# 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

**2014**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

**A** This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
- [X] 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:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
WAYNE ENTERPRISES, INC. 401(K) RETIREMENT SAVINGS PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 01/01/1994

**2a** Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
WAYNE ENTERPRISES INC

PO BOX 680325
HOUSTON, TX 77268

**2b** Employer Identification Number (EIN)
76-0000815

**2c** Plan Sponsor's telephone number
713-896-0300

**2d** Business code (see instructions)
339900

**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. | 09/10/2015 | CLAY HUGHES |
| | **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 |
| **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 [X] Same as Plan Sponsor | **3b** Administrator's EIN | |
| | **3c** Administrator's telephone number | |
| **4** If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: | **4b** EIN | |
| **a** Sponsor's name | **4c** PN | |
| **5** Total number of participants at the beginning of the plan year | **5** | 181 |
| **6** Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**). | | |
| **a(1)** Total number of active participants at the beginning of the plan year | **6a(1)** | 170 |
| **a(2)** Total number of active participants at the end of the plan year | **6a(2)** | 169 |
| **b** Retired or separated participants receiving benefits | **6b** | 0 |
| **c** Other retired or separated participants entitled to future benefits | **6c** | 13 |
| **d** Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 182 |
| **e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 0 |
| **f** Total. Add lines **6d** and **6e**. | **6f** | 182 |
| **g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 115 |
| **h** Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 21 |
| **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 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) | | **9b** Plan benefit arrangement (check all that apply) | |
|---|---|---|---|
| **(1)** | [X] Insurance | **(1)** | [X] Insurance |
| **(2)** | [ ] Code section 412(e)(3) insurance contracts | **(2)** | [ ] Code section 412(e)(3) insurance contracts |
| **(3)** | [ ] Trust | **(3)** | [ ] Trust |
| **(4)** | [ ] General assets of the sponsor | **(4)** | [ ] General assets of the sponsor |

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

- **(1)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 1 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

## Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....…… ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ……..... ☐ Yes ☐ No

**11c** Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

# SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2014**

**This Form is Open to Public Inspection**

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

**A** Name of plan
WAYNE ENTERPRISES, INC. 401(K) RETIREMENT SAVINGS PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
WAYNE ENTERPRISES INC

**D** Employer Identification Number (EIN)
76-0000815

**Part I** **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1** Coverage Information:

**(a)** Name of insurance carrier

GREAT WEST LIFE AND ANNUITY

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | (f) From | (g) To |
| 84-0467907 | 68322 | 939831-01 | 115 | 01/01/2014 | 12/31/2014 |

**2** Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

| (a) Total amount of commissions paid | (b) Total amount of fees paid |
|---|---|
| 9418 | 0 |

**3** Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

INVESTMENT CENTERS OF AMERICA INC
1210 HAILEY ST
SWEETWATER, TX 79556

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---|---|---|
| | (c) Amount | (d) Purpose | |
| 4709 | | | 3 |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

INVESTMENT CENTERS OF AMERICA INC
1210 HAILEY
SWEETWATER, TX 79556

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---|---|---|
| | (c) Amount | (d) Purpose | |
| 4709 | | | 3 |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

## Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

| | | | |
|---|---|---|---|
| 4 | Current value of plan's interest under this contract in the general account at year end | 4 | 893028 |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | 1226534 |

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

| | | | |
|---|---|---|---|
| b | Premiums paid to carrier | 6b | |
| c | Premiums due but unpaid at the end of the year | 6c | |
| d | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. | 6d | |

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

| | | | | | |
|---|---|---|---|---|---|
| b | Balance at the end of the previous year | | | 7b | 728654 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | 180215 | | |
| | (2) Dividends and credits | 7c(2) | 0 | | |
| | (3) Interest credited during the year | 7c(3) | 9873 | | |
| | (4) Transferred from separate account | 7c(4) | 4744 | | |
| | (5) Other (specify below) | 7c(5) | 17215 | | |
| | ▶ LOAN PAYMENTS, FORFEITURES | | | | |
| | (6)Total additions | | | 7c(6) | 212047 |
| d | Total of balance and additions (add lines **7b** and **7c(6)**). | | | 7d | 940701 |
| e | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 40741 | | |
| | (2) Administration charge made by carrier | 7e(2) | 519 | | |
| | (3) Transferred to separate account | 7e(3) | 6413 | | |
| | (4) Other (specify below) | 7e(4) | | | |
| | ▶ | | | | |
| | (5) Total deductions | | | 7e(5) | 47673 |
| f | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | 7f | 893028 |

## Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

**a** ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
**e** ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
**i** ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
**m** ☐ Other (specify) ▶

| | | | | |
|---|---|---|---|---|
| **9** Experience-rated contracts: | | | | |
| **a** Premiums: (1) Amount received | **9a(1)** | | | |
| (2) Increase (decrease) in amount due but unpaid | **9a(2)** | | | |
| (3) Increase (decrease) in unearned premium reserve | **9a(3)** | | | |
| (4) Earned (**(1)** + **(2)** - **(3)**) | | | **9a(4)** | 0 |
| **b** Benefit charges (1) Claims paid | **9b(1)** | | | |
| (2) Increase (decrease) in claim reserves | **9b(2)** | | | |
| (3) Incurred claims (add **(1)** and **(2)**) | | | **9b(3)** | 0 |
| (4) Claims charged | | | **9b(4)** | |
| **c** Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | | |
| (A) Commissions | **9c(1)(A)** | | | |
| (B) Administrative service or other fees | **9c(1)(B)** | | | |
| (C) Other specific acquisition costs | **9c(1)(C)** | | | |
| (D) Other expenses | **9c(1)(D)** | | | |
| (E) Taxes | **9c(1)(E)** | | | |
| (F) Charges for risks or other contingencies | **9c(1)(F)** | | | |
| (G) Other retention charges | **9c(1)(G)** | | | |
| (H) Total retention | | | **9c(1)(H)** | 0 |
| (2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.) | | | **9c(2)** | |
| **d** Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | | **9d(1)** | |
| (2) Claim reserves | | | **9d(2)** | |
| (3) Other reserves | | | **9d(3)** | |
| **e** Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.) | | | **9e** | |
| **10** Nonexperience-rated contracts: | | | | |
| **a** Total premiums or subscription charges paid to carrier | | | **10a** | |
| **b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount | | | **10b** | |

