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
RICE COMPANIES PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2002

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
D.E. RICE CONSTRUCTION CO., INC.

3300 SOUTH CEDAR STREET
BORGER, TX 79007

2b Employer Identification Number (EIN)
73-0791905

2c Plan Sponsor's telephone number
806-274-7187

2d Business code (see instructions)
541990

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.	10/15/2015	MIKE WILLIAMS
	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**	157
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)**	151
a(2) Total number of active participants at the end of the plan year	**6a(2)**	162
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	16
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	178
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	178
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	130
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	14
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 3H

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)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

10 Check 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)** [ ] ___ **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **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 C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
RICE COMPANIES PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
D.E. RICE CONSTRUCTION CO., INC.

D Employer Identification Number (EIN)
73-0791905

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).. . . . . [X] 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

NATIONWIDE
ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

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

WELLS FARGO ADVISORS, LLC
NC1409
401 S TRYON STREET, 19TH FL
CHARLOTTE, NC 28288-1207

(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)

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

(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?
15 26 37 49 59 60 63 64 99	TRUST RECORDKEEPER	29961	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

WELLS FARGO ADVISORS, LLC

NC1409
401 S TRYON STREET, 19TH FL
CHARLOTTE, NC 28288-1207

(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?
49 64	BROKER DEALER	0	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

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
RICE COMPANIES PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
D.E. RICE CONSTRUCTION CO., INC.

D Employer Identification Number (EIN)
73-0791905

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	5581	6857
(2) Participant contributions	1b(2)	15127	15403
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	15950	50024
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1249735	1987451
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	1286393	2059735
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	43414	
k	Total liabilities (add all amounts in lines 1g through1j)	1k	43414	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	1242979	2059735

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.

			(a) Amount	(b) Total
	Income			
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	227071	
	(B) Participants	2a(1)(B)	561835	
	(C) Others (including rollovers)	2a(1)(C)	107827	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		896733
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	1074	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1074
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	68550	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		68550
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		8142
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		974499
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	122981	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		122981
f Corrective distributions (see instructions)	2f		4801
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	29961	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		29961
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		157743
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		816756
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: JOHNSON & SHELDON, PLLC **(2)** EIN: 46-3602660

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		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	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
RICE COMPANIES PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
D.E. RICE CONSTRUCTION CO., INC.

D Employer Identification Number (EIN)
73-0791905

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): 31-1592130

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):

RICE COMPANIES PROFIT SHARING PLAN

FINANCIAL STATEMENTS,
SUPPLEMENTAL SCHEDULE AND
INDEPENDENT AUDITOR'S REPORT

December 31, 2014

JOHNSON & SHELDON, PLLC
CERTIFIED PUBLIC ACCOUNTANTS

RICE COMPANIES PROFIT SHARING PLAN

December 31, 2014

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JOHNSON & SHELDON, PLLC
CERTIFIED PUBLIC ACCOUNTANTS

The Trustee
Rice Companies Profit Sharing Plan
Borger, Texas

INDEPENDENT AUDITOR'S REPORT

Report on the Financial Statements
We were engaged to audit the accompanying financial statements of **Rice Companies Profit Sharing Plan** (the Plan), which comprise the statement of net assets available for benefits as of December 31, 2014 and 2013, the related statement of changes in net assets available for benefits for the year ended December 31, 2014, and the related notes to the financial statements.

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

Auditor's Responsibility
Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, 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 United States 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 investment information summarized in Note 3, which was certified or provided by **Nationwide Trust Company, FSB** (Nationwide), the custodian of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the custodian holds the Plan's assets and executes transactions. As disclosed in Note 3, the Plan Administrator has obtained certifications from the custodian 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 custodian is complete and accurate.

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

SUITE 200 • 500 TAYLOR
P.O. BOX 509
AMARILLO, TX 79105-0509

An Independently Owned Member
McGLADREY ALLIANCE | McGladrey

TELEPHONE 806 / 371-7661
FAX: 806 / 371-0529
TOLL FREE: 1-800-530-4804

Other Matters
The supplemental Schedule of Assets Held for Investment Purposes as of December 31, 2014, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purposes of additional analysis and is not a required part of the financial statements. The supplemental schedule is the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

Report on Form and Content in Compliance with DOL Rules and Regulations
The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified or provided by the custodian, 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.

