

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2014</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>09/01/2014</u> and ending <u>08/31/2015</u>	
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 ☒ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☐ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>REDNECK, INC. EMPLOYEES 401K PROFIT SHARING PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>11/01/1982</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>11/01/1982</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>11/01/1982</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>REDNECK, INC.</u> <u>2100 N WEST BYPASS</u> <u>SPRINGFIELD, MO 65803</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>43-1164951</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>417-864-5210</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>423100</u></td> </tr> <tr> <td style="height: 40px;"></td> </tr> </table>	2b Employer Identification Number (EIN) <u>43-1164951</u>	2c Plan Sponsor's telephone number <u>417-864-5210</u>	2d Business code (see instructions) <u>423100</u>	
2b Employer Identification Number (EIN) <u>43-1164951</u>					
2c Plan Sponsor's telephone number <u>417-864-5210</u>					
2d Business code (see instructions) <u>423100</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	03/31/2016	ERNEST W. GIDDENS
	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 ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 719
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) 622
a(2) Total number of active participants at the end of the plan year	6a(2) 544
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits.....	6c 93
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 637
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e	6f 637
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 545
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h 13
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) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ 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 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
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For calendar plan year 2014 or fiscal plan year beginning 09/01/2014 and ending 08/31/2015

A Name of plan REDNECK, INC. EMPLOYEES 401K PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 REDNECK, INC.	D Employer Identification Number (EIN) 43-1164951

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.
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1 Coverage Information:

(a) Name of insurance carrier

TRANSAMERICA LIFE INSURANCE COMPANY

(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
39-0989781	86231	512088-000	0	09/01/2014	08/17/2015

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
5585	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

COMMERCE BROKER SVCE / DAVID BAHR
487 OLD SMIZER MILL ROAD
FENTON, MO 63026

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5585			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	

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

Schedule A (Form 5500) 2014
v. 140124

(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	
5	Current value of plan's interest under this contract in separate accounts at year end	5	0
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. Specify nature of costs ▶	6d	
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 ▶ TA STABLE VALUE CORE		
b	Balance at the end of the previous year	7b	2261470
c	Additions: (1) Contributions deposited during the year	7c(1)	460491
	(2) Dividends and credits	7c(2)	0
	(3) Interest credited during the year	7c(3)	18453
	(4) Transferred from separate account	7c(4)	0
	(5) Other (specify below)	7c(5)	500313
	▶ LOAN REPAYMENT, TRANSFER INTO STABLE VALUE		
	(6) Total additions	7c(6)	979257
d	Total of balance and additions (add lines 7b and 7c(6))	7d	3240727
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	418580
	(2) Administration charge made by carrier	7e(2)	2306
	(3) Transferred to separate account	7e(3)	0
	(4) Other (specify below)	7e(4)	2819841
	▶ LOAN REQUEST, TRANSFER OUT OF STABLE VALUE		
	(5) Total deductions	7e(5)	3240727
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

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

For calendar plan year 2014 or fiscal plan year beginning 09/01/2014 and ending 08/31/2015

A Name of plan REDNECK, INC. EMPLOYEES 401K PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 REDNECK, INC.	D Employer Identification Number (EIN) 43-1164951	

Part I	Service Provider Information (see instructions)
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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
TRANSAMERICA RETIREMENT SOLUTIONS C
13-3689044

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

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

TRANSAMERICA RETIREMENT SOLUTIONS C

13-3689044

(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 37 52 62 64 67	RECORD KEEPER	0	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(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

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning 09/01/2014 and ending 08/31/2015		
A Name of plan REDNECK, INC. EMPLOYEES 401K PROFIT SHARING PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 REDNECK, INC.		D Employer Identification Number (EIN) 43-1164951

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)		
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	0	0
(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)	335879	276001
(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)	14017432	16075585
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	2261471	0
(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	16614782	16351586

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	16614782	16351586
---	-----------	----------	----------

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)	703457	
(B) Participants	2a(1)(B)	751413	
(C) Others (including rollovers)	2a(1)(C)	381545	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1836415
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)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	10607	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		10607
(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)	792870	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		792870
(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)		-1232799
c Other income.....	2c		18547
d Total income. Add all income amounts in column (b) and enter total.....	2d		1425640

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1659421	
(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)		1659421
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	19073	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	10342	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		29415
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1688836

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-263196
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: SCHULTZ, WOOD & RAPP, P.C.

