

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2012 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2012 or fiscal plan year beginning <u>11/01/2012</u> and ending <u>10/31/2013</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information								
1a Name of plan <u>YENKIN-MAJESTIC EMPLOYEES SAVINGS PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>11/01/1963</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>11/01/1963</u>					
1b Three-digit plan number (PN) ▶	<u>001</u>								
1c Effective date of plan <u>11/01/1963</u>									
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>YENKIN-MAJESTIC PAINT CORPORATION</u> <u>1920 LEONARD AVE.</u> <u>COLUMBUS, OH 43219</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">2b Employer Identification Number (EIN) <u>31-4365915</u></td> <td style="width: 20%;"></td> </tr> <tr> <td>2c Sponsor's telephone number <u>614-253-8511</u></td> <td></td> </tr> <tr> <td>2d Business code (see instructions) <u>325500</u></td> <td></td> </tr> <tr> <td colspan="2" style="height: 40px;"></td> </tr> </table>	2b Employer Identification Number (EIN) <u>31-4365915</u>		2c Sponsor's telephone number <u>614-253-8511</u>		2d Business code (see instructions) <u>325500</u>			
2b Employer Identification Number (EIN) <u>31-4365915</u>									
2c Sponsor's telephone number <u>614-253-8511</u>									
2d Business code (see instructions) <u>325500</u>									

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

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

SIGN HERE	Filed with authorized/valid electronic signature. Signature of plan administrator	08/14/2014 Date	THOMAS MILLER Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature. Signature of employer/plan sponsor	08/14/2014 Date	THOMAS MILLER Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☐ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address YENKIN-MAJESTIC PAINT CORPORATION 1920 LEONARD AVE. COLUMBUS, OH 43219		3b Administrator's EIN 31-4365915
		3c Administrator's telephone number 614-253-8511
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: a Sponsor's name		4b EIN 4c PN
5 Total number of participants at the beginning of the plan year		5 236
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	203
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	27
d Subtotal. Add lines 6a , 6b , and 6c	6d	230
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	1
f Total. Add lines 6d and 6e	6f	231
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	206
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	12
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2S 2T 3D		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2012
		This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 11/01/2012 and ending 10/31/2013

A Name of plan YENKIN-MAJESTIC EMPLOYEES SAVINGS PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 YENKIN-MAJESTIC PAINT CORPORATION	D Employer Identification Number (EIN) 31-4365915

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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04-2647786

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 65 37 60	RECORDKEEPER	5924	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
WFA EMRG MKTS EQ ADM - BOSTON FINAN P.O. BOX 8266 BOSTON, MA 02266-8266	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2012 This Form is Open to Public Inspection
For calendar plan year 2012 or fiscal plan year beginning <u>11/01/2012</u> and ending <u>10/31/2013</u>		
A Name of plan <u>YENKIN-MAJESTIC EMPLOYEES SAVINGS PLAN</u>		B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>YENKIN-MAJESTIC PAINT CORPORATION</u>		D Employer Identification Number (EIN) <u>31-4365915</u>

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	Assets			
a	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	124405	273878
	(2) Participant contributions	1b(2)		
	(3) Other	1b(3)		
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	869203	908077
	(2) U.S. Government securities	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)	267804	298453
	(9) Value of interest in common/collective trusts	1c(9)		
	(10) Value of interest in pooled separate accounts	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	7512397	9283671
	(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
	(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	8773809	10764079

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	8773809	10764079
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	273878	
(B) Participants	2a(1)(B)	588501	
(C) Others (including rollovers).....	2a(1)(C)	45680	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		908059
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	92	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	15588	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		15680
(2) Dividends: (A) Preferred stock.....		2b(2)(A)	
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	312735	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		312735
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds		2b(4)(A)	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....		2b(5)(A)	
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		1272440
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2508914

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	512627	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		512627
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	6017	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		6017
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		518644