Johnson & Sheldon, PLLC

Johnson & Sheldon, PLLC

October 15, 2015

FINANCIAL STATEMENTS

RICE COMPANIES PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2014 and 2013

Assets

	2014	2013
Investments, participant directed, at fair value:		
Mutual funds	$ 1,987,451	$ 1,249,735
Total Investments, at Fair Value	1,987,451	1,249,735
Receivables		
Employer contributions	6,857	5,581
Employee contributions	15,403	15,127
Notes receivable from participants	50,024	15,950
Total Receivables	72,284	36,658
Total Assets	2,059,735	1,286,393
Liabilities		
Excess deferral contributions and associated earnings	-	43,414
Total Liabilities	-	43,414
Net Assets Available for Benefits	$ 2,059,735	$ 1,242,979

See accompanying notes and independent auditor's report

RICE COMPANIES PROFIT SHARING PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year Ended December 31, 2014

Additions	
Additions to net assets attributed to:	
Investment Income:	
Net appreciation in fair value of investments	$ 8,142
Interest and dividends	68,550
Total Investment Income	76,692
Interest income on notes receivable from participants	1,074
Contributions:	
Employer	227,071
Participants	561,835
Rollovers	107,827
Total Contributions	896,733
Total Additions	974,499
Deductions	
Deductions from net assets attributed to:	
Benefits paid to participants	127,782
Administrative expenses	29,961
Total Deductions	157,743
Net Increase	816,756
Net Assets Available for Benefits	
Beginning of Year	1,242,979
End of Year	$ 2,059,735

See accompanying notes and independent auditor's report

NOTES TO FINANCIAL STATEMENTS
December 31, 2014

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of the Rice Companies Profit Sharing Plan (the Plan) is provided for general information purposes only. For more complete information, participants should refer to the current Plan documents.

General
The Rice Companies Profit Sharing Plan is a defined contribution plan which provides for the participation of all employees of D.E. Rice Construction Co., Inc., and related participating employers (the Company) who have completed one year of service. Under the Plan, each participant has an account for his/her salary deferral contributions, any rollover contributions and employer matching and discretionary contributions, if any. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) as amended, and is intended to qualify under Section 401(k) of the Internal Revenue Code.

Nationwide Trust Company, FSB, serves as the Plan's investment custodian and recordkeeper, and is responsible for executing all investment transactions.

Contributions
Participants may make salary deferral contributions on a tax-deferred basis through payroll deductions (limited to certain amounts allowed under the Internal Revenue Code). Participants who have attained age 50 before the end of the plan year are eligible to make catch up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. The Company may make discretionary matching contributions. During 2014, the Company matched 50% of each participant's contribution up to 6% deferral. Participant and Company contributions are subject to the provisions of the Internal Revenue Code and related regulations.

Participant Accounts
Each participant's account is credited with the participant's contributions, and allocations of (a) Company contributions and (b) plan earnings, and charged with an allocation of administrative expenses. Allocations are based on compensation or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Notes Receivable from Participants
Participants may borrow the lesser of one-half of their vested account balance or $50,000. The minimum loan available is $1,000. Loan terms range from one to five years. Participant's loans are secured by the balance in the participant's account and are repaid through payroll deductions. Interest rates on the participant loans shall bear a reasonable rate of interest equal to Prime plus 1% as determined by the Plan Administrator which was 4.25% as of December 31, 2014.

Vesting
Participants are immediately vested in their salary deferral contributions plus actual earnings thereon. Participants vest in the employer matching and any discretionary contributions plus actual earnings thereon gradually between their 2nd year of service (20%) and their 6th year of service (100%). Participants' accounts become fully vested upon attainment of the normal retirement age of 65 or in the event of death or total disability.

NOTE 1 - DESCRIPTION OF THE PLAN (continued)

Forfeited Accounts
At December 31, 2014 and 2013, forfeited non-vested accounts totaled $1,627 and $0, respectively. These accounts are utilized to reduce the Company matching contributions. During 2014, forfeitures of approximately $11,500 were used to reduce employer matching contributions.

Payment of Benefits
Benefits are recorded when paid. Upon termination of service due to death, disability or retirement, a participant may elect to receive a lump-sum distribution. Distributions may be deferred until the participant reaches the age of 70 ½ if the value of the distribution is not less than $1,000. However, the Plan agreement stipulates that distributions must commence no later than April 1 of the year following the year in which the participant reaches the age of 70 ½, with the exception of deferment until retirement.

In certain hardship situations, as described in the Plan agreement, participants may withdraw part of their account balances while actively employed, but such withdrawals are limited to the amount dictated by the hardship. Participants' withdrawals are limited to deferred account balances and may not include any earnings thereon.

Investment Options
Upon enrollment in the Plan, a participant may direct his/her contributions in any of the investment options currently available as determined and selected by the Plan's advisory committee. Participants may change their investment allocations daily, via phone or internet access to the Plan's investment custodian.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation
The financial statements of the Plan are prepared under the accrual method of accounting in accordance with generally accepted accounting principles.