(2) EIN: 43-1273431

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
4d			
e Was this plan covered by a fidelity bond?	X		500000
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k			
l Has the plan failed to provide any benefit when due under the plan?		X	
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	X		
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	X		
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.
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For calendar plan year 2014 or fiscal plan year beginning 09/01/2014 and ending 08/31/2015

A Name of plan <u>REDNECK, INC. EMPLOYEES 401K PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>REDNECK, INC.</u>	D Employer Identification Number (EIN) <u>43-1164951</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>42-6362604</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

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

Part III	Amendments
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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
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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.
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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): _____

REDNECK, INC. EMPLOYEE'S 401(k) PROFIT SHARING PLAN

Financial Statements and Supplementary Schedules

August 31, 2015 and 2014

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SCHULTZ, WOOD & RAPP, P.C.
CERTIFIED PUBLIC ACCOUNTANTS • BUSINESS CONSULTANTS
MEMBER AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

March 29, 2016

Trustees of the Redneck, Inc. Employee's 401(K) Profit Sharing Plan
Springfield, Missouri

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Redneck, Inc. Employee's 401(k) Profit Sharing Plan, which comprise the statements of net assets available for benefits as of August 31, 2015 and 2014, and the related statements of changes in net assets available for benefits for the years ended August 31, 2015 and 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, 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 3, which was certified by T. Rowe Price Retirement Plan Services, Inc. and Transamerica Life Insurance Company, custodians of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodians held and/or hold the Plan's investment assets and/or executed/execute investment transactions. The plan administrator has obtained certifications from the custodians as of August 31, 2015 and 2014, and for the years ended August 31, 2015 and 2014, that the information provided to the plan administrator by the custodians are complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedules of (1) Schedule H, Line 4i-Schedule of Assets (Held at End of Year), and (2) Schedule H, line 4j-Schedule of Reportable Transactions as of or for the year ended August 31, 2015 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 these supplemental schedules.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified 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.

Schultz, Wood & Rapp, P.C.

REDNECK, INC. EMPLOYEE'S 401(K) PROFIT-SHARING PLAN

Statements of Net Assets Available for Benefits

August 31, 2015 and 2014

	<u>2015</u>	<u>2014</u>
<u>ASSETS</u>		
Investments, at fair value		
T. Rowe Price Retirement 2010	\$ 7,119	7,356
T. Rowe Price Retirement 2020	3,800,159	3,842,496
T. Rowe Price Retirement 2030	193,544	209,623
T. Rowe Price Retirement 2040	342,802	397,811
T. Rowe Price Retirement 2050	131,576	56,774
T. Rowe Price Retirement 2005	3,842	166,404
T. Rowe Price Retirement 2015	154,962	269,037
T. Rowe Price Retirement 2025	724,173	308,440
T. Rowe Price Retirement 2035	217,328	149,096
T. Rowe Price Retirement 2045	255,184	218,269
T. Rowe Price Retirement 2055	46,487	42,688
T. Rowe Price Retirement RFD Balanced	9,508	-
T. Rowe Price Income Fund	-	8,819
T. Rowe Price Growth Stock	674,065	-
T. Rowe Price U.S. Treasury Money	2,339,267	-
JP Morgan Core Bond	1,457,290	1,448,934
PIMCO Low Duration	25,412	21,448
Invesco Global Real Estate	61,625	11,638
Prudential Jennison Mid-Cap Growth	201,555	178,263
Prudential Jeninison Small Company	753,765	-
MFS Research International R4	697,704	-
Columbia Small Cap Index Fund	51,146	-
Columbia Mid Cap Index Fund	113,948	-
Columbia Large Cap Index Fund	1,179,223	-
DFA U.S. Targeted Value Portfolio	934,586	-
DFA Emerging Markets Portfolio	15,071	-
American Beacon Large Cap Value Fund Institutional	1,528,824	-
American Beacon Mid-Cap Value Fund Institutional	106,969	-
Amercian Century Inflation Adjusted Bond Institutional	48,450	-
Wells Fargo Advantage Small Cap Value Fund	-	1,150,212
Vanguard Total Stock Market Index Fund	-	1,258,991
Vanguard Mid Cap Index Fund	-	82,081
Vanguard Small Cap Index Fund	-	34,862
American Funds EuroPac Growth Fund	-	692,757
Oppenheimer Developing Markets	-	54,576
RidgeWorth Lg Cap Value Equity	-	1,681,211
Vanguard Inflation-Protected Securities Fund - Investor	-	46,414
American Century Mid Cap Value Fund	-	128,704
American Century Growth Fund	-	723,280
Federated Total Return Bond	-	36,453
ClearBridge Small Cap Growth Fund - R	-	790,795
Total investments	<u>16,075,585</u>	<u>14,017,432</u>
Receivables		
Employer Contribution	405,455	350,000
Notes Receivable from Participants	<u>271,241</u>	<u>335,879</u>
Total receivables	<u>676,696</u>	<u>685,879</u>
Cash, at fair value		
Transamerica Stable Value Core Option	<u>-</u>	<u>2,261,471</u>
Total cash	<u>-</u>	<u>2,261,471</u>
Net assets available for benefits and liabilities	16,752,281	16,964,782
<u>LIABILITIES</u>		
Excess contributions payable	<u>1,196</u>	<u>-</u>
Net assets available for benefits	<u>\$ 16,751,085</u>	<u>16,964,782</u>

