)       Total number of active participants at the end of the plan year       5d(2)       33       5e       1         Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established.       Under penalties of perjury and other penallies set forth in the instructions, I declare that 1 have examined this return/report, including, if applicable, a Schedule Blar of the plan administrator       20/c - 48 £4       DONALD E. WALTZER         HERE <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>									
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         3       Sponsor's name       4c       PN         5a       5a       35         b       Total number of participants at the beginning of the plan year       5a       35         c       Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete fils item)       5c       28         d(1)       Total number of active participants at the beginning of the plan year       5d(2)       33         d(2)       Total number of active participants at the end of the plan year       5d(2)       33         e       Number of participants in the end of the plan year       5d(2)       33         d(2)       Total number of active participants at the end of the plan year with accrued benefits that were less       5e       1         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       Under penalties of priury and other penalties set forth in the instructions, I declare that 1 have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and bellet, it is frue correct, and completer         signature of plan a	3a Plan a	dministrator's name ar	nd address X Same as Plan Spon	sor.		<b>3b</b> Ad	ministrator's	EIN	
name, EIN, and the plan number from the last return/report.     4c PN       5a Total number of participants at the beginning of the plan year									
a Sponsor's name       4c PN         5a Total number of participants at the beginning of the plan year				the last return/report file	for this plan, enter the	4b Ell	N		
b Total number of participants at the end of the plan year       5b       35         c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)       5c       28         d(1) Total number of active participants at the beginning of the plan year       5d(1)       33         d(2) Total number of active participants at the end of the plan year       5d(2)       33         e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.       5e       1         Caution: A penality 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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is frue correct, and completer         SiGN       2016 - 05 & 47       DONALD E. WALTZER         Signature of plan administrator       Date       Enter name of individual signing as enployer or plan sponsor         Preparer's name (including firm name, if applicable) and address (include room or suite number )       Preparer's telephone number		•	•			4c PN	1		
c       Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)       5c       28         d(1) Total number of active participants at the beginning of the plan year       5d(1)       33         d(2) Total number of active participants at the end of the plan year       5d(2)       33         e       Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.       5e       1         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       0       1         Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it's frue correct, and complete         SiGN       If where the plan administrator       Date       Enter name of individual signing as plan administrator         SiGN       Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor         Preparer's name (including firm name, if applicable) and address (include room or suite number)       Preparer's telephone number	5a Total i	number of participants	at the beginning of the plan year.			5a		35	
complete this item)       30       20       20         d(1) Total number of active participants at the beginning of the plan year       5d(1)       33         d(2) Total number of active participants at the end of the plan year         d(2) Total number of active participants at the end of the plan year         d(2) Total number of participants at the end of the plan year         d(2) Total number of active participants at the end of the plan year         d(2) Total number of active participants at the end of the plan year         d(2) Total number of active participants at the end of the plan year         d(2) Total number of active participants at the end of the plan year         d(2) Total number of active participants at the end of the plan year         d(2) Total number of participants that terminated employment during the plan year with accrued benefits that were less         total number of participants that terminated employment during the plan year with accrued benefits that were less         Caution: A penality for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.         Under colspan="2">Caution: A penality for the late or incomplete filing of this return/report, including, if applicable, a Schedule         Sign Implicable and signed by an enrolled actuary, as well as the electronic version of this return/report, including, if applic						5b		35	
d(2) Total number of active participants at the end of the plan year					· · ·	5c		28	
e       Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	<b>d(1)</b> Tota	al number of active pa	rticipants at the beginning of the p	lan year		5d(1)		33	
than 100% vested.       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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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       Vorted & Watter of plan administrator         Plane       Signature of plan administrator         Date       Enter name of individual signing as plan administrator         SIGN       Enter name of individual signing as employer or plan sponsor         Preparer's name (including firm name, if applicable) and address (include room or suite number )       Preparer's telephone number						5d(2)		33	
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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is frue, correct, and complete.         SIGN       2016 08 24       DONALD E. WALTZER         HERE       Signature of plan administrator       Date       Enter name of individual signing as plan administrator         SIGN       HERE       Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor         Preparer's name (including firm name, if applicable) and address (include room or suite number)       Preparer's telephone number						5e		1	
SB or Schedule MB completed and signed by an enrolled actuary, 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       2016 08 24       DONALD E. WALTZER         HERE       Signature of plan administrator       Date       Enter name of individual signing as plan administrator         SIGN       HERE       Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor         Preparer's name (including firm name, if applicable) and address (include room or suite number)       Preparer's telephone number	Caution: A	penalty for the late	or incomplete filing of this retur	n/report will be assess	d unless reasonable cau	se is est	tablished.		
SIGN HERE       Vome & Watter       2016 - 08 - 54       DONALD E. WALTZER         Signature of plan administrator       Date       Enter name of individual signing as plan administrator         SIGN HERE       Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor         Preparer's name (including firm name, if applicable) and address (include room or suite number)       Preparer's telephone number	SB or Sche	edule MB completed a	nd signed by an enrolled actuary,						
HERE       Signature of plan administrator       Date       Enter name of individual signing as plan administrator         SIGN HERE       Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor         Preparer's name (including firm name, if applicable) and address (include room or suite number)       Preparer's telephone number	SIGN	/   < c	Walter	2016-08-2	DONALD E. WALTZER	٤			
HERE         Signature of employer/plan sponsor         Date         Enter name of individual signing as employer or plan sponsor           Preparer's name (including firm name, if applicable) and address (include room or suite number )         Preparer's telephone number	HERE	Signature of plan a	idministrator			ıal signin	g as plan adr	ninistrator	
Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor         Preparer's name (including firm name, if applicable) and address (include room or suite number)       Preparer's telephone number									
Ear Pananwork Paduction Act Notice and OMB Control Numbers each the instructions for Form 5500-SE	Preparers	name (including firm r	name, it applicable) and address (i	nciude room of suite num	per)	Prepare	r s telephone	number	
For Pananwork Peduction Act Notice and OMB Control Numbers see the instructions for Form 5500-SE									
	Eas Damain	ark Daduatian Ast M. "	and OMD Cantral Numbers and the	a instructions for Four	00-SE			Form SEAD OF (2045)	