Subsequent Events
The Plan Administrator has evaluated subsequent events through October 15, 2015, the date the financial statements were available to be issued.

Investment Valuation and Income Recognition
Investments in mutual funds are recorded at the value reported to the Plan by the Plan's investment custodian, Nationwide, which approximates fair value. Notes receivable from participants are measured at their unpaid principal balance plus any unpaid interest. Delinquent loans are treated as distributions based upon the terms of the plan document. In accordance with stating investments at fair value, net unrealized appreciation or depreciation is reflected for the year on the Statement of Changes in Net Assets Available for Benefits.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Gains or losses on security transactions are recorded as the difference between proceeds received and the carrying value of the investments.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Investment dividends and interest are reinvested in the corresponding accounts.

Administrative Fees
The Plan pays for trustee, administrator and investment management fees from Plan assets. All other costs of the Plan are paid by the Plan's sponsor and are not reflected in these financial statements.

The Use of Estimates
The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and disclosures of contingent assets and liabilities at the date of the financial statements and the changes in net assets available for benefits during the reporting period. Actual results could differ from those estimates.

NOTE 3 - INFORMATION CERTIFIED BY THE INVESTMENT CUSTODIAN

The following is a summary of the Plan's asset information as of December 31, 2014 and 2013, included in the Plan's financial statements and supplemental schedule, that was prepared by or derived from information provided by the custodian and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the custodian that the information provided to the Plan Administrator by the custodian related to the following assets is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following assets at December 31:

	2014	2013
Investments, at fair value:		
Mutual funds	$ 1,987,451	$ 1,249,735
Notes receivable from participants	$ 50,024	$ 15,950

The custodian also certified to the completeness and accuracy of $76,692 of net appreciation in fair value of investments and interest and dividends related to the aforementioned assets for the year ended December 31, 2014.

NOTE 4 - INVESTMENTS

Investments representing 5% or more of the Plan's net assets available for benefits at December 31 are as follows:

	2014	2013
Value of mutual funds:		
Vanguard Total Stock Market Index Signal	$ 188,454	$ 114,512
JPMorgan Core Plus Bond	185,115	-
Oppenheimer International Growth	140,976	57,362
MFS Value Fund	123,472	76,853
Prudential Total Return Bond	118,314	88,518
MFS Research Fund	115,501	-
Mainstay ICAP International	108,409	57,535

NOTE 5 - PLAN TERMINATION

The Company reserves the right to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. If the Plan is terminated, participants will become 100% vested in their accounts and the Plan assets will be distributed in a manner approved by the Internal Revenue Service.

NOTE 6 - TAX STATUS

The Plan has not received a determination letter on their adoption of the Volume Submitter (VS) plan. In accordance with Revenue Procedure 2003-06, the Plan administrator has chosen to rely on the advisory letter, dated March 31, 2008, that has been issued to the VS plan. Once qualified, the Plan is required to operate in conformity with the Internal Revenue Code (the Code) to maintain its qualification. The Plan administrator believes the Plan is being operated in compliance with applicable requirements of the Code and, therefore, believes 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. Management evaluated the Plan's tax positions and concluded that the Plan had maintained its tax exempt status and has taken no uncertain tax positions that require recognition or disclosure in the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements. With few exceptions, the Plan is no longer subject to income tax examinations by the U.S. federal, state, or local tax authorities for years before 2011.

NOTE 7 - 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 or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under ASC 820 are described below:

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

Level 2 — Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

The asset's 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.

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.

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 Securities and Exchange Commission. 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.

NOTE 7 - FAIR VALUE MEASUREMENTS (continued)

The following tables sets forth by level, within the fair value hierarchy, the Plan's investment assets at fair value as of December 31:

	Fair Value Measurements Using 2014			
	Level 1	**Level 2**	**Level 3**	**Totals**
Mutual Funds:				
Equity Index Funds	$ 814,553	$ -	$ -	$ 814,553
Growth Funds	640,066	-	-	640,066
Balanced Funds	408,963	-	-	408,963
Target Date Funds	123,869	-	-	123,869
Total Investments	$ 1,987,451	$ -	$ -	$ 1,987,451

	Fair Value Measurements Using 2013			
	Level 1	**Level 2**	**Level 3**	**Totals**
Mutual Funds:				
Equity Index Funds	$ 431,715	$ -	$ -	$ 431,715
Growth Funds	381,909	-	-	381,909
Balanced Funds	326,106	-	-	326,106
Target Date Funds	110,004	-	-	110,004
Total Investments	$ 1,249,734	$ -	$ -	$ 1,249,734

NOTE 7 - FAIR VALUE MEASUREMENTS (continued)

Changes in Fair Value and Related Gains and Losses

To assess the appropriate classification of investments within the fair value hierarchy, the availability of market data is monitored. Changes in economic conditions of valuation techniques may require the transfer of investments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

NOTE 8 - TRANSACTIONS WITH PARTIES IN INTEREST

At December 31, 2014, the Plan held notes receivable from participants with a current value of $50,024 which are managed by Nationwide. Thus, transactions within these investment funds qualify as party-in-interest transactions as defined by ERISA.