The accompanying notes are an integral part of these financial statements.

REDNECK, INC. EMPLOYEE'S 401(K) PROFIT-SHARING PLAN

Statements of Changes in Net Assets Available for Benefits

August 31, 2015 and 2014

	<u>2015</u>	<u>2014</u>
Additions:		
Investment income:		
Net appreciation (depreciation) in fair value of investments (Note 3)	\$ (1,232,799)	1,473,007
Dividends	792,870	564,026
Other income	18,546	19,351
	<u>(421,383)</u>	<u>2,056,384</u>
Less investment expenses	10,342	9,484
Total investment income	<u>(431,725)</u>	<u>2,046,900</u>
Interest income on notes receivable from participants	<u>10,607</u>	<u>14,245</u>
Contributions:		
Employer	753,682	714,377
Participants	750,688	741,313
Rollovers	381,545	24,635
Total contributions	<u>1,885,915</u>	<u>1,480,325</u>
Total additions	1,464,797	3,541,470
Deductions:		
Benefits paid to participants	1,659,421	1,919,396
Administrative expenses	19,073	14,032
Total deductions	<u>1,678,494</u>	<u>1,933,428</u>
Net increase (decrease) in net assets available for benefits	(213,697)	1,608,042
Net assets available for benefits:		
Beginning of year	16,964,782	15,356,740
End of year	<u>\$ 16,751,085</u>	<u>16,964,782</u>

The accompanying notes are an integral part of these financial statements.

REDNECK, INC. EMPLOYEE'S 401(K) PROFIT SHARING PLAN

Notes to Financial Statements

August 31, 2015 and 2014

Note 1: Description of Plan

1. General: The Plan is a defined contribution plan covering employees of Redneck, Inc., (the Company), and certain affiliated businesses, who are age twenty-one or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The trustee is responsible for oversight of the Plan. The Investment Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Plan's Board of Trustees.
2. Contributions: Each year, participants may contribute amounts not to be less than 1% nor more than the maximum dollar amount or percentage specified by the Plan Administrator (if not specified, the maximum permitted by law) of pre-tax annual compensation, as defined in the Plan. 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 defined contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Company contributes to the Plan a discretionary percentage match. The actual percentage is determined by the Company prior to the beginning of each Plan Year. The participants direct the investment of the Company match. Additional profit sharing amounts may be contributed at the option of the Company's Board of Directors and the investment is directed by the participants. Contributions are subject to certain IRS limitations.

Supplemental Contributions: The Company may make optional contributions for any plan year at the discretion of its Board of Directors.

3. Participant Accounts: Each participant's account is credited with the participant's contribution, employer match and the allocation of (a) the Company's discretionary contribution, (b) Plan earnings, (c) forfeitures of terminated participants' nonvested accounts. Allocations of discretionary contributions, forfeitures and earnings related to forfeitures will be made in the ratio that the compensation of each participant bears to the total compensation of all participants. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.
4. Vesting: Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts is based on years of continuous service. A participant is fully vested after six years of credited service.
5. Investment Options: As discussed in Note 6, the Plan had an investment contract with Transamerica Retirement Services (Transamerica) through August 17, 2015. Upon enrollment in the plan, participants directed their investments among the Transamerica Stable Value Core Option investment choices. These investment choices were not guaranteed by the FDIC or any other government agency. These investment choices sought to protect against any loss of principal while providing returns in excess of money market funds and one-year U.S. Treasury bills. The investment choices had a portfolio investment rate design in which all deposits in the particular investment choice were credited with the same interest rate on a daily basis, and with no set maturity. The effective credited interest rate was set monthly and effective on the first day of the month. Contract charges may have reduced this return.