	Form 5500-SF 2015		Page <b>2</b>							
b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility <b>If you answered "No" to either line 6a or line 6b, the plan cann</b> If the plan is a defined benefit plan, is it covered under the PBGC in	an indepe and condi not use Fo	ndent qualified public a tions.) orm 5500-SF and mus	accouni	tant (IC ad use	PA) Form	n 5500.		X Yes	No No ed
Pa	rt III Financial Information	****	******				*****			
7	Plan Assets and Liabilities		(a) Beginnin	a of Ye	ar	T		(b) End	l of Year	
a	Total plan assets	. 7a		16127				(%/ =//	1718302	
desire and the second interest	Total plan liabilities	7b							and a second	ACCOUNT OF A
	Net plan assets (subtract line 7b from line 7a)	7c		16127	83			1718302		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total			
	Contributions received or receivable from:				****	332				
án an tha an tha	(1) Employers	8a(1)		211						
<u> </u>	(2) Participants	8a(2)		1347	76	1995				
BOXADOVEROCINE	(3) Others (including rollovers)	8a(3)								
<u>b</u>	Other income (loss)	8b		1582	22					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	<u>8c</u>							171777	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		6597	73					
PARTICIPATION AND D	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g		285						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	<u>8h</u>					66258			
	Net income (loss) (subtract line 8h from line 8c)	<u>8i</u>							105519	
j	Transfers to (from) the plan (see instructions)	8j				1999 1993				
CONTRACTOR OF THE OWNER	t IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension							· - · · · - · · · · · · · · · · · · · ·		
B Par	2E     2G     2J     2K     3D       If the plan provides welfare benefits, enter the applicable welfare for       V     Compliance Questions	eature coo	les from the List of Pla	n Chara	acterist	ic Coc	les in th	e instruc	tions:	
10	During the plan year:			mmanenowanawa	Yes	No	N/A		Amount	
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		х				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		x				
С	Was the plan covered by a fidelity bond?			10c	х				2650	)00
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х				
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ner person ne or all of	s by an insurance the benefits under	10e		x				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		х				
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g	Х				49	945
h				10h	х					
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101	ne required	d notice or one of the	10i	х					
j	Did the plan trust incur unrelated business taxable income?			10j						
Part	VI Pension Funding Compliance	(anadinggul <u>a - P</u> arata		. 91	L	L.,	I			
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 all years from				dise los en la more		11a			

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12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?...

Yes X No

Form 5500-SF 2015

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Page 3 - 1

	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins granting the waiver.		enter Da		f the letter ru Year	ling		
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.		-		DEMININARY PRESIDENT		
b	Enter the minimum required contribution for this plan year		121		****			
С	Enter the amount contributed by the employer to the plan for this plan year		120	;				
and the second se	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le negative amount)	eft of a	120	1				
е	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?			[] Y	es 🛛 No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug of the PBGC?				Yes X	No		
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	/ the plan(s) to				izoonzaranaa assozna asi		
1	3c(1) Name of plan(s):	13c(2)	EIN(s	)	13c(3)	PN(s)		
<b></b>								
Part	VIII Trust Information							
14a	Name of trust		14b	) Trust's E	IN			
14c	Name of trustee or custodian		14d Trustee's or custodian's telephone number					
Part	IX IRS Compliance Questions							
15a	Is the plan a 401(k) plan?		[]`	/es	🗌 No			
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe harbor method		e ADP/ACP test			
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cu testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.40 2(a)(2)(ii))?	)1(m)-	<u> </u>	/es	No			
16a	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section	n 410(b):		Ratio percentag test		erage lefit test		
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by comb this plan with any other plans under the permissive aggregation rules?			(es	No			
17a	Has the plan been timely amended for all required tax law changes?		[]`	/es	🗌 No	🗌 N/A		
17b	Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).	Enter the a	pplica	able code	(See in	structions		
17c	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan advisory letter, enter the date of that favorable letter and the letter's serial r		t to a	favorable	IRS opinion	or		
17d	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, en determination letter	ter the date of	the p	lan's last f	avorable			
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		ΠY	es	No			
19	Were in-service distributions made during the plan year?			/es	No			
	If "Yes," enter amount		19					
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wh retired), as required under section 401(a)(9)?		<u> </u>	/es	No	N/A		