Specify nature of costs ▶

## Part IV Provision of Information

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

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

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

**A** Name of plan
WAYNE ENTERPRISES, INC. 401(K) RETIREMENT SAVINGS PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
WAYNE ENTERPRISES INC

**D** Employer Identification Number (EIN)
76-0000815

## 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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**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)

ADVISED ASSET GROUP

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

| (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? |
|---|---|---|---|---|---|---|
| 28 | INVESTMENT MGMT | 1396 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

GREAT-WEST LIFE & ANNUITY INSURANCE

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

| (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 | RECORDKEEPER | 1145 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [X] No [ ] |

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

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

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

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

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

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

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

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

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

## Part I Service Provider Information (continued)

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

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |
| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |
| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |
| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |

## Part II Service Providers Who Fail or Refuse to Provide Information

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

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

| **(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 |
|---|---|---|
| | | |

| **(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 |
|---|---|---|
| | | |

| **(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 |
|---|---|---|
| | | |

| **(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 |
|---|---|---|
| | | |

| **(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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

# DFE/Participating Plan 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

**2014**

**This Form is Open to Public Inspection.**

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

**A** Name of plan
WAYNE ENTERPRISES, INC. 401(K) RETIREMENT SAVINGS PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
WAYNE ENTERPRISES INC

**D** Employer Identification Number (EIN)
76-0000815

## Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

**a** Name of MTIA, CCT, PSA, or 103-12 IE: FUTURE FUNDS SERIES ACCT II OF GWL

**b** Name of sponsor of entity listed in (a): GREAT-WEST LIFE & ANNUITY INS. CO.

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 84-0467907-003 | P | 1226534 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

## Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

# 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

**2014**

**This Form is Open to Public Inspection**

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

**A** Name of plan
WAYNE ENTERPRISES, INC. 401(K) RETIREMENT SAVINGS PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
WAYNE ENTERPRISES INC

**D** Employer Identification Number (EIN)
76-0000815

## Part I Asset and Liability Statement

**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | 0 | 0 |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 0 | 0 |
| **(2)** Participant contributions | 1b(2) | 0 | 0 |
| **(3)** Other | 1b(3) | 0 | 0 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 0 | 0 |
| **(2)** U.S. Government securities | 1c(2) | 0 | 0 |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | 0 | 0 |
| **(B)** All other | 1c(3)(B) | 0 | 0 |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | 0 | 0 |
| **(B)** Common | 1c(4)(B) | 0 | 0 |
| **(5)** Partnership/joint venture interests | 1c(5) | 0 | 0 |
| **(6)** Real estate (other than employer real property) | 1c(6) | 0 | 0 |
| **(7)** Loans (other than to participants) | 1c(7) | 0 | 0 |
| **(8)** Participant loans | 1c(8) | 81213 | 79978 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | 0 | 0 |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | 980603 | 1226534 |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | 0 | 0 |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | 0 | 0 |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 0 | 0 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 728654 | 893028 |
| **(15)** Other | 1c(15) | 0 | 0 |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **1d** Employer-related investments: | | | |
| **(1)** Employer securities | 1d(1) | 0 | 0 |
| **(2)** Employer real property | 1d(2) | 0 | 0 |
| **e** Buildings and other property used in plan operation | 1e | 0 | 0 |
| **f** Total assets (add all amounts in lines 1a through 1e) | 1f | 1790470 | 2199540 |
| **Liabilities** | | | |
| **g** Benefit claims payable | 1g | 0 | 0 |
| **h** Operating payables | 1h | | |
| **i** Acquisition indebtedness | 1i | 0 | 0 |
| **j** Other liabilities | 1j | 0 | 0 |
| **k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 0 |
| **Net Assets** | | | |
| **l** Net assets (subtract line 1k from line 1f) | 1l | 1790470 | 2199540 |

## 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) Amount | (b) Total |
|---|---|---|---|
| **a Contributions:** | | | |
| **(1)** Received or receivable in cash from: **(A)** Employers | 2a(1)(A) | 109814 | |
| **(B)** Participants | 2a(1)(B) | 282383 | |
| **(C)** Others (including rollovers) | 2a(1)(C) | 20134 | |
| **(2)** Noncash contributions | 2a(2) | 0 | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 412331 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 0 | |
| **(B)** U.S. Government securities | 2b(1)(B) | 0 | |
| **(C)** Corporate debt instruments | 2b(1)(C) | 0 | |
| **(D)** Loans (other than to participants) | 2b(1)(D) | 0 | |
| **(E)** Participant loans | 2b(1)(E) | 4188 | |
| **(F)** Other | 2b(1)(F) | 9874 | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 14062 |
| **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | 0 | |
| **(B)** Common stock | 2b(2)(B) | 0 | |
| **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 0 |
| **(3)** Rents | 2b(3) | | 0 |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | 0 | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | 0 | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |
| **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | 0 | |
| **(B)** Other | 2b(5)(B) | 0 | |
| **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | 0 |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | 48347 |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | 0 |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | 0 |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 0 |
| c Other income | 2c | | 0 |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 474740 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 19934 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | 0 | |
| (3) Other | 2e(3) | 0 | |
| (4) Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 19934 |
| f Corrective distributions (see instructions) | 2f | | 43195 |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | 0 |
| h Interest expense | 2h | | 0 |
| i Administrative expenses: **(1)** Professional fees | 2i(1) | 0 | |
| (2) Contract administrator fees | 2i(2) | 2541 | |
| (3) Investment advisory and management fees | 2i(3) | 0 | |
| (4) Other | 2i(4) | 0 | |
| (5) Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 2541 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 65670 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 409070 |
| 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)** [X] Disclaimer **(4)** [ ] Adverse

