

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
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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>REDLAND BRICK INC. PENSION PLAN</u>	1b Three-digit plan number (PN) ▶	004	
	1c Effective date of plan <u>09/01/1965</u>		
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>REDLAND BRICK INC.</u> <u>P.O. BOX 160</u> <u>WILLIAMSPORT, MD 21795-0160</u>	2b Employer Identification Number (EIN) <u>06-0954641</u>	2c Plan Sponsor's telephone number <u>301-223-7700</u>	2d Business code (see instructions) <u>327900</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.	06/15/2016	JAMES LEAHY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	06/15/2016	JAMES LEAHY
	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	
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	271
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)	95
a(2) Total number of active participants at the end of the plan year		6a(2)	82
b Retired or separated participants receiving benefits		6b	79
c Other retired or separated participants entitled to future benefits.....		6c	95
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	256
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	10
f Total. Add lines 6d and 6e		6f	266
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h	0
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: 1B 3H 3F			
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) ☒ Trust	(3) ☒ Trust		
(4) ☐ General assets of the sponsor	(4) ☐ General assets of the sponsor		
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules		b General Schedules	
(1) ☒ R (Retirement Plan Information)	(1) ☒ H (Financial Information)		
(2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) ☐ I (Financial Information – Small Plan)		
(3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(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

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

A Name of plan REDLAND BRICK INC. PENSION PLAN	B Three-digit plan number (PN) ►	004
C Plan sponsor's name as shown on line 2a of Form 5500 REDLAND BRICK INC.	D Employer Identification Number (EIN) 06-0954641	

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

PRINCIPAL 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
42-0127290	61271	434668	0	09/01/2014	08/31/2015

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
0	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

(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	

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****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ FLEXIBLE PENSION INVESTMENTS**b** Balance at the end of the previous year **7b** 0**c** Additions: (1) Contributions deposited during the year **7c(1)**
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)** 1045
(4) Transferred from separate account **7c(4)** 15757892
(5) Other (specify below) **7c(5)**(6) Total additions **7c(6)** 15758937**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 15758937**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**
(2) Administration charge made by carrier **7e(2)**
(3) Transferred to separate account **7e(3)**
(4) Other (specify below) **7e(4)** 15758937

▶ FUND WITHDRAWAL

(5) Total deductions **7e(5)** 15758937**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)	
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)	
(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)	
(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 SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	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

Round off amounts to nearest dollar.
Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan REDLAND BRICK INC. PENSION PLAN	B Three-digit plan number (PN) 004
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF REDLAND BRICK INC.	D Employer Identification Number (EIN) 06-0954641

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I Basic Information

1 Enter the valuation date: Month 09 Day 01 Year 2014			
2 Assets:			
a Market value	2a	16174427	
b Actuarial value	2b	15526088	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	87	7965324	7965324
b For terminated vested participants	89	2055853	2071669
c For active participants	95	5561646	5829156
d Total	271	15582823	15866149
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	6.53%	
6 Target normal cost	6	218981	

Statement by Enrolled Actuary
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	05/17/2016	
Signature of actuary	Date	
MICHAEL A. CARLSON	14-05860	
Type or print name of actuary	Most recent enrollment number	
PRINCIPAL FINANCIAL GROUP	412-394-9331	
Firm name	Telephone number (including area code)	
PO BOX 9394 DES MOINES, IA 50306-9394		
Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>13.48</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		4199
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.36</u> %		267
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		4466
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages		
14 Funding target attainment percentage	14	97.85 %
15 Adjusted funding target attainment percentage	15	97.85 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	92.11 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/11/2014	111900		02/12/2016	74500	
02/04/2015	111900		03/14/2016	125000	
06/09/2015	111834		05/12/2016	76000	
10/20/2015	111900				
12/15/2015	125000				
12/29/2015	1000000				
Totals ▶			18(b)	1848034	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1713620
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☒ No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0	0	0
		(4) 4th
		0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	218981	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment.....	340061		278056
b Waiver amortization installment			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..	34	497037	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....			0
36 Additional cash requirement (line 34 minus line 35).....	36	497037	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	1713620	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	1216583	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

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 REDLAND BRICK INC. PENSION PLAN	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 REDLAND BRICK INC.	D Employer Identification Number (EIN) 06-0954641	

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
PRINCIPAL LIFE INSURANCE COMPANY
04-0127290

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
FIDELITY MGMT TRUST CO
04-2723880

(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)

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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?
13 50 64	NONE	17140	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