Effective August 17, 2015, the Plan has an investment contract with T. Rowe Price Retirement Plan Services, Inc. (T. Rowe Price). Upon enrollment in the plan, participants may direct their investments among the T. Rowe Price investment choices. These investment choices are not guaranteed by the FDIC or any other government agency. These investment choices seek to protect against any loss of principal while providing returns in excess of money market funds and one-year U.S. Treasury bills. The investment choices have a portfolio investment rate design in which all deposits in the particular investment choice are credited with the same interest rate on a daily basis, and with no set maturity. The effective credited interest rate is set monthly and effective on the first day of the month. Contract charges may reduce this return.

REDNECK, INC. EMPLOYEE'S 401(K) PROFIT SHARING PLAN

Notes to Financial Statements

August 31, 2015 and 2014

Note 1: Description of Plan (continued)

5. **Investment Options -**
Under both contracts, the participants may also invest in Separate Accounts. These separate accounts were/are not proprietary to Transamerica/T.Rowe Price, and allowed/allows investing exclusively in one underlying mutual fund traded on an established market. These separate accounts begin with a price determined by Transamerica/T. Rowe Price, and the number of units issued are calculated to match the current fair market value of the underlying mutual fund holdings. This is known as unitizing the underlying assets. The price of each separate account investment will not match the price of the corresponding mutual fund. The rate of return of each will be consistent, taking into account any plan/participant expenses.
6. Participants may change their investment options daily.
7. **Payment of Benefits:** On termination of service, a participant may elect to receive either a lump-sum amount equal to the value of his or her account, immediate installment payments, or a plan-to-plan transfer.
8. **Forfeited Accounts:** Forfeited nonvested accounts are reallocated among participants in the ratio that the compensation of each participant bears to the total compensation of all participants in the year of forfeiture. During 2015 and 2014, the Plan reallocated forfeitures of \$143,069 and \$29,951, respectively.
9. **Note Receivable from Participants:** Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of their account balance. Loan terms range 1 to 5 years or up to 25 years for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at prime plus one percent. Principal and interest is paid ratably through bi-weekly or semi-monthly payroll deductions.

Note 2: Summary of Accounting Policies

- A. **Basis of Accounting:** The financial statements of the Plan are prepared using the accrual basis of accounting.
- B. **Investment contracts:** Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The Statement of Net Assets Available for Benefits presents the contract value of the investment contracts which approximates fair value. The Statement of Changes in Net Assets Available for Benefits is prepared using the contract value basis for fully benefit-responsive investment contracts.
- C. **Estimates:** The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results may differ from those estimates.
- D. **Investment Valuation:** The Plan's investments are reported 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. See Note 11 for discussion of fair value measurements.

Security transactions are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

- E. **Plan Termination:** Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become fully vested in their accounts.

REDNECK, INC. EMPLOYEE'S 401(K) PROFIT SHARING PLAN

Notes to Financial Statements (continued)

August 31, 2015 and 2014

Note 2: Summary of Accounting Policies (continued)

- F. **Tax Status:** The Internal Revenue Service (IRS) has determined and informed the Company by letter dated June 1, 2011, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code, 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 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 examinations for years prior to August 31, 2012.

- G. **Payment of Benefits:** Benefits are recorded when paid.
- H. **Note receivable from participants:** Notes receivable from participants are measured at unpaid principal balance. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of August 31, 2015 and 2014. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.
- I. Since the inception of the Plan, the following restatement and amendments have been adopted:
1. The Plan was amended and restated in its entirety on April 26, 2010, effective September 1, 2002.
 2. **Amendment One:** The Plan was amended effective September 1, 2011. The following changes were made:

Section 2.9 is amended to permit non-lead production employees of Redline Products, LLC to be eligible to participate in the Plan, provided they meet the other eligibility requirements of the Plan.