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		1990270
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: J. GERLACH & CO

(2) EIN: 31-4419361

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		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 ☒ No Amount:

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

5b(1) Name of plan(s)

5b(2) EIN(s)	5b(3) PN(s)

Part V Trust Information (optional)

6a Name of trust

6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2012
		This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 11/01/2012 and ending 10/31/2013

A Name of plan <u>YENKIN-MAJESTIC EMPLOYEES SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>YENKIN-MAJESTIC PAINT CORPORATION</u>	D Employer Identification Number (EIN) <u>31-4365915</u>

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-6568107</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
----------------	--

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
--	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

**YENKIN-MAJESTIC EMPLOYEES'
SAVINGS PLAN**

FINANCIAL STATEMENTS

**For the Years Ended
October 31, 2013 and 2012**

YENKIN-MAJESTIC EMPLOYEES' SAVINGS PLAN

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To the Trustees of
Yenkin-Majestic Employees'
Savings Plan

Independent Auditor's Report

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Yenkin-Majestic Employees' Savings Plan (the Plan), which comprise the statements of net assets available for benefits as of October 31, 2013 and 2012, and the related statements of changes in net assets available for benefits for the years ended October 31, 2013 and 2012, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Fidelity Management Trust Company, trustee of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustee holds the Plan's assets and executes transactions. The Plan Administrator has obtained certifications from the trustee as of October 31, 2013 and 2012, and for the years ended October 31, 2013 and 2012, that the information provided to the Plan Administrator by trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedules of assets held for investment purposes as of or for the years ended October 31, 2013 and 2012, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purposes of additional analysis and are not a required part of the financial statements. These supplemental schedules are the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified or provided by the agent on behalf of the trustee have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

A handwritten signature in black ink that reads "John Gerlach & Company LLP". The signature is written in a cursive, flowing style.

Columbus, Ohio
August 12, 2014

YENKIN-MAJESTIC EMPLOYEES' SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

October 31, 2013 and 2012

	<u>2013</u>	<u>2012</u>
ASSETS		
Investments at fair value:		
Money market securities	\$ 908,077	\$ 869,203
Mutual funds	9,283,671	7,512,396
Total Investments	<u>10,191,748</u>	<u>8,381,599</u>
Receivables:		
Employer's contribution	273,878	124,405
Notes receivable from participants	298,453	267,804
Total Receivables	<u>572,331</u>	<u>392,209</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 10,764,079</u>	<u>\$ 8,773,808</u>

See Notes to Financial Statements

YENKIN-MAJESTIC EMPLOYEES' SAVINGS PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

October 31, 2013 and 2012

	<u>2013</u>	<u>2012</u>
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF PERIOD	\$ <u>8,773,808</u>	\$ <u>7,851,161</u>
INCREASED BY:		
Investment Income:		
Interest and dividends	328,415	218,098
Net realized and unrealized gains on investments	1,272,441	515,305
Total Investment Income	<u>1,600,856</u>	<u>733,403</u>
Contributions:		
Employees	588,501	513,326
Rollover	45,680	62,785
Employer	273,878	124,405
Total Contributions	<u>908,059</u>	<u>700,516</u>
Total Increases	<u>2,508,915</u>	<u>1,433,919</u>
DECREASED BY:		
Benefits paid to participants	512,627	506,416
Investment fees	6,017	4,856
Total Decreases	<u>518,644</u>	<u>511,272</u>
Net Increase (Decrease)	1,990,271	922,647
NET ASSETS AVAILABLE FOR BENEFITS, END OF PERIOD	\$ <u><u>10,764,079</u></u>	\$ <u><u>8,773,808</u></u>

See Notes to Financial Statements

YENKIN-MAJESTIC EMPLOYEES' SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

October 31, 2013

Note 1 -DESCRIPTION OF PLAN:

The following description of Yenkin-Majestic Employees' Savings Plan (Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all eligible employees of the Yenkin-Majestic Paint Corporation (the Company). Participants are eligible to participate if they have reached the age of 21 and if they have completed one month of continuous employment with the Company. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

As of August 29, 2007 all new employees are automatically enrolled in the plan unless they elect otherwise and participants may elect to contribute up to 60% of their total compensation to the Plan through payroll deduction. Each year, the Company makes a matching contribution to the Plan. The contribution is equal to 33% of the first 6% of pay which the participants have elected to contribute to the Plan during the year. Additionally, an annual discretionary profit sharing contribution may be made and will be based on the performance of the Company during the preceding year. For the year ended October 31, 2013 the Company provided 401(k) discretionary matching contributions using a basic formula equal to 33% of the first 6% of the participant's contribution. There were no discretionary contributions made for the year ended October 31, 2012. To be eligible for any Company contributions, participants must be employed on the last day of the Plan year.

Participant Accounts

Each participant's account is credited with the participant's contribution and an allocation of (a) the Company's contribution and (b) Plan earnings. Allocations are based on participant's contributions, participant earnings and/or participant account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Vesting

Participants are immediately vested in their voluntary contributions, the Company's discretionary contribution, and actual earnings thereon. Vesting in the remainder of their account is based on years of continuous service. A participant is 100% vested after 6 years.

Notes Receivable From Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of their account balance. The loans are secured by the balance in the participant's account and bear interest at rates that range from 5.25 percent to 11.50 percent, which are commensurate with local prevailing rates as determined quarterly by the plan administrator. Principal and interest is paid ratably through monthly payroll deductions.

YENKIN-MAJESTIC EMPLOYEES' SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

October 31, 2013

Note 1 -DESCRIPTION OF PLAN (continued):

Forfeitures

Forfeitures are retained in the plan and used to reduce future employer contributions. Total forfeitures for the years ended October 31, 2013 and 2012 were \$13,773 and \$6,390, respectively. At October 31, 2013 and 2012, the amount of unallocated forfeitures totaled \$12,433 and \$5,004, respectively.

Payment of Benefits

On termination of service, a participant may elect to receive the value of his or her account in either a lump sum payment or in installments.

Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contribution at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

Risk and Uncertainties

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

Note 2 -SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Basis of Accounting

The financial statements of the Plan are prepared under the accrual basis of accounting.

Valuation of Investments

Fair values of investments are based on the latest securities quotations available as provided by the trustee of the Plan.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Notes Receivable From Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document.

YENKIN-MAJESTIC EMPLOYEES' SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

October 31, 2013

Note 3 -FEDERAL INCOME TAX STATUS:

The Company adopted a Prototype Profit Sharing Plan with a cash or deferral arrangement which received a favorable opinion letter from the Internal Revenue Service (IRS) which stated that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Company believes that the Plan, as currently operated, is in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Note 4 - ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES:

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by U.S. federal or state and local tax authorities. The plan administrator has analyzed the tax positions taken by the plan, and has concluded that as of October 31, 2013, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. With few exceptions, the plan administrator believes it is no longer subject to income tax examinations for years prior to 2009.

Note 5 - INFORMATION PREPARED AND CERTIFIED BY TRUSTEE:

The Plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, no auditing procedures were performed on the following information included in the accompanying financial statements and supplemental schedules which was obtained from data that has been prepared and certified to as complete and accurate by the Plan's trustee.

	<u>2013</u>	<u>2012</u>
Money Market Funds	\$ <u>908,077</u>	\$ <u>869,203</u>
Mutual Funds	\$ <u>9,283,671</u>	\$ <u>7,512,396</u>
Notes Receivable From Participants	\$ <u>298,453</u>	\$ <u>267,804</u>
Investment Income:		
Interest and Dividends	\$ 328,415	\$ 218,098
Net realized and unrealized gains on investments	1,272,441	515,305
Total Investment Income	\$ <u>1,600,856</u>	\$ <u>733,403</u>

YENKIN-MAJESTIC EMPLOYEES' SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

October 31, 2013

Note 6 -INVESTMENTS:

If available, quoted market prices are used to value investments. If quoted market prices are not available estimated fair value is used. Investments that represent 5% or more of the Plan's net assets are valued at \$538,204 and \$438,690 or more at October 31, 2013 and 2012, respectively.