SULLIVAN BRUYETTE SPEROS

54-1571022

(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?
13 27 50	NONE	25251	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 D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection.
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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>REDLAND BRICK INC. PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>004</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>REDLAND BRICK INC.</u>	D Employer Identification Number (EIN) <u>06-0954641</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN MONEY MARKERT SEPT ACCT-R6</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>42-0127290-024</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN U.S. PROPERTY SEP ACCT-R6</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>42-0127290-027</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LGCAP S & P 500 INDEX SA-R6</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>42-0127290-016</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN BOND MARKERT INDEX SA-R6</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>42-0127290-122</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning 09/01/2014 and ending 08/31/2015		
A Name of plan REDLAND BRICK INC. PENSION PLAN		B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 REDLAND BRICK INC.		D Employer Identification Number (EIN) 06-0954641

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)	258267	111900
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	0	8709
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)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	4651969	0
(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)	11265539	15063674
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	16175775	15184283

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	16175775	15184283
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	447534	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		447534
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	647112	
(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)		
(F) Other	2b(1)(F)	8693	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		655805
(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)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(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)		-1118118
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-14779

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	934297	
(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)		934297
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	32496	
(3) Investment advisory and management fees	2i(3)	9920	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		42416
j Total expenses. Add all expense amounts in column (b) and enter total	2j		976713

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-991492
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: RSM US LLP

(2) EIN: 42-0714325

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?.....		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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>REDLAND BRICK INC. PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>REDLAND BRICK INC.</u>	D Employer Identification Number (EIN) <u>06-0954641</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>04-3275867</u> <u>42-0127290</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	<u>0</u>

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)
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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): _____

Independent Auditor's Report

To the Plan Sponsor's Board of Trustees and Plan Participants
Redland Brick Inc. Pension Plan
Williamsport, Maryland

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Redland Brick Inc. Pension Plan (the Plan), which comprise the statements of net assets available for benefits as of August 31, 2015 and 2014, the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of August 31, 2014, the statement of changes in accumulated plan benefits for the year then ended, 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 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 information summarized in Note 2, which was certified or provided by Fidelity Management Trust Company, the trustee of the Plan, and Principal Life Insurance Company and Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company, the former custodians of the Plan, except for comparing this information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the trustee and former custodians holds/held the Plan's assets and executes/executed transactions. The Plan Administrator has obtained a certification from the current trustee of the Plan, for the period from August 5, 2015, through August 31, 2015, and as of August 31, 2015, and the former custodians from September 1, 2014, through August 5, 2015, and as of and for the year ended August 31, 2014, that the information provided to the Plan Administrator by the current trustee and former custodians 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.

Emphasis of Matters

As discussed in Note 1 to the financial statements, in 2015, the entity adopted new accounting guidance related to disclosures for investments that calculate net asset value per share or its equivalent. Prior year disclosures have been revised to reflect the retrospective application of adopting this change in accounting. Our disclaimer of opinion is not modified with respect to this matter.

As discussed in Note 1, the Plan was amended to freeze Plan participation for union employees who are hired or re-hired on or after December 16, 2013, and to adjust union participants' earned benefit, effective March 1, 2014.

Other Matter – Supplemental Schedules

The supplemental schedule of assets (held at end of year) as of August 31, 2015, and the schedule of reportable transactions for the year ended August 31, 2015, are required by the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purposes of additional analysis and are not a required part of the financial statements. These supplemental schedules are the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified or provided by the custodians, 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 United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

RSM US LLP

Frederick, Maryland
June 14, 2016

Schedule SB, Line 19 - Discounted Employer Contributions
REDLAND BRICK INC. PENSION PLAN
EIN 06-0954641 Plan No. 004

The attached schedule shows the date and amount of individual employer contributions, interest adjusted contribution, year to which the contributions are applied, applicable effective interest rate and amount applied to each quarterly contribution.

Contributions allocated toward minimum required contributions (Line 19c)

Contributions not applied to quarterly contributions are applied to Annual Cost.