Section 2.11 is amended to provide that Four G's Ranch is now considered a participating employer.

Section 3.1 is amended to eliminate the one year of service requirement for purposes of making elective deferrals and participating in employer discretionary contributions.

Section 3.2 is amended to reflect the change to Sections 3.1, so that former employees who are rehired are automatically permitted to participate in the Plan for purposes of making elective deferrals and receiving employer discretionary contributions.

Section 12.1 is clarified to say that participants cannot have more than one loan outstanding beginning February 1, 2012.
 3. The Plan was amended and restated in its entirety on June 30, 2015, effective August 15, 2015.
- J. **Excess Contributions Payable:** Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions. The Plan distributed the 2015 excess contributions to the applicable participants prior to March 29, 2016.

REDNECK, INC. EMPLOYEE'S 401(K) PROFIT SHARING PLAN

Notes to Financial Statements (continued)

August 31, 2015 and 2014

Note 2: Summary of Accounting Policies (continued)

- K. Expenses: Expenses related to 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 participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation/depreciation of fair value of investments.
- L. Subsequent Events: The Plan has evaluated subsequent events through March 29, 2016, the date the financial statements were available to be issued.

Note 3: Investments

The following table presents investments at August 31, 2015 and 2014. Investments that represent 5% or more of the Plan's net assets are separately identified.

Investments at fair value as determined by quoted market price:

	<u>2015</u>	<u>2014</u>
T. Rowe Price Retirement 2020	\$ 3,800,159	3,842,496
JP Morgan Core Bond	1,457,290	1,448,934
Columbia Large Cap Index Fund	1,179,223	-
DFA US Targeted Value Portfolio	934,586	-
American Beacon Mide-Cap Value Fund Institutional	1,528,824	-
T. Rowe Price U.S. Treasury Money	2,339,267	-
Wells Fargo Advantage Small Cap Value Fund	-	1,150,212
Vanguard Total Stock Market Index Fund	-	1,258,991
RidgeWorth Lg Cap Value Equity	-	1,681,211
Other	4,836,236	4,635,588
	<u>\$ 16,075,585</u>	<u>14,017,432</u>

During 2015, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) depreciated in value by \$1,232,799 as follows:

Mutual Funds	<u>\$ (1,232,799)</u>
	<u>\$ (1,232,799)</u>

Note 4: Costs Absorbed by Plan Sponsor

Redneck, Inc. incurred no administrative fees for the Plan during 2015 and 2014. The Plan uses forfeiture balances to pay plan expenses.

Note 5: Certified Investments

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and supplemental schedules, including investments and notes receivable from participants held at August 31, 2015 and 2014, and net appreciation in fair value of investments, interest and dividends for the years ended August 31, 2015 and 2014 was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Transamerica Retirement Services Company and T. Rowe Price, (the custodians of the Plan).

REDNECK, INC. EMPLOYEE'S 401(K) PROFIT SHARING PLAN

Notes to Financial Statements (continued)

August 31, 2015 and 2014

Note 6: Investment Contract with Insurance Company

Effective June 6, 2011, the Plan contracted with Transamerica Retirement Services for a fully benefit-responsive investment contract. Transamerica maintained the contributions in a pooled account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses charged by Transamerica. Contract value represents contributions made under the contract, plus earnings, less Plan withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and specified interest rate that is guaranteed to the Plan.

Because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. The contract is included in the financial statements at contract value, which approximates fair value, as reported to the Plan by Transamerica. Contract value, as reported to the Plan by Transamerica, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the investment contract at August 31, 2015 and 2014 was \$0 and \$2,261,471, respectively. The crediting interest rate is based on a formula agreed upon with the issuer. Such interest rates are reviewed on a monthly basis for Transamerica.

Effective August 17, 2015, the Plan terminated its Transamerica investment contract and entered into an investment contract with T. Towe Price Retirement Plan Services, Inc.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spinoffs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants are probable of occurring.

The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

This contract was terminated on August 17, 2015.

	2015	2014
Average yields:		
Based on actual earnings	.79%	.80%
Based on interest rate credited to participants	.79%	.80%

Note 7: Party-in-Interest Transactions:

Certain Plan investments are shares of mutual funds managed by Transamerica Retirement Services. Transamerica Retirement Services was the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees in the amount of \$10,342 and 9,484 for August 31, 2015 and 2014, respectively to Transamerica were paid for investment management services during the year ended August 31, 2015 and 2014. The Plan Sponsor pays directly any fees related to the Plan's operation, including audit fees in the amount of \$14,000 and \$11,200 for Plan years ended August 31, 2014 and 2013, respectively to Schultz, Wood & Rapp, P.C.