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

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

**(1)** Name: LEE E SHAFER, P.C. **(2)** EIN: 76-0206308

**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:

| | | Yes | No | Amount |
|---|---|---|---|---|
| **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.) | 4a | | X | |
| **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.) | 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.) | 4c | | 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.) | 4d | | X | |
| e | Was this plan covered by a fidelity bond? | 4e | X | | 250000 |
| f | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | X | |
| g | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4g | | X | |
| h | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4h | | X | |
| i | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | 4i | 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.) | 4j | | 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? | 4k | | X | |
| l | Has the plan failed to provide any benefit when due under the plan? | 4l | | X | |
| m | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | 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. | 4n | | | |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ **Yes** ☒ **No** **Amount:**

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

| **5b(1)** Name of plan(s) | **5b(2)** EIN(s) | **5b(3)** PN(s) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

**5c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined

## Part V Trust Information (optional)

| **6a** Name of trust | **6b** Trust's EIN |
|---|---|
| | |

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2014**

**This Form is Open to Public Inspection.**

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

**A** Name of plan
WAYNE ENTERPRISES, INC. 401(K) RETIREMENT SAVINGS PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
WAYNE ENTERPRISES INC

**D** Employer Identification Number (EIN)
76-0000815

## 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** 0

**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): 20-3691708

**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 of 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):

# WAYNE ENTERPRISES, INC. 401(K) RETIREMENT SAVINGS PLAN

## STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS (Modified Cash Basis)

## AS OF DECEMBER 31, 2014 AND 2013

## STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS (Modified Cash Basis)

## FOR THE YEAR ENDING DECEMBER 31, 2014

*Lee E. Shafer, P.C.*

*Certified Public Accountant*

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**Lee E. Shafer, P.C.**
*Certified Public Accountant*
25530 Saddlebrook Way
Katy, Texas 77494-5684
281 / 391-8333
FAX 281 / 391-8332

## INDEPENDENT AUDITOR'S REPORT

September 1, 2015

To the Trustees and Participants of
Wayne Enterprises, Inc. 401(K) Retirement Savings Plan

### *Report of the Financial Statements*

We were engaged to audit the accompanying financial statements of Wayne Enterprises, Inc. 401(K) Retirement Savings Plan, which comprise the statements of net assets available for benefits (modified cash basis) as of December 31, 2014 and 2013, and the related statement of changes in net assets available for benefits (modified cash basis) for the year ended December 31, 2014, and the related notes to 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 of 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 9, which was certified by **Great-West Retirement Services**, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2014 and 2013, and for the year ended December 31, 2014, that the information provided to the plan administrator by the trustee is complete and accurate.

## INDEPENDENT AUDITOR'S REPORT (Continued)

***Disclaimer of Opinion***

Because of the significance of the matter described in the Basis of 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 of these financial statements.

***Other Matter***

The supplemental Schedule of Assets Held for Investment as of December 31, 2014 and the supplemental Summary of 5% Reportable Transaction for the year ending December 31, 2014 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

***Report on Form and Content in Compliance With DOL Rules and Regulations***

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



Lee E. Shafer, P.C.
Katy, Texas

# WAYNE ENTERPRISES, INC. 401(K) RETIREMENT SAVINGS PLAN

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2014 and 2013

## ASSETS

| | 2013 | 2012 |
|---|---|---|
| INVESTMENTS: | | |
| Cash | $ 0 | $ 0 |
| At fair value - (Note 4) | 2,119,562 | 1,709,257 |
| Participant notes receivable | 79,978 | 81,213 |
| Total assets | $ 2,199,540 | $ 1,790,470 |

## LIABILITIES

| | | |
|---|---|---|
| Account payable | 0 | 0 |
| Net assets available for benefits | $ 2,199,540 | $ 1,790,470 |

*See accountants' report and notes to the financial statements.*

# WAYNE ENTERPRISES, INC. 401(K) RETIREMENT SAVINGS PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the year ended December 31, 2014

| | 2014 |
|---|---|
| **ADDITIONS TO NET ASSETS ATTRIBUTED TO:** | |
| Realized gains or losses | $ 10,189 |
| Unrealized gains or losses | 38,158 |
| Interest participant loans | 4,188 |
| Interest/Dividends on investments | 9,874 |
| | 62,409 |
| Contributions: | |
| Participant's | 282,383 |
| Employer | 109,814 |
| Rollovers | 20,134 |
| | 412,331 |
| Total additions | 474,740 |
| **DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:** | |
| Benefits paid to participants | (19,934) |
| Corrective distributions paid to participants | (43,195) |
| Administrative Fees | (2,542) |
| Total deductions | (65,671) |
| Net increase (decrease) | 409,069 |
| Net assets available for benefits: | |
| Beginning of year | 1,790,471 |
| End of year | $ 2,199,540 |

*See accountants' report and notes to the financial statements.*

# WAYNE ENTERPRISES, INC. 401(K) RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2014 AND 2013

## NOTE 1 – DESCRIPTION OF PLAN

The following description of Wayne Enterprises, Inc. ("Company"), 401(K) Plan ("Plan") provides only general information. 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 full-time employees of the Company who have ninety (90) days of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Board of Trustees is responsible for oversight of the Plan and determines the appropriateness of the Plan's investment offerings.