NOTE 9 - 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 statements of net assets available for benefits.

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SUPPLEMENTAL SCHEDULE

RICE COMPANIES PROFIT SHARING PLAN

SCHEDULE H, PART IV (4i) - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
(As Certified by Investment Custodian)
December 31, 2014

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(e) Current Value
	Nationwide Life Insurance	Vanguard Total Stock Market Index Signal	$ 188,454
	Nationwide Life Insurance	JPMorgan Core Plus Bond	185,115
	Nationwide Life Insurance	Oppenheimer International Growth	140,976
	Nationwide Life Insurance	MFS Value Fund	123,472
	Nationwide Life Insurance	Prudential Total Return Bond	118,314
	Nationwide Life Insurance	MFS Research Fund	115,501
	Nationwide Life Insurance	MainStay ICAP International	108,409
	Nationwide Life Insurance	Prudential Global Real Estate	102,546
	Nationwide Life Insurance	JPMorgan SmartRetirement 2030	102,405
	Nationwide Life Insurance	Aberdeen Global Equity	99,766
	Nationwide Life Insurance	American Century Short Duration Infl Protection Bond	85,664
	Nationwide Life Insurance	Columbia Select Large Cap Growth	75,923
	Nationwide Life Insurance	JPMorgan Equity Income Select	72,966
	Nationwide Life Insurance	Oppenheimer International Bond	69,187
	Nationwide Life Insurance	Prudential High Yield	67,781
	Nationwide Life Insurance	Dreyfus Cash Management	53,778
	Nationwide Life Insurance	DFA Emerging Markets Core Equity	51,137
	Nationwide Life Insurance	Vanguard Explorer	47,689
	Nationwide Life Insurance	Federated Clover Small Value	41,429
	Nationwide Life Insurance	Touchstone Sands Cap Growth	35,395
	Nationwide Life Insurance	JPMorgan SmartRetirement 2025	18,279
	Nationwide Life Insurance	T Rowe Price Growth Stock	15,260
	Nationwide Life Insurance	Dreyfus Global Stock I	10,628
	Nationwide Life Insurance	Principal Large Cap Growth	10,199
	Nationwide Life Insurance	Pioneer Equity Income	9,771
	Nationwide Life Insurance	Dreyfus Global Real Estate Securities I	6,049
	Nationwide Life Insurance	Federated Total Return Bond	4,247
	Nationwide Life Insurance	Legg Mason Western Asset Core Plus Bond	3,932
	Nationwide Life Insurance	Wells Fargo Market Equity	3,608
	Nationwide Life Insurance	Vanguard Inflation Protected Securities	3,282
	Nationwide Life Insurance	JPMorgan SmartRetirement 2020	3,185
	Nationwide Life Insurance	American Century Inflation Adjusted	3,096
	Nationwide Life Insurance	Loomis Global Bond	2,532
	Nationwide Life Insurance	PIMCO Real Return	2,017
	Nationwide Life Insurance	Eaton Vance Floating Rate	1,574
	Nationwide Life Insurance	Federated Ultra Short Bond	1,166
	Nationwide Life Insurance	PIMCO Commodity Real Return Strategy	1,153
	Nationwide Life Insurance	PIMCO Low Duration	836
	Nationwide Life Insurance	Vanguard Equity Income	732
	Total Investments		1,987,451
*	Participants	Participant notes receivable, interest rate 4.25%	50,024
		Total Investments and Participant Notes Receivable	$ 2,037,475

(*) - Column (a) indicates party-in-interest to the Plan.

(d) - Column (d) has been omitted due to all investments being participant directed.

See accompanying independent auditor's report

RICE COMPANIES PROFIT SHARING PLAN

FINANCIAL STATEMENTS,
SUPPLEMENTAL SCHEDULE AND
INDEPENDENT AUDITOR'S REPORT

December 31, 2014

JOHNSON & SHELDON, PLLC
CERTIFIED PUBLIC ACCOUNTANTS

RICE COMPANIES PROFIT SHARING PLAN

December 31, 2014

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JOHNSON & SHELDON, PLLC
CERTIFIED PUBLIC ACCOUNTANTS

The Trustee
Rice Companies Profit Sharing Plan
Borger, Texas

INDEPENDENT AUDITOR'S REPORT

Report on the Financial Statements
We were engaged to audit the accompanying financial statements of **Rice Companies Profit Sharing Plan** (the Plan), which comprise the statement of net assets available for benefits as of December 31, 2014 and 2013, the related statement of changes in net assets available for benefits for the year ended December 31, 2014, and the related notes to the financial statements.