REDNECK, INC. EMPLOYEE'S 401(K) PROFIT SHARING PLAN

Notes to Financial Statements (continued)

August 31, 2015 and 2014

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 of net assets available for benefits.

Note 9: Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at August 31, 2015 and 2014 to Form 5500:

	2015	2014
Net assets available for benefits per the financial statements	\$ 16,751,085	16,964,782
Employer contributions receivable	(405,455)	(350,000)
Excess contributions payable	1,196	-
Loan payments receivable	4,760	-
Net assets available for benefits per Form 5500	<u>\$ 16,351,586</u>	<u>16,614,782</u>

Note 10: 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 FASB ASC 820 are described as follows:

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: (1) Quoted prices for similar assets or liabilities in active markets; (2) Quoted prices for identical or similar assets or liabilities in inactive markets; (3) Inputs other than quoted prices that are observable for the asset or liability; (4) 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 used need to maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

REDNECK, INC. EMPLOYEE'S 401(K) PROFIT SHARING PLAN

Notes to Financial Statements (continued)

August 31, 2015 and 2014

Note 10: Fair Value Measurements (continued)

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 August 31, 2015 and 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.

Guaranteed investment contract: Valued at liquidation value based on actuarial formula as defined under the terms of the contract. No observable price.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of August 31, 2015 and 2014:

Assets at Fair Value as of:				
August 31, 2015				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual Funds	\$ 16,075,585	-	-	16,075,585
Total assets at fair value	<u>\$ 16,075,585</u>	<u>-</u>	<u>-</u>	<u>16,075,585</u>

Assets at Fair Value as of:				
August 31, 2014				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual Funds	\$ 14,017,432	-	-	14,017,432
Guaranteed Investment Contract	-	2,261,471	-	2,261,471
Total assets at fair value	<u>\$ 14,017,432</u>	<u>2,261,471</u>	<u>-</u>	<u>16,278,903</u>

REDNECK, INC. EMPLOYEE'S 401(K) PROFIT SHARING PLAN
Supplementary Schedules Required by ERISA
August 31, 2015

Schedule H, Line 4i - Schedule of Assets (Held At End of Year)

(a)	(b)	(c)	(d)	(e)
Party-in- Interest	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest collateral, par or maturity value	Cost	Current Value
T. Rowe Price	Growth Stock	Mutual Fund	\$ -	674,065
T. Rowe Price	US Treasury Money	Interest - Bearing Cash	-	2,339,267
T. Rowe Price	RETIREMENT 2020	Mutual Fund	-	3,800,159
T. Rowe Price	RETIREMENT 2030	Mutual Fund	-	193,544
T. Rowe Price	RETIREMENT 2040	Mutual Fund	-	342,802
T. Rowe Price	RETIREMENT BALANCED	Mutual Fund	-	9,508
T. Rowe Price	RETIREMENT 2015	Mutual Fund	-	154,962
T. Rowe Price	RETIREMENT 2025	Mutual Fund	-	724,173
T. Rowe Price	RETIREMENT 2035	Mutual Fund	-	217,328
T. Rowe Price	RETIREMENT 2045	Mutual Fund	-	255,184
T. Rowe Price	RETIREMENT 2050	Mutual Fund	-	131,576
T. Rowe Price	RETIREMENT 2055	Mutual Fund	-	46,487
Prudential Jennison	Small Company	Mutual Fund	-	753,765
Prudential Jennison	Mid Cap Growth	Mutual Fund	-	201,555
Pimco	Low Duration Fund Inst.	Mutual Fund	-	25,413
MFS	Research International R4	Mutual Fund	-	697,704
Columbia	Small Cap Index Fund R5	Mutual Fund	-	51,146
Columbia	Mid Cap Index Fund R5	Mutual Fund	-	113,948
DFA	US Targeted Value Portfolio	Mutual Fund	-	934,586
DFA	Emerging Markets Portfolio I	Mutual Fund	-	15,071
American Beacon	Mid-Cap Value Fd	Mutual Fund	-	106,969
American Beacon	Large Cap Value Fd	Mutual Fund	-	1,528,824
JP Morgan	Core Bond Fund R6	Mutual Fund	-	1,457,290
Columbia	Large Cap Index R5	Mutual Fund	-	1,179,223
American Century	INFL - Adj BD Instl	Mutual Fund	-	48,450
Invesco	Global Real Estate Income	Mutual Fund	-	61,625
T. Rowe Price	RETIREMENT 2010	Mutual Fund	-	7,119
T. Rowe Price	RETIREMENT 2005	RETIREMENT 2005	-	3,842
*	Participant loans	Term 12-180 months, interest rate 4.25%	-	276,001