**Contributions.** Each year, participants may contribute up to 75 percent of pretax annual compensation, as defined in the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. The Company may contribute such percentage of the Participant's contributions as determined by the Employer in its discretion for each Plan Year. Additional amounts may be contributed at the option of the Company's board of directors. Contributions are subject to certain limitations. The Employer has elected not to contribute to the plan for 2014.

**Participant Accounts.** Each participant's account is credited with the participant's contribution and allocations of Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings or account balances, or specific participant transactions, 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 vested immediately in their contributions plus actual earnings thereon. Vesting in the Company's matching and discretionary thereon is based on years of continuous service.

| Years of Service | Vested Percentage |
|---|---|
| Less than One | 0% |
| 1 | 0% |
| 2 | 20% |
| 3 | 40% |
| 4 | 60% |
| 5 | 80% |
| 6 | 100% |

**Participant Loans**. 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. The loan interest rate is set at prime lending rate plus 1%. Principal and interest is paid ratably through monthly payroll deductions.

## NOTE 1 – DESCRIPTION OF PLAN (Continued)

**Payment of Benefits.** On termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account or annual installments over a 10-year period. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

**Forfeited accounts.** At December 31, 2014 and 2013, forfeited non-vested accounts totaled $4,970, and $2,342, respectively. These accounts can be used to reduce future employer contributions. Also, during 2014, employer contributions were reduced by $1,816 from forfeited non-vested accounts.

## NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES

A summary of the significant accounting policies consistently applied in the preparation of the accompanying financial statements follows:

### Basis of Accounting

The Plan uses the modified cash basis of accounting, which is the cash basis of accounting except for investments, which are adjusted to fair value.

### Use of Estimates

The preparation of financial statements in accordance 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 changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results could differ from those estimates.

### Investment Valuation and Income Recognition

Investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Board of Trustees determines the Plan's valuation policies utilizing information provided by the investment advisers and custodians. See note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income and dividends are recorded on the modified cash basis. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

### Notes receivable from participants

Notes receivable from participants are measured at their unpaid principal balance. Interest income is recorded on the modified cash basis. Related fees are recorded as administrative expenses and are expensed when they are paid. No notes receivable from participants are delinquent as of December 31, 2014 or 2013.

## NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES (Continued)

### Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded when they are paid. These payments are recorded as a reduction to contributions. The Plan Distributed the 2014 excess contributions to the applicable participants prior to March 15, 2015.

### Payment of Benefits

Benefits are recorded when paid.

### Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participant are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

## NOTE 3 – INVESTMENTS (UNAUDITED)

The plan's investment were held in trust and administered by the Trustee. All investment information presented in accompanying financial statements and supplemental schedules, including investments held and net appreciation/depreciation in fair value of investments and interest and dividends, was obtained from information supplied to the Plan Administrator and certified as complete and accurate by the Trustee.

The Fair value of investment that represented 5 percent or more of net assets available for benefits as of December 31, 2014 and 2013 were as follows:

| | 2014 | 2013 |
|---|---|---|
| Guaranteed Portfolio Fund | $ 893,028 | $ 728,655 |
| Columbia Diversified Equity Income A | 175,713 | * |
| Fidelity Advisor Leverage Co Stk | 167,821 | * |
| Great-West Conserv Profile II Fund I | 115,027 | 183,558 |
| Great-West Aggressive Profile II Fund I | * | 158,931 |
| Oppenheimer Global A | * | 133,910 |
| American Funds Europacific Growth R3 | * | 107,228 |

* Does not represent 5 percent for respective year

## NOTE 3 – INVESTMENTS (UNAUDITED) (Continued)

During 2014, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated as follows:

| | 2014 |
|---|---|
| Mutual funds | $ 48,347 |
| Interest and dividents | 9,874 |
| Participant Loan interest | 4,188 |
| Net appreciation on investments | $ 62,409 |

## NOTE 4 – FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets of liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

*Level 1 Fair Value Measurements*

Inputs to the valuation methodology are unadjusted quoted prices of identical assets or liabilities in active markets that the Plan has the ability to access.

*Level 2 Fair Value Measurements*

Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in 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.

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 Fair Value Measurements*

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

## NOTE 4 – FAIR VALUE MEASUREMENTS Continued)

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2014 and 2013

> Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2014 and 2013:

| | Assets at Fair Value as of December 31, 2014 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Mutual Funds | | | | |
| Money market funds | $ 1,103,209 | $ 0 | $ 0 | $ 1,103,209 |
| Growth funds | 751,256 | 0 | 0 | 751,256 |
| Index funds | 183,200 | 0 | 0 | 183,200 |
| Value funds | 55,299 | 0 | 0 | 55,299 |
| Other funds | 26,598 | 0 | 0 | 26,598 |
| | $2,119,562 | $ 0 | $ 0 | $2,119,562 |

| | Assets at Fair Value as of December 31, 2013 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Mutual Funds | | | | |
| Money market funds | $ 1,071,144 | $ 0 | $ 0 | $ 1,071,144 |
| Growth funds | 484,291 | 0 | 0 | 484,291 |
| Index funds | 98,299 | 0 | 0 | 98,299 |
| Value funds | 35,350 | 0 | 0 | 35,350 |
| Other funds | 20,173 | 0 | 0 | 20,173 |
| | $1,709,257 | $ 0 | $ 0 | $1,709,257 |

## NOTE 5 – RELATED PARTY TRANSACTIONS AND PARTY IN INTEREST TRANSACTIONS

Plan investments are managed by Fidelity Management Trust Company. Fidelity Management Trust Company is the trustee and record keeper of the plan and, therefore these transactions qualify as party in interest transactions. For the year ending December 31, 2014 the plan paid $2,542 for administrative expenses.