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

Auditor's Responsibility
Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, 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 United States 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 investment information summarized in Note 3, which was certified or provided by **Nationwide Trust Company, FSB** (Nationwide), the custodian of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the custodian holds the Plan's assets and executes transactions. As disclosed in Note 3, the Plan Administrator has obtained certifications from the custodian 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 custodian is complete and accurate.

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

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An Independently Owned Member
McGLADREY ALLIANCE | McGladrey

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Other Matters
The supplemental Schedule of Assets Held for Investment Purposes as of December 31, 2014, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purposes of additional analysis and is not a required part of the financial statements. The supplemental schedule is the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

Report on Form and Content in Compliance with DOL Rules and Regulations
The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified or provided by the custodian, 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.

Johnson & Sheldon, PLLC

Johnson & Sheldon, PLLC

October 15, 2015

FINANCIAL STATEMENTS

RICE COMPANIES PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2014 and 2013

Assets

	2014	2013
Investments, participant directed, at fair value:		
Mutual funds	$ 1,987,451	$ 1,249,735
Total Investments, at Fair Value	1,987,451	1,249,735
Receivables		
Employer contributions	6,857	5,581
Employee contributions	15,403	15,127
Notes receivable from participants	50,024	15,950
Total Receivables	72,284	36,658
Total Assets	2,059,735	1,286,393
Liabilities		
Excess deferral contributions and associated earnings	-	43,414
Total Liabilities	-	43,414
Net Assets Available for Benefits	$ 2,059,735	$ 1,242,979

See accompanying notes and independent auditor's report

RICE COMPANIES PROFIT SHARING PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year Ended December 31, 2014

Additions	
Additions to net assets attributed to:	
Investment Income:	
Net appreciation in fair value of investments	$ 8,142
Interest and dividends	68,550
Total Investment Income	76,692
Interest income on notes receivable from participants	1,074
Contributions:	
Employer	227,071
Participants	561,835
Rollovers	107,827
Total Contributions	896,733
Total Additions	974,499
Deductions	
Deductions from net assets attributed to:	
Benefits paid to participants	127,782
Administrative expenses	29,961
Total Deductions	157,743
Net Increase	816,756
Net Assets Available for Benefits	
Beginning of Year	1,242,979
End of Year	$ 2,059,735

See accompanying notes and independent auditor's report

NOTES TO FINANCIAL STATEMENTS
December 31, 2014

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of the Rice Companies Profit Sharing Plan (the Plan) is provided for general information purposes only. For more complete information, participants should refer to the current Plan documents.

General
The Rice Companies Profit Sharing Plan is a defined contribution plan which provides for the participation of all employees of D.E. Rice Construction Co., Inc., and related participating employers (the Company) who have completed one year of service. Under the Plan, each participant has an account for his/her salary deferral contributions, any rollover contributions and employer matching and discretionary contributions, if any. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) as amended, and is intended to qualify under Section 401(k) of the Internal Revenue Code.

Nationwide Trust Company, FSB, serves as the Plan's investment custodian and recordkeeper, and is responsible for executing all investment transactions.

Contributions
Participants may make salary deferral contributions on a tax-deferred basis through payroll deductions (limited to certain amounts allowed under the Internal Revenue Code). Participants who have attained age 50 before the end of the plan year are eligible to make catch up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. The Company may make discretionary matching contributions. During 2014, the Company matched 50% of each participant's contribution up to 6% deferral. Participant and Company contributions are subject to the provisions of the Internal Revenue Code and related regulations.

Participant Accounts
Each participant's account is credited with the participant's contributions, and allocations of (a) Company contributions and (b) plan earnings, and charged with an allocation of administrative expenses. Allocations are based on compensation or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Notes Receivable from Participants
Participants may borrow the lesser of one-half of their vested account balance or $50,000. The minimum loan available is $1,000. Loan terms range from one to five years. Participant's loans are secured by the balance in the participant's account and are repaid through payroll deductions. Interest rates on the participant loans shall bear a reasonable rate of interest equal to Prime plus 1% as determined by the Plan Administrator which was 4.25% as of December 31, 2014.

Vesting
Participants are immediately vested in their salary deferral contributions plus actual earnings thereon. Participants vest in the employer matching and any discretionary contributions plus actual earnings thereon gradually between their 2nd year of service (20%) and their 6th year of service (100%). Participants' accounts become fully vested upon attainment of the normal retirement age of 65 or in the event of death or total disability.