Below is a list of all investments which exceed these amounts:

	2013	2012
Fidelity Contrafund	\$ 1,013,430	\$ 837,618
Fidelity Equity Income Fund	650,848	537,206
Fidelity Low-Priced Stock Fund	989,405	773,869
Fidelity Diversified International Fund	877,730	705,664
Fidelity Dividend Growth Fund	840,901	712,577
Fidelity Freedom 2020 Fund	1,256,036	996,045
Fidelity Retirement Government Money Market	908,077	869,203
Spartan U.S. Equity Index Fund	925,122	654,852
Spartan U.S. Bond Index Fund	N/A	462,202

Note 7 - ASSETS AND LIABILITIES – FAIR VALUE INFORMATION:

In accordance with the Fair Value Measurements and Disclosures Topic of the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC), all financial instruments that are being measured and reported on a fair value basis must be classified and disclosed in one of the following three categories:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.

Level 2: Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in inactive markets, inputs other than quoted prices that are observable for the asset or liability, inputs that are derived principally from or corroborated by observable market data by correlation or other means, and if the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

Mutual funds are valued at the net asset value of shares held by the plan at year end.

YENKIN-MAJESTIC EMPLOYEES' SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

October 31, 2013

Note 7 - ASSETS AND LIABILITIES – FAIR VALUE INFORMATION (continued):

Assets measured at fair value on a recurring basis were as follows:

Description	October 31, 2013			
	Total	Level 1	Level 2	Level 3
Money Market Funds	\$ 908,077	\$ 908,077	\$ -	\$ -
Mutual Funds:				
Balanced Funds	22,207	22,207	-	-
Blend Funds	2,869,759	2,869,759	-	-
Fixed Income Funds	706,202	706,202	-	-
Growth Funds	1,013,429	1,013,429	-	-
Index Funds	1,537,152	1,537,152	-	-
Target Date Funds	2,484,074	2,484,074	-	-
Value Funds	650,848	650,848	-	-
Total Assets	<u>\$ 10,191,748</u>	<u>\$ 10,191,748</u>	<u>\$ -</u>	<u>\$ -</u>

Description	October 31, 2012			
	Total	Level 1	Level 2	Level 3
Money Market Funds	\$ 869,203	\$ 869,203	\$ -	\$ -
Mutual Funds:				
Balanced Funds	32,070	32,070	-	-
Blend Funds	2,256,532	2,256,532	-	-
Fixed Income Funds	450,278	450,278	-	-
Growth Funds	837,618	837,618	-	-
Index Funds	1,181,735	1,181,735	-	-
Target Date Funds	2,216,957	2,216,957	-	-
Value Funds	537,206	537,206	-	-
Total Assets	<u>\$ 8,381,599</u>	<u>\$ 8,381,599</u>	<u>\$ -</u>	<u>\$ -</u>

Note 8 -PLAN EXPENSES:

Certain expenses of the plan are paid for by the plan sponsor, Yenkin-Majestic Paint Corporation.

YENKIN-MAJESTIC EMPLOYEES' SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

October 31, 2013

Note 9 -RELATED-PARTY TRANSACTIONS:

Certain plan investments are shares of mutual funds managed by Fidelity Investments. Fidelity Investments is the trustee as defined by the plan and, therefore, these transactions qualify as party-in-interest transactions.

Note 10 - SUBSEQUENT EVENTS:

Subsequent events have been evaluated through August 12, 2014, which is the date the financial statements were available to be issued.