## NOTE 6 – PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinued its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination participants would become 100 percent vested in their employer contributions.

## NOTE 7 – TAX STATUS

The Internal Revenue Service has determined and informed Fidelity Management & Research Co that their Volume Submitter Profit Sharing Plan with CODA by a letter dated March 31, 2008, that the plan and related trust are designed in accordance with applicable sections of Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator believe the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

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 if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examination for years prior to 2011.

## NOTE 8 – RISKS 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 on net assets available for benefits.

## NOTE 9 – DISTRIBUTIONS PAYABLE

As of December 31, 2014 and 2013, net assets available (modified cash basis) included $69,120 and $0, respectively, for distributions to participants who have terminated employment from the Plan prior to the end of the Plan year, but have not received their distribution as of the Plan year end.

## NOTE 10 – UNAUDITED INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

The following information included in the accompanying financial statements (modified cash basis) and supplemental schedules (modified cash basis) was obtained from data that has been prepared and certified to as complete and accurate by Fidelity Management Trust Company.

Investments, at fair value (modified cash basis):
- Corporate bonds and debentures
- U.S. Government Securities
- Participants' loans
- Investment income

Information included in the statement of net assets available for benefits (modified cash basis):
- Mutual fund balances

Information included in the statement of changes in net assets available for benefits (modified cash basis):
- Income from capital gain distributions
- Dividend income
- Interest income
- Income from realized and unrealized gains or losses
- Contributions
- Benefits paid to participants

The December 31, 2014 and 2013 Statements of Net Assets Available for Benefits (modified cash basis), the investment activities included on the Statement of Changes in Net Assets Available for Benefits (modified cash basis) for the year ending December 31, 2014, and the accompanying notes to the financial statements were prepared in part or entirely from information certified by the Trustee in accordance with 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 information certified includes total investments of $2,199,540 and $1,790,470 as of December 31, 2014 and 2013, respectively, and related increased (decrease) in assets available for benefits of $409,069 for the year ended December 31, 2014.

## NOTE 11 – OTHER DISCLOSURES

The Plan has no non-exempt party-in-interest transactions (as defined in ERISA Section 3(14) and regulations under the section. There are no investments or loans in default or considered to be uncollectible. There no reportable transaction (as defined in ERISA Section 103(b)(3)(H) and regulation under the section).

## NOTE 12 – RECONCILATION OF FINANCIAL STATEMENTS TO FORM 500

The following is a reconciliation of net assets available for benefits (modified cash basis) per financial statements as of December 31, 2014 and 2013, to Form 5500.

| | 2014 | 2013 |
|---|---|---|
| Net assets available for benefits (modified cash basis) per financial statements | $ 2,199,540 | $ 1,790,470 |
| Reconciling differences | | |
| None | 0 | 0 |
| Net assets available for benefits per the Form 5500 | $2,199,540 | $1,790,470 |

The following is a reconciliation of changes in net assets available for benefits (modified cash basis) per financial statements for the year ending December 31, 2014, to Form 5500.

| | 2014 |
|---|---|
| Net increase (decrease) in assets available for benefits (modified cash basis) per financial statements | $ 409,069 |
| Reconciling differences | |
| None | 0 |
| Net increase (decrease) in assets available for benefits per the Form 5500 | $ 409,069 |

## NOTE 13 – SUBSEQUENT EVENTS

### Date of Management Evaluation

Management has evaluated subsequent events through September 1, 2015, the date on which the financial statements were available to be issued. No significant subsequent events have been identified that would require adjustment of or disclosure in accompanying consolidated financial statements.

# ACCOMPANYING SUPPLEMENTARY INFORMATION

# WAYNE ENTERPRISES, INC. 401(K) RETIREMENT SAVINGS PLAN

SCHEDULE OF ASSETS HELD FOR INVESTMENTS

December 31, 2014

| Description of Investments | Cost of Assets 2014 | Current Value 2014 |
|---|---|---|
| Guaranteed Portfolio Fund | $ 846,540 | $ 893,028 |
| Columbia Diversified Equity Income A | 169,895 | 175,713 |
| Fidelity Advisor Leverage Co Stk | 168,265 | 167,821 |
| Great-West Conserv Profile II Fund I | 95,556 | 115,027 |
| Great-West Aggressive Profile II Fund I | 67,704 | 95,154 |
| Invesco Comstock R | 73,296 | 91,487 |
| American Funds Growth Fund of Amer R3 | 48,494 | 67,080 |
| Great-West S&P 500 Index Fund I | 56,133 | 66,447 |
| Oppenheimer Global A | 50,136 | 61,710 |
| Great-West T Rowe Price Eq Inc Fund I | 35,527 | 47,402 |
| American Funds Europacific Growth R3 | 38,629 | 42,738 |
| Great-West America Century Gr Fund I | 26,173 | 38,243 |
| Great-West International Index II Fund I | 33,211 | 32,491 |
| Great-West Bond Index Fund I | 28,539 | 29,050 |
| Lord Abbett Value Opportunities A | 24,343 | 28,522 |
| Great-West S&P Smallcap 600 Index Fund IG93150 | 21,214 | 28,068 |
| Great-West Moderate Profile II Fund I | 23,246 | 27,655 |
| Ridgeworth Small Cap Growth Fund I | 18,505 | 24,211 |
| Great-West S&P Mid Cap 400 Index Fund I | 14,170 | 15,513 |
| Ridgeworth Mid Cap Value Equity A | 9,808 | 13,270 |
| MFS International Value R2 | 12,172 | 12,315 |
| Pimco Total Return Admin | 12,179 | 12,304 |
| Great-West Real Estate Index Initial | 8,182 | 8,897 |
| Great-West T Rowe Price Midcap Gr Fund I | 4,908 | 6,656 |
| Great-West Lifetime 2045 Fund II | 6,114 | 6,223 |
| Dreyfus Appreciation | 4,149 | 4,757 |
| Great-West Loomis Sayles Bond Index Fund I | 2,537 | 2,734 |
| Marisco Focus | 1,561 | 1,673 |
| Great-West US Govt Mortgage Secur Fund I | 1,355 | 1,396 |
| Royce Total Return K | 1,124 | 1,192 |
| Clearbridge Small Cap Growth A | 511 | 540 |
| Great-West Lifetime 2055 Fund II | 155 | 155 |
| Great-West Lifetime 2035 Fund II | 87 | 90 |
| | $ 1,904,418 | $ 2,119,562 |
| Participant Loans | $ 79,846 | $ 79,977 |