NOTE 1 - DESCRIPTION OF THE PLAN (continued)

Forfeited Accounts
At December 31, 2014 and 2013, forfeited non-vested accounts totaled $1,627 and $0, respectively. These accounts are utilized to reduce the Company matching contributions. During 2014, forfeitures of approximately $11,500 were used to reduce employer matching contributions.

Payment of Benefits
Benefits are recorded when paid. Upon termination of service due to death, disability or retirement, a participant may elect to receive a lump-sum distribution. Distributions may be deferred until the participant reaches the age of 70 ½ if the value of the distribution is not less than $1,000. However, the Plan agreement stipulates that distributions must commence no later than April 1 of the year following the year in which the participant reaches the age of 70 ½, with the exception of deferment until retirement.

In certain hardship situations, as described in the Plan agreement, participants may withdraw part of their account balances while actively employed, but such withdrawals are limited to the amount dictated by the hardship. Participants' withdrawals are limited to deferred account balances and may not include any earnings thereon.

Investment Options
Upon enrollment in the Plan, a participant may direct his/her contributions in any of the investment options currently available as determined and selected by the Plan's advisory committee. Participants may change their investment allocations daily, via phone or internet access to the Plan's investment custodian.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation
The financial statements of the Plan are prepared under the accrual method of accounting in accordance with generally accepted accounting principles.

Subsequent Events
The Plan Administrator has evaluated subsequent events through October 15, 2015, the date the financial statements were available to be issued.

Investment Valuation and Income Recognition
Investments in mutual funds are recorded at the value reported to the Plan by the Plan's investment custodian, Nationwide, which approximates fair value. Notes receivable from participants are measured at their unpaid principal balance plus any unpaid interest. Delinquent loans are treated as distributions based upon the terms of the plan document. In accordance with stating investments at fair value, net unrealized appreciation or depreciation is reflected for the year on the Statement of Changes in Net Assets Available for Benefits.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Gains or losses on security transactions are recorded as the difference between proceeds received and the carrying value of the investments.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Investment dividends and interest are reinvested in the corresponding accounts.

Administrative Fees
The Plan pays for trustee, administrator and investment management fees from Plan assets. All other costs of the Plan are paid by the Plan's sponsor and are not reflected in these financial statements.

The Use of Estimates
The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and disclosures of contingent assets and liabilities at the date of the financial statements and the changes in net assets available for benefits during the reporting period. Actual results could differ from those estimates.

NOTE 3 - INFORMATION CERTIFIED BY THE INVESTMENT CUSTODIAN

The following is a summary of the Plan's asset information as of December 31, 2014 and 2013, included in the Plan's financial statements and supplemental schedule, that was prepared by or derived from information provided by the custodian and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the custodian that the information provided to the Plan Administrator by the custodian related to the following assets is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following assets at December 31:

	2014	2013
Investments, at fair value:		
Mutual funds	$ 1,987,451	$ 1,249,735
Notes receivable from participants	$ 50,024	$ 15,950

The custodian also certified to the completeness and accuracy of $76,692 of net appreciation in fair value of investments and interest and dividends related to the aforementioned assets for the year ended December 31, 2014.

NOTE 4 - INVESTMENTS

Investments representing 5% or more of the Plan's net assets available for benefits at December 31 are as follows:

	2014	2013
Value of mutual funds:		
Vanguard Total Stock Market Index Signal	$ 188,454	$ 114,512
JPMorgan Core Plus Bond	185,115	-
Oppenheimer International Growth	140,976	57,362
MFS Value Fund	123,472	76,853
Prudential Total Return Bond	118,314	88,518
MFS Research Fund	115,501	-
Mainstay ICAP International	108,409	57,535

NOTE 5 - PLAN TERMINATION

The Company reserves the right to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. If the Plan is terminated, participants will become 100% vested in their accounts and the Plan assets will be distributed in a manner approved by the Internal Revenue Service.

NOTE 6 - TAX STATUS

The Plan has not received a determination letter on their adoption of the Volume Submitter (VS) plan. In accordance with Revenue Procedure 2003-06, the Plan administrator has chosen to rely on the advisory letter, dated March 31, 2008, that has been issued to the VS plan. Once qualified, the Plan is required to operate in conformity with the Internal Revenue Code (the Code) to maintain its qualification. The Plan administrator believes the Plan is being operated in compliance with applicable requirements of the Code and, therefore, believes 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. Management evaluated the Plan's tax positions and concluded that the Plan had maintained its tax exempt status and has taken no uncertain tax positions that require recognition or disclosure in the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements. With few exceptions, the Plan is no longer subject to income tax examinations by the U.S. federal, state, or local tax authorities for years before 2011.