YENKIN-MAJESTIC EMPLOYEES' SAVINGS PLAN
SUPPLEMENTAL SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
October 31, 2013

Plan #: 001

Plan EIN: 31-4365915

Schedule H, Line 4i:

(a)	(b)	------(c)-----			(d)	(e)
	<u>Description</u>	Interest Rate	Date of Maturity	Par or Maturity Value	Cost	Fair Value
	Investments at Fair Value As Determined by Quoted Market Price					
	Money Market Funds:					
*	Fidelity Retirement Government Money Market Portfolio	Variable	Demand	-	\$ 908,077	\$ 908,077
	Mutual Funds:					
	Wells Fargo Emerging Markets	N/A	Demand	-	\$ 21,837	\$ 22,207
*	Fidelity Contrafund	N/A	Demand	-	646,123	1,013,430
*	Fidelity Equity-Income Fund	N/A	Demand	-	550,878	650,848
*	Fidelity Capital & Income Fund	N/A	Demand	-	458,418	504,174
*	Fidelity Low-Priced Stock Fund	N/A	Demand	-	704,114	989,405
*	Fidelity Diversified International Fund	N/A	Demand	-	685,676	877,730
*	Fidelity Dividend Growth Fund	N/A	Demand	-	669,024	840,901
*	Fidelity Freedom Income Fund	N/A	Demand	-	198,526	202,028
*	Fidelity Freedom 2000 Fund	N/A	Demand	-	7,875	8,351
*	Fidelity Freedom 2010 Fund	N/A	Demand	-	195,777	224,907
*	Fidelity Freedom 2015 Fund	N/A	Demand	-	26,088	29,620
*	Fidelity Freedom 2020 Fund	N/A	Demand	-	1,083,297	1,256,036
*	Fidelity Freedom 2025 Fund	N/A	Demand	-	218,099	249,332
*	Fidelity Freedom 2030 Fund	N/A	Demand	-	320,162	384,293
*	Fidelity Freedom 2035 Fund	N/A	Demand	-	108,859	123,910
*	Fidelity Freedom 2040 Fund	N/A	Demand	-	60,836	72,486
*	Fidelity Freedom 2045 Fund	N/A	Demand	-	35,200	38,245
*	Fidelity Freedom 2050 Fund	N/A	Demand	-	61,887	69,232
*	Fidelity Freedom 2055 Fund	N/A	Demand	-	25,030	27,663
	Glenmede Small Cap Equity Adv. Fund	N/A	Demand	-	153,481	161,722
	Spartan Extended Market Index Fund	N/A	Demand	-	108,727	120,778
	Spartan U.S. Equity Index Fund	N/A	Demand	-	742,420	925,122
	Spartan U.S. Bond Index Fund	N/A	Demand	-	484,674	472,185
	Spartan Treasury Bond Index Fund	N/A	Demand	-	19,237	19,066
					<u>\$ 7,586,245</u>	<u>\$ 9,283,671</u>
	Participant Loans	5.25% - 11.5%	Various	-	<u>\$ 298,453</u>	<u>\$ 298,453</u>
*	Denotes party-in-interest					

YENKIN-MAJESTIC EMPLOYEES' SAVINGS PLAN
SUPPLEMENTAL SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
October 31, 2012

Plan #: 001

Plan EIN: 31-4365915

Schedule H, Line 4i:

(a)	(b)	------(c)-----			(d)	(e)
	<u>Description</u>	Interest Rate	Date of Maturity	Par or Maturity Value	Cost	Fair Value
	Investments at Fair Value As Determined by Quoted Market Price					
	Money Market Funds:					
*	Fidelity Retirement Government Money Market Portfolio	Variable	Demand	-	\$ 869,203	\$ 869,203
	Mutual Funds:					
	Wells Fargo Emerging Markets	N/A	Demand	-	\$ 33,362	\$ 32,070
*	Fidelity Contrafund	N/A	Demand	-	647,597	837,618
*	Fidelity Equity-Income Fund	N/A	Demand	-	540,057	537,206
*	Fidelity Capital & Income Fund	N/A	Demand	-	398,969	428,035
*	Fidelity Low-Priced Stock Fund	N/A	Demand	-	664,289	773,869
*	Fidelity Diversified International Fund	N/A	Demand	-	669,126	705,664
*	Fidelity Dividend Growth Fund	N/A	Demand	-	633,877	712,577
*	Fidelity Small Cap Stock	N/A	Demand	-	62,600	64,423
*	Fidelity Freedom Income Fund	N/A	Demand	-	21,178	22,243
*	Fidelity Freedom 2000 Fund	N/A	Demand	-	45,038	47,809
*	Fidelity Freedom 2010 Fund	N/A	Demand	-	195,109	210,027
*	Fidelity Freedom 2015 Fund	N/A	Demand	-	167,079	180,979
*	Fidelity Freedom 2020 Fund	N/A	Demand	-	912,756	996,045
*	Fidelity Freedom 2025 Fund	N/A	Demand	-	190,877	198,332
*	Fidelity Freedom 2030 Fund	N/A	Demand	-	304,534	327,457
*	Fidelity Freedom 2035 Fund	N/A	Demand	-	71,467	75,974
*	Fidelity Freedom 2040 Fund	N/A	Demand	-	60,501	65,351
*	Fidelity Freedom 2045 Fund	N/A	Demand	-	78,204	81,520
*	Fidelity Freedom 2050 Fund	N/A	Demand	-	26,379	28,112
*	Fidelity Freedom 2055 Fund	N/A	Demand	-	5,223	5,351
	Spartan Extended Market Index Fund	N/A	Demand	-	31,330	31,523
	Spartan U.S. Equity Index Fund	N/A	Demand	-	636,441	654,852
	Spartan U.S. Bond Index Fund	N/A	Demand	-	458,356	462,202
	Spartan Treasury Bond Index Fund	N/A	Demand	-	33,209	33,157
					<u>\$ 6,887,558</u>	<u>\$ 7,512,396</u>
	Participant Loans	5.25% - 11.5%	Various	-	<u>\$ 267,804</u>	<u>\$ 267,804</u>
*	Denotes party-in-interest					

YENKIN-MAJESTIC EMPLOYEES' SAVINGS PLAN
SUPPLEMENTAL SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
October 31, 2013

Plan #: 001
Plan EIN: 31-4365915
Schedule H, Line 4i:

(a)	(b)	(c)	(d)	(e)
Description	Interest Rate	Date of Maturity	Par or Maturity Value	Fair Value
Investments at Fair Value As Determined by Quoted Market Price				
Money Market Funds:				
* Fidelity Retirement Government Money Market Portfolio	Variable	Demand	\$ 908,077	\$ 908,077
Mutual Funds:				
Wells Fargo Emerging Markets	N/A	Demand	\$ 21,837	\$ 22,207
Fidelity Contrafund	N/A	Demand	646,123	1,013,430
Fidelity Equity-Income Fund	N/A	Demand	550,878	650,848
Fidelity Capital & Income Fund	N/A	Demand	458,418	504,174
Fidelity Low-Priced Stock Fund	N/A	Demand	704,114	989,405
Fidelity Diversified International Fund	N/A	Demand	685,676	877,730
Fidelity Dividend Growth Fund	N/A	Demand	669,024	840,901
Fidelity Freedom Income Fund	N/A	Demand	198,526	202,028
Fidelity Freedom 2000 Fund	N/A	Demand	7,875	8,351
Fidelity Freedom 2010 Fund	N/A	Demand	195,777	224,907
Fidelity Freedom 2015 Fund	N/A	Demand	26,088	29,620
Fidelity Freedom 2020 Fund	N/A	Demand	1,083,297	1,256,036
Fidelity Freedom 2025 Fund	N/A	Demand	218,099	249,332
Fidelity Freedom 2030 Fund	N/A	Demand	320,162	384,293
Fidelity Freedom 2035 Fund	N/A	Demand	108,859	123,910
Fidelity Freedom 2040 Fund	N/A	Demand	60,836	72,486
Fidelity Freedom 2045 Fund	N/A	Demand	35,200	38,245
Fidelity Freedom 2050 Fund	N/A	Demand	61,887	69,232
Fidelity Freedom 2055 Fund	N/A	Demand	25,030	27,663
Glennmede Small Cap Equity Adv. Fund	N/A	Demand	153,481	161,722
Spartan Extended Market Index Fund	N/A	Demand	108,727	120,778
Spartan U.S. Equity Index Fund	N/A	Demand	742,420	925,122
Spartan U.S. Bond Index Fund	N/A	Demand	484,674	472,185
Spartan Treasury Bond Index Fund	N/A	Demand	19,237	19,066
Participant Loans			\$ 7,586,245	\$ 9,283,671
5.25% - 11.5%			\$ 298,453	\$ 298,453
Various			-	-