Attachment to Form 5500, Schedule H, Part 4 Item I
Employer Identification number: 76-0000815
Employer PN number: 001

*See accountants' report and notes to the financial statements.*

# TRANSACTIONS FOR REVIEW (5% REPORTABLE)



## Wayne Enterprises, Inc. 401(k) Retirement Savings Plan

01-JAN-14 to 31-DEC-14



| INVESTMENT OPTION | PURCHASE AMOUNT | PURCHASE UNITS/SHARES | PURCHASE COUNT | SALES AMOUNT | SALES UNITS/SHARES | SALES COUNT | COST OF SALES | TRANSACTION DATE |
|---|---|---|---|---|---|---|---|---|
| 3PORT | 4,398.42 | 0.000000 | 34 | (1,815.54) | 0.000000 | 1 | (1,815.54) | SERIES |
| 4PORT | 0.59 | 0.000000 | 2 | 0.00 | 0.000000 | 0 | 0.00 | SERIES |
| 12015M1 | 78,244.61 | 5,137.654829 | 18 | (80,246.79) | (5,137.654829) | 4 | (78,244.61) | SERIES |
| 12035M1 | 87.00 | 4.904189 | 12 | 0.00 | 0.000000 | 56 | 0.00 | SERIES |
| 12045M1 | 6,114.09 | 333.333793 | 44 | 0.00 | 0.000000 | 0 | 0.00 | SERIES |
| 12055M1 | 155.35 | 8.373800 | 15 | 0.00 | 0.000000 | 0 | 0.00 | SERIES |
| 1PBAXCP | 16,217.03 | 986.166359 | 964 | (88,383.21) | (5,484.360393) | 21 | (83,801.26) | SERIES |
| 1PBAXMP | 8,592.82 | 499.284722 | 537 | (2,076.75) | (120.889673) | 6 | (1,539.27) | SERIES |
| 1PBAXAP | 13,791.77 | 807.695446 | 304 | (84,088.40) | (4,969.906988) | 20 | (70,988.77) | SERIES |
| 192AFEP | 16,754.29 | 717.203694 | 5813 | (76,575.49) | (3,368.962801) | 1483 | (69,350.76) | SERIES |
| 1296MI | 32,662.93 | 2,888.762922 | 6692 | (15,703.89) | (1,397.071765) | 2227 | (15,313.37) | SERIES |
| 1288MIM | 16,391.10 | 1,025.203477 | 5587 | (7,207.27) | (446.997126) | 999 | (6,898.55) | SERIES |
| 186OGA | 18,989.69 | 1,028.315441 | 4732 | (90,612.96) | (4,987.503904) | 1743 | (78,572.51) | SERIES |
| 1434REI | 165,142.93 | 15,378.198263 | 3356 | (164,483.85) | (14,649.937050) | 710 | (156,961.22) | SERIES |
| 193MX6 | 14,531.12 | 545.187537 | 6124 | (6,235.49) | (235.598186) | 1548 | (5,897.82) | SERIES |
| 1371LI | 511.27 | 36.331029 | 88 | 0.00 | 0.000000 | 0 | 0.00 | SERIES |
| 1226FA | 204.14 | 15.609657 | 129 | (351.54) | (26.872242) | 4 | (337.91) | SERIES |
| 1125SS | 3,246.49 | 182.888946 | 237 | (199.84) | (11.038473) | 2 | (133.78) | SERIES |
| 1245RTK | 5,249.92 | 372.627351 | 3791 | (14,759.53) | (1,050.971361) | 2162 | (12,764.32) | SERIES |
| 1225FL | 173,258.13 | 12,234.605818 | 1519 | (6,794.83) | (470.032572) | 718 | (6,416.79) | SERIES |
| 1295MM | 20,002.49 | 1,437.926701 | 6684 | (16,164.00) | (1,187.731249) | 2006 | (15,443.91) | SERIES |
| 1MGRXTM | 1,923.32 | 43.607761 | 382 | (5.08) | (0.119008) | 4 | (3.91) | SERIES |
| 1284LVP | 21,275.48 | 1,121.174402 | 2443 | (1,999.64) | (99.608964) | 441 | (1,955.25) | SERIES |
| 1292RQ | 8,958.24 | 631.369254 | 951 | (478.63) | (34.969900) | 73 | (429.53) | SERIES |
| 195AFGF | 27,988.87 | 1,309.150566 | 5303 | (25,355.30) | (1,194.831995) | 1630 | (23,596.64) | SERIES |
| 1294CD | 177,301.44 | 12,765.187623 | 2877 | (25,196.50) | (1,876.982821) | 1855 | (23,083.46) | SERIES |
| 189DA | 8,202.76 | 662.946520 | 2244 | (8,331.29) | (652.014387) | 1025 | (7,848.53) | SERIES |
| 1293MA | 4,104.84 | 297.335841 | 315 | (14.72) | (1.091862) | 4 | (12.14) | SERIES |
| 194MX5 | 45,846.93 | 2,444.697955 | 7206 | (13,209.09) | (695.910246) | 1816 | (12,259.53) | SERIES |
| 180TEIX | 24,001.17 | 1,304.723064 | 5089 | (22,996.84) | (1,218.044459) | 2339 | (20,784.30) | SERIES |
| 1147VS | 41,517.70 | 2,753.379660 | 5131 | (9,072.26) | (629.084359) | 828 | (8,008.82) | SERIES |
| 1LGRMAR | 1,708.80 | 105.553906 | 583 | (4,027.16) | (254.350751) | 560 | (3,498.48) | SERIES |
| 1BIMXBI | 163,955.65 | 3,447.653243 | 4952 | (154,756.59) | (3,237.990340) | 1503 | (153,844.65) | SERIES |
| 1BMSXLC | 1,388.41 | 30.568399 | 279 | (2,949.69) | (64.571343) | 10 | (2,719.89) | SERIES |
| 1BIMXUS | 5,376.48 | 227.215751 | 2045 | (7,564.18) | (316.304087) | 601 | (7,482.30) | SERIES |
| 1BIMPTR | 12,009.33 | 708.374700 | 5112 | (8,280.19) | (493.143465) | 1343 | (8,306.94) | SERIES |
| 1PORT | 197,775.32 | 0.000000 | 7575 | (45,858.64) | 0.000000 | 888 | (45,858.64) | SERIES |
| **5% TRANSACTIONS** | | | | | | | | |
| 1BIMXBI | 131,289.99 | 2,765.541040 | 4 | 0.00 | 0.000000 | 0 | 0.00 | 06-FEB-14 |
| 1434REI | 150,223.33 | 14,033.508158 | 8 | 0.00 | 0.000000 | 0 | 0.00 | 29-APR-14 |
| 1BIMXBI | 74.74 | 1.565093 | 12 | (138,015.94) | (2,890.121805) | 8 | (137,216.32) | 29-APR-14 |
| 1434REI | 47.86 | 4.263253 | 10 | (163,985.98) | (14,607.477487) | 4 | (156,489.19) | 15-JUL-14 |
| 1225FL | 114,081.13 | 7,940.110252 | 4 | 0.00 | 0.000000 | 0 | 0.00 | 15-JUL-14 |
| 1294CD | 130,151.64 | 9,249.692059 | 4 | 0.00 | 0.000000 | 0 | 0.00 | 15-JUL-14 |