REDNECK, INC. EMPLOYEE'S 401(K) PROFIT SHARING PLAN
 Supplementary Schedules Required by ERISA
 August 31, 2015

Schedule H, Line 4j - Schedule of Reportable Transactions

Identity of party involved	Description of asset (include interest rate and maturity in case of a loan)	Purchase Price	Selling Price	Lease Rental	Expense incurred with transaction	Cost of asset	Current asset on transaction date	Net gain or (loss)
T. Rowe Price	No reportable transactions	\$ -	-	-	-	-	-	-
Transamerica	No reportable transactions	\$ -	-	-	-	-	-	-

Schedule H, Line 4i				
Schedule of Assets (Held At End of Year)				
Name of Plan:				
▶	REDNECK, INC. EMPLOYEES' 401(K) PROFIT SHARING PLAN			
Employer Identification Number:▶		43-1164951		
For plan year (beginning/ending):▶		09/1/2014 - 08/31/2015		Plan numb 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
	T. ROWE PRICE GROWTH STOCK	MUTUAL FUND		674,065
	T. ROWE PRICE U.S. TREASURY MONEY	MUTUAL FUND		2,339,267
	T. ROWE PRICE RETIREMENT 2020	MUTUAL FUND		3,800,159
	T. ROWE PRICE RETIREMENT 2030	MUTUAL FUND		193,544
	T. ROWE PRICE RETIREMENT 2040	MUTUAL FUND		342,802
	T. ROWE PRICE RETIREMENT BALANCED	MUTUAL FUND		9,508
	T. ROWE PRICE RETIREMENT 2015	MUTUAL FUND		154,962
	T. ROWE PRICE RETIREMENT 2025	MUTUAL FUND		724,173
	T. ROWE PRICE RETIREMENT 2035	MUTUAL FUND		217,328
	T. ROWE PRICE RETIREMENT 2045	MUTUAL FUND		255,184
	T. ROWE PRICE RETIREMENT 2050	MUTUAL FUND		131,576
	T. ROWE PRICE RETIREMENT 2055	MUTUAL FUND		46,487
	PRUDENTIAL JENNISON SMALL CO	MUTUAL FUND		753,765
	PRUDENTIAL JENNISON MID CAP GRO	MUTUAL FUND		201,555
	PIMCO LOW DURATION FUND, INST	MUTUAL FUND		25,413
	MFS RESEARCH INTERNATIONAL R4	MUTUAL FUND		697,704
	COLUMBIA SMALL CAP INDEX FUND R5	MUTUAL FUND		51,146
	COLUMBIA MID CAP INDEX FUND R5	MUTUAL FUND		113,948
	DFA US TARGETED VALUE PORTFOLIO	MUTUAL FUND		934,586
	DFA EMERGING MARKETS PORTFOLIO I	MUTUAL FUND		15,071
	AMERICAN BEACON MID-CAP VALUE FD	MUTUAL FUND		106,969
	AMERICAN BEACON LARGE CP VALUE FD	MUTUAL FUND		1,528,824
	JPMORGAN CORE BOND FUND R6	MUTUAL FUND		1,457,290
	COLUMBIA LARGE CAP INDEX R5	MUTUAL FUND		1,179,223
	AMERICAN CENTURY INFL-ADJ BD INSTL	MUTUAL FUND		48,450
	INVESCO GLOBAL REAL ESTATE INCOME	MUTUAL FUND		61,625
	T. ROWE PRICE RETIREMENT 2010	MUTUAL FUND		7,119
	T. ROWE PRICE RETIREMENT 2005	MUTUAL FUND		3,842
	LOANS	Term 12-180 months/ Interest rate 4.25%		276,001