* Denotes party-in-interest

YENKIN-MAJESTIC EMPLOYEES' SAVINGS PLAN
SUPPLEMENTAL SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
October 31, 2012

Plan #: 001
Plan EIN: 31-4365915
Schedule H, Line 4i:

(a)	(b)	(c)	(d)	(e)
Description	Interest Rate	Date of Maturity	Par or Maturity Value	Fair Value
Investments at Fair Value As Determined by Quoted Market Price				
Money Market Funds:				
* Fidelity Retirement Government Money Market Portfolio	Variable	Demand	\$ 869,203	\$ 869,203
Mutual Funds:				
Wells Fargo Emerging Markets	N/A	Demand	\$ 33,362	\$ 32,070
Fidelity Contrafund	N/A	Demand	647,597	837,618
Fidelity Equity-Income Fund	N/A	Demand	540,057	537,206
Fidelity Capital & Income Fund	N/A	Demand	398,969	428,035
Fidelity Low-Priced Stock Fund	N/A	Demand	664,289	773,869
Fidelity Diversified International Fund	N/A	Demand	669,126	705,664
Fidelity Dividend Growth Fund	N/A	Demand	633,877	712,577
Fidelity Small Cap Stock	N/A	Demand	62,600	64,423
Fidelity Freedom Income Fund	N/A	Demand	21,178	22,243
Fidelity Freedom 2000 Fund	N/A	Demand	45,038	47,809
Fidelity Freedom 2010 Fund	N/A	Demand	195,109	210,027
Fidelity Freedom 2015 Fund	N/A	Demand	167,079	180,979
Fidelity Freedom 2020 Fund	N/A	Demand	912,756	996,045
Fidelity Freedom 2025 Fund	N/A	Demand	190,877	198,332
Fidelity Freedom 2030 Fund	N/A	Demand	304,534	327,457
Fidelity Freedom 2035 Fund	N/A	Demand	71,467	75,974
Fidelity Freedom 2040 Fund	N/A	Demand	60,501	65,351
Fidelity Freedom 2045 Fund	N/A	Demand	78,204	81,520
Fidelity Freedom 2050 Fund	N/A	Demand	26,379	28,112
Fidelity Freedom 2055 Fund	N/A	Demand	5,223	5,351
Spartan Extended Market Index Fund	N/A	Demand	31,330	31,523
Spartan U.S. Equity Index Fund	N/A	Demand	636,441	654,852
Spartan U.S. Bond Index Fund	N/A	Demand	458,356	462,202
Spartan Treasury Bond Index Fund	N/A	Demand	33,209	33,157
Participant Loans	5.25% - 11.5%	Various	\$ 6,887,558	\$ 7,512,396
			\$ 267,804	\$ 267,804

* Denotes party-in-interest