Attachment to Form 5500, Schedule H
Employer Identification number: 76-0000815
Employer PN number: 001

*See accountants' report and notes to the financial statements.*

# TRANSACTIONS FOR REVIEW (5% REPORTABLE)



Wayne Enterprises, Inc. 401(k) Retirement Savings Plan
01-JAN-14 to 31-DEC-14



| INVESTMENT OPTION | PURCHASE AMOUNT | PURCHASE UNITS/SHARES | PURCHASE COUNT | SALES AMOUNT | SALES UNITS/SHARES | SALES COUNT | COST OF SALES | TRANSACTION DATE |
|---|---|---|---|---|---|---|---|---|

LEGEND

INVESTMENT OPTION:

| | |
|---|---|
| 3PORT | Guaranteed Portfolio Fund |
| 12015M1 | Great-West Lifetime 2015 Fund II T1 |
| 12045M1 | Great-West Lifetime 2045 Fund II T1 |
| 1PBAXCP | Great-West Conserv Profile II Fund I |
| 1PBAXAP | Great-West Aggressive Profile II Fund I |
| 1296MI | Great-West International Index Fund I |
| 186OGA | Oppenheimer Global A |
| 193MX6 | Great-West S&P SmallCap 600 Index Fund I |
| 1226FA | Nuveen Small Cap Select A |
| 1245RTK | Royce Total Return K |
| 1295MM | Great-West S&P Mid Cap 400 Index Fund I |
| 1284LVP | Lord Abbett Value Opportunities A |
| 195AFGF | American Funds Growth Fund of Amer R3 |
| 189DA | Dreyfus Appreciation |
| 194MX5 | Great-West S&P 500 Index Fund I |
| 1147VS | Invesco Comstock R |
| 1BIMXBI | Great-West Bond Index Fund I |
| 1BIMXUS | Great-West US Govt Mortgage Secur Fund I |
| 1PORT | Guaranteed Portfolio Fund |
| 4PORT | Unallocated Plan Asset Account |
| 12035M1 | Great-West Lifetime 2035 Fund II T1 |
| 12055M1 | Great-West Lifetime 2055 Fund II T1 |
| 1PBAXMP | Great-West Moderate Profile II Fund I |
| 192AFEP | American Funds EuroPacific Growth R3 |
| 1288MIM | MFS International Value R2 |
| 1434REI | Great-West Real Estate Index Initial |
| 1371LI | ClearBridge Small Cap Growth A |
| 1125SS | RidgeWorth Small Cap Growth Fund I |
| 1225FL | Fidelity Advisor Leveraged Co Stk - T |
| 1MGRXTM | Great-West T Rowe Price MidCap Gr Fund I |
| 1292RQ | RidgeWorth Mid-Cap Value Equity A |
| 1294CD | Columbia Diversified Equity Income A |
| 1293MA | Great-West American Century Gr Fund I |
| 180TEIX | Great-West T. Rowe Price Eq Inc Fund I |
| 1LGRMAR | Marsico Focus |
| 1BMSXLC | Great-West Loomis Sayles Bond Fund I |
| 1BIMPTR | PIMCO Total Return Admin |