NOTE 7 - 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 or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under ASC 820 are described below:

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

Level 2 — Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

The asset's 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.

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.

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 Securities and Exchange Commission. 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.

NOTE 7 - FAIR VALUE MEASUREMENTS (continued)

The following tables sets forth by level, within the fair value hierarchy, the Plan's investment assets at fair value as of December 31:

	Fair Value Measurements Using 2014			
	Level 1	**Level 2**	**Level 3**	**Totals**
Mutual Funds:				
Equity Index Funds	$ 814,553	$ -	$ -	$ 814,553
Growth Funds	640,066	-	-	640,066
Balanced Funds	408,963	-	-	408,963
Target Date Funds	123,869	-	-	123,869
Total Investments	$ 1,987,451	$ -	$ -	$ 1,987,451

	Fair Value Measurements Using 2013			
	Level 1	**Level 2**	**Level 3**	**Totals**
Mutual Funds:				
Equity Index Funds	$ 431,715	$ -	$ -	$ 431,715
Growth Funds	381,909	-	-	381,909
Balanced Funds	326,106	-	-	326,106
Target Date Funds	110,004	-	-	110,004
Total Investments	$ 1,249,734	$ -	$ -	$ 1,249,734

NOTE 7 - FAIR VALUE MEASUREMENTS (continued)

Changes in Fair Value and Related Gains and Losses

To assess the appropriate classification of investments within the fair value hierarchy, the availability of market data is monitored. Changes in economic conditions of valuation techniques may require the transfer of investments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

NOTE 8 - TRANSACTIONS WITH PARTIES IN INTEREST

At December 31, 2014, the Plan held notes receivable from participants with a current value of $50,024 which are managed by Nationwide. Thus, transactions within these investment funds qualify as party-in-interest transactions as defined by ERISA.

NOTE 9 - 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 statements of net assets available for benefits.

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SUPPLEMENTAL SCHEDULE

RICE COMPANIES PROFIT SHARING PLAN

SCHEDULE H, PART IV (4i) - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
(As Certified by Investment Custodian)
December 31, 2014

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(e) Current Value
	Nationwide Life Insurance	Vanguard Total Stock Market Index Signal	$ 188,454
	Nationwide Life Insurance	JPMorgan Core Plus Bond	185,115
	Nationwide Life Insurance	Oppenheimer International Growth	140,976
	Nationwide Life Insurance	MFS Value Fund	123,472
	Nationwide Life Insurance	Prudential Total Return Bond	118,314
	Nationwide Life Insurance	MFS Research Fund	115,501
	Nationwide Life Insurance	MainStay ICAP International	108,409
	Nationwide Life Insurance	Prudential Global Real Estate	102,546
	Nationwide Life Insurance	JPMorgan SmartRetirement 2030	102,405
	Nationwide Life Insurance	Aberdeen Global Equity	99,766
	Nationwide Life Insurance	American Century Short Duration Infl Protection Bond	85,664
	Nationwide Life Insurance	Columbia Select Large Cap Growth	75,923
	Nationwide Life Insurance	JPMorgan Equity Income Select	72,966
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	Nationwide Life Insurance	Dreyfus Cash Management	53,778
	Nationwide Life Insurance	DFA Emerging Markets Core Equity	51,137
	Nationwide Life Insurance	Vanguard Explorer	47,689
	Nationwide Life Insurance	Federated Clover Small Value	41,429
	Nationwide Life Insurance	Touchstone Sands Cap Growth	35,395
	Nationwide Life Insurance	JPMorgan SmartRetirement 2025	18,279
	Nationwide Life Insurance	T Rowe Price Growth Stock	15,260
	Nationwide Life Insurance	Dreyfus Global Stock I	10,628
	Nationwide Life Insurance	Principal Large Cap Growth	10,199
	Nationwide Life Insurance	Pioneer Equity Income	9,771
	Nationwide Life Insurance	Dreyfus Global Real Estate Securities I	6,049
	Nationwide Life Insurance	Federated Total Return Bond	4,247
	Nationwide Life Insurance	Legg Mason Western Asset Core Plus Bond	3,932
	Nationwide Life Insurance	Wells Fargo Market Equity	3,608
	Nationwide Life Insurance	Vanguard Inflation Protected Securities	3,282
	Nationwide Life Insurance	JPMorgan SmartRetirement 2020	3,185
	Nationwide Life Insurance	American Century Inflation Adjusted	3,096
	Nationwide Life Insurance	Loomis Global Bond	2,532
	Nationwide Life Insurance	PIMCO Real Return	2,017
	Nationwide Life Insurance	Eaton Vance Floating Rate	1,574
	Nationwide Life Insurance	Federated Ultra Short Bond	1,166
	Nationwide Life Insurance	PIMCO Commodity Real Return Strategy	1,153
	Nationwide Life Insurance	PIMCO Low Duration	836
	Nationwide Life Insurance	Vanguard Equity Income	732
	Total Investments		1,987,451
*	Participants	Participant notes receivable, interest rate 4.25%	50,024
		Total Investments and Participant Notes Receivable	$ 2,037,475

(*) - Column (a) indicates party-in-interest to the Plan.

(d) - Column (d) has been omitted due to all investments being participant directed.

See accompanying independent auditor's report

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Rice Companies Profit Sharing Plan **EIN:** 73-0791905
Plan Sponsor's Name D.E. Rice Construction Co., Inc. **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Nationwide Life Insurance	Abrden Blbl Eq Inst		99,766
	Nationwide Life Insurance	AmCent ShtDrInflPrtBd		85,664
	Nationwide Life Insurance	AmCent Infl Adj Bd Inst		3,096
	Nationwide Life Insurance	Drey Glbl RealEst		6,049
	Nationwide Life Insurance	Drey Cash Mgt Inst		53,778
	Nationwide Life Insurance	DFA Emrg Mkt Cor Inst		51,137
	Nationwide Life Insurance	Col Sel LgCap Gr R5		75,923

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Rice Companies Profit Sharing Plan **EIN:** 73-0791905
Plan Sponsor's Name D.E. Rice Construction Co., Inc. **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Nationwide Life Insurance	Drey Glbl Stk I		10,628
	Nationwide Life Insurance	EV Flotng Rt Inst		1,574
	Nationwide Life Insurance	Fed Clover Sm Val Inst		41,429
	Nationwide Life Insurance	Fed Ttl Rtn Bd Inst		4,247
	Nationwide Life Insurance	Fed Ultra Shrt Bd Inst		1,166
	Nationwide Life Insurance	JPM Cor Pls Bd R6		185,115
	Nationwide Life Insurance	JPM Eq Inc Sel		72,966

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Rice Companies Profit Sharing Plan **EIN:** 73-0791905
Plan Sponsor's Name D.E. Rice Construction Co., Inc. **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Nationwide Life Insurance	JPM SmartRet 2020 Inst		3,185
	Nationwide Life Insurance	JPM SmartRet 2025 Inst		18,279
	Nationwide Life Insurance	JPM SmartRet 2030 Inst		102,405
	Nationwide Life Insurance	LeggM WstrAs CorPlsBd I		3,932
	Nationwide Life Insurance	Loomis Glbl Bd Inst		2,532
	Nationwide Life Insurance	MFS Rsrch R4		115,501
	Nationwide Life Insurance	MFS Val R4		123,472

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Rice Companies Profit Sharing Plan **EIN:** 73-0791905
Plan Sponsor's Name D.E. Rice Construction Co., Inc. **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Nationwide Life Insurance	MnSty ICAP Intl I		108,409
	Nationwide Life Insurance	Opp Intl Bd Y		69,187
	Nationwide Life Insurance	Opp Intl Gr Y		140,976
	Nationwide Life Insurance	PIMCO Low Dur Inst		836
	Nationwide Life Insurance	PIMCO Real Rtn Inst		2,017
	Nationwide Life Insurance	PIMCOComdyRealRtnStratInst		1,153
	Nationwide Life Insurance	Pionr Eq Inc Y		9,771

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Rice Companies Profit Sharing Plan **EIN:** 73-0791905
Plan Sponsor's Name D.E. Rice Construction Co., Inc. **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Nationwide Life Insurance	Prncpl LgCap Gr Inst		10,199
	Nationwide Life Insurance	Prudntl Glbl RealEst Z		102,546
	Nationwide Life Insurance	Prudntl Hi Yld Z		67,781
	Nationwide Life Insurance	Prudntl Ttl Rtn Bd Z		118,314
	Nationwide Life Insurance	TRowePr Gr Stk		15,260
	Nationwide Life Insurance	Tchstn Sands Cap Inst Gr		35,395
	Nationwide Life Insurance	Vngrd Eq Inc Inv		732

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Rice Companies Profit Sharing Plan **EIN:** 73-0791905
Plan Sponsor's Name D.E. Rice Construction Co., Inc. **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Nationwide Life Insurance	Vngrd Explr Inv		47,689
	Nationwide Life Insurance	Vngrd Infl Prtct Sec Inv		3,282
	Nationwide Life Insurance	Vngrd Ttl StMkt Indx Fd AS		188,454
	Nationwide Life Insurance	WFA Emrg Mkt Eq Inst		3,608
	Participant Loans	Loans (4.25%)		49,038