Attachment to Form 5500, Schedule H
Employer Identification number: 76-0000815
Employer PN number: 001

*See accountants' report and notes to the financial statements.*

# SCHEDULE OF ASSETS (HELD AT END OF YEAR)



## Wayne Enterprises, Inc. 401(k) Retirement Savings Plan
## 01-JAN-14 to 31-DEC-14



| INVESTMENT OPTION | MATURITY DATE | INTEREST RATE | COST OF ASSETS | CURRENT VALUE |
|---|---|---|---|---|
| 12035M1 | | | 87.00 | 90.21 |
| 12045M1 | | | 6,114.09 | 6,223.22 |
| 12055M1 | | | 155.35 | 155.04 |
| 1PBAXCP | | | 95,555.55 | 115,027.19 |
| 1PBAXMP | | | 23,245.50 | 27,654.56 |
| 1PBAXAP | | | 67,704.42 | 95,153.51 |
| 192AFEP | | | 38,628.80 | 42,737.99 |
| 1296MI | | | 33,210.86 | 32,491.13 |
| 1288MIM | | | 12,171.54 | 12,314.08 |
| 186OGA | | | 50,135.90 | 61,710.06 |
| 1434REI | | | 8,181.66 | 8,896.54 |
| 193MX6 | | | 21,213.59 | 28,068.46 |
| 1371LI | | | 511.27 | 540.10 |
| 1125SS | | | 9,808.29 | 13,269.90 |
| 1245RTK | | | 1,124.16 | 1,191.63 |
| 1225FL | | | 168,265.49 | 167,821.20 |
| 1295MM | | | 14,170.39 | 15,513.44 |
| 1MGRXTM | | | 4,907.83 | 6,656.23 |
| 1284LVP | | | 24,343.25 | 28,521.61 |
| 1292RQ | | | 18,504.64 | 24,211.39 |
| 195AFGF | | | 48,494.38 | 67,080.05 |
| 1294CD | | | 169,894.92 | 175,712.75 |
| 189DA | | | 4,148.68 | 4,757.35 |
| 1293MA | | | 26,172.54 | 38,243.23 |
| 194MX5 | | | 56,132.79 | 66,447.40 |
| 180TEIX | | | 35,527.21 | 47,402.26 |
| 1147VS | | | 73,295.50 | 91,486.95 |
| 1LGRMAR | | | 1,560.60 | 1,672.79 |
| 1BIMXBI | | | 28,539.00 | 29,049.90 |
| 1BMSXLC | | | 2,537.24 | 2,733.83 |
| 1BIMXUS | | | 1,355.08 | 1,395.64 |
| 1BIMPTR | | | 12,179.43 | 12,303.90 |
| 1PORT | | 1.200 | 841,835.18 | 888,058.51 |
| | | | **1,899,712.13** | **2,114,592.05** |
| PARTICIPANT LOANS | VARIOUS | 4.250-8.500 | 79,845.69 | 79,977.04 |
| FORFEITURES | | | 4,706.22 | 4,969.86 |

# SCHEDULE OF ASSETS (HELD AT END OF YEAR)



## Wayne Enterprises, Inc. 401(k) Retirement Savings Plan

01-JAN-14 to 31-DEC-14



| INVESTMENT OPTION | MATURITY DATE | INTEREST RATE | COST OF ASSETS | CURRENT VALUE |
|---|---|---|---|---|

LEGEND

INVESTMENT OPTION:

| | |
|---|---|
| 12035M1 | Great-West Lifetime 2035 Fund II T1 |
| 12055M1 | Great-West Lifetime 2055 Fund II T1 |
| 1PBAXMP | Great-West Moderate Profile II Fund I |
| 192AFEP | American Funds EuroPacific Growth R3 |
| 1288MIM | MFS International Value R2 |
| 1434REI | Great-West Real Estate Index Initial |
| 1371LI | ClearBridge Small Cap Growth A |
| 1245RTK | Royce Total Return K |
| 1295MM | Great-West S&P Mid Cap 400 Index Fund I |
| 1284LVP | Lord Abbett Value Opportunities A |
| 195AFGF | American Funds Growth Fund of Amer R3 |
| 189DA | Dreyfus Appreciation |
| 194MX5 | Great-West S&P 500 Index Fund I |
| 1147VS | Invesco Comstock R |
| 1BIMXBI | Great-West Bond Index Fund I |
| 1BIMXUS | Great-West US Govt Mortgage Secur Fund I |
| 1PORT | Guaranteed Portfolio Fund |
| 12045M1 | Great-West Lifetime 2045 Fund II T1 |
| 1PBAXCP | Great-West Conserv Profile II Fund I |
| 1PBAXAP | Great-West Aggressive Profile II Fund I |
| 1296MI | Great-West International Index Fund I |
| 186OGA | Oppenheimer Global A |
| 193MX6 | Great-West S&P SmallCap 600 Index Fund I |
| 1125SS | RidgeWorth Small Cap Growth Fund I |
| 1225FL | Fidelity Advisor Leveraged Co Stk - T |
| 1MGRXTM | Great-West T Rowe Price MidCap Gr Fund I |
| 1292RQ | RidgeWorth Mid-Cap Value Equity A |
| 1294CD | Columbia Diversified Equity Income A |
| 1293MA | Great-West American Century Gr Fund I |
| 180TEIX | Great-West T. Rowe Price Eq Inc Fund I |
| 1LGRMAR | Marsico Focus |
| 1BMSXLC | Great-West Loomis Sayles Bond Fund I |
| 1BIMPTR | PIMCO Total Return Admin |

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year
CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year