Date	Full Amount of Contribution by Employer	Interest Adjusted Amount of Contribution	Plan Year Applied	Effective Interest Rate	1Q Full Amount	1Q Interest Adjusted ¹	1Q Days Late	2Q Full Amount	2Q Interest Adjusted ¹	2Q Days Late	3Q Full Amount	3Q Interest Adjusted ¹	3Q Days Late	4Q Full Amount	4Q Interest Adjusted ¹	4Q Days Late
12/11/2014	\$111,900	\$109,959	2014	6.53 %	\$111,834	\$109,894	0	\$66	\$65	0						
2/4/2015	\$111,900	\$108,915	2014	6.53 %				\$111,768	\$108,787	0	\$132	\$128	0			
6/9/2015	\$111,834	\$106,519	2014	6.53 %							\$111,702	\$106,393	0	\$132	\$126	0
10/20/2015	\$111,900	\$103,700	2014	6.53 %										\$111,702	\$103,516	35
12/15/2015	\$125,000	\$115,228	2014	6.53 %												
12/29/2015	\$1,000,000	\$919,594	2014	6.53 %												
2/12/2016	\$74,500	\$67,979	2014	6.53 %												
3/14/2016	\$125,000	\$113,449	2014	6.53 %												
5/12/2016	\$76,000	\$68,277	2014	6.53 %												
TOTAL	\$1,848,034	\$1,713,620														

¹ Includes increased rate for late quarterly contribution (calculated using the Effective Interest Rate plus 5% for the number of days late).

Schedule SB, Line 22 - Description Of Weighted Average Retirement Age
REDLAND BRICK INC. PENSION PLAN
EIN 06-0954641 Plan No. 004

Active participants are expected to retire at the plan's assumed retirement age. The retirement rate reflects only those participants who meet retirement eligibility. An active participant working past assumed retirement age is expected to retire at current age.

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
65	50.2929	1.0000	50.2929	3,269.0412
66	0.0000	1.0000	0.0000	0.0000
67	2.0000	1.0000	2.0000	134.0000
68	1.0000	1.0000	1.0000	68.0000
69	1.0000	1.0000	1.0000	69.0000
70	1.0000	1.0000	1.0000	70.0000
71	1.0000	1.0000	1.0000	71.0000
Total			56.2929	3,681.0412
Average				65.39

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods
REDLAND BRICK INC. PENSION PLAN
EIN 06-0954641 Plan No. 004

Assumptions Prescribed by Law									
Mortality	<u>During Benefit Payment Period</u> IRS Prescribed Mortality - Optional Combined Table for Small Plans, male and female. <u>Before Benefit Payment Period</u> IRS Prescribed Mortality - Optional Combined Table for Small Plans, male and female.								
Assumptions Selected by Actuary									
Asset Return	6.75% for the current plan year.								
Expected Expense	The expected expense included in Target Normal Cost is an estimate based on prior year expenses paid from plan assets.								
Retirement Age	Normal Retirement Age as defined in Plan Provisions								
Upcoming Year Salary Increase	The preceding year's salary is increased using the S-5 Table from The Actuary's Pension Handbook, increased by 2.00% at each age. This table provides a rate of increase that declines as participant's age. Note: not used for Plan Accounting calculations. <table border="1"> <thead> <tr> <th>Age</th><th>Upcoming Increase</th></tr> </thead> <tbody> <tr> <td>25</td><td>6.18%</td></tr> <tr> <td>40</td><td>4.72%</td></tr> <tr> <td>55</td><td>3.88%</td></tr> </tbody> </table>	Age	Upcoming Increase	25	6.18%	40	4.72%	55	3.88%
Age	Upcoming Increase								
25	6.18%								
40	4.72%								
55	3.88%								
Disability	1987 Commissioner's Group Disability Table, six month elimination period, male and female.								
Marriage	75% married; husbands are 3 years older than wives.								
Withdrawal	2003 Society of Actuaries Small Plan Age Table, multiplied by 0.75.								
Wage Base Increase	3.25% per year.								
Inflation	2.25% increase per year								
Compensation Limit Increase	2.25% increase per year used in the calculation of the IRC 404 Maximum Deduction cushion. See Calculated Deduction in Rules and Regulations.								
Form of Benefit	Participants are assumed to receive their benefits on the normal form at the assumed retirement age.								

Methods Prescribed by Law	
Liability Measure	Funding target is the present value of the benefits accrued on the valuation date. Target Normal Cost is based on benefits expected to accrue during the current plan year and includes an estimate of plan expenses for the year.
Benefit Accrual	All benefits paid at decrement are considered in total and then split to determine how much is included in Funding Target. The following pieces are included in the Funding Target. • The portion based on the plan's definition of accrued benefit. • The benefit portion in excess of the accrued benefit based on the ratio of the participant's years of service on the valuation date to the years of service the participant will have at the time of decrement. The benefits included in Target Normal Cost are calculated similarly, by splitting the benefits. The Target Normal Cost is based on the difference between the amount included in Funding Target and an amount calculated assuming the participant accrues service through the end of the plan year.
Methods Selected by Plan Sponsor	
Asset Method	The asset valuation method is prescribed by law for plans that elect to use a value other than market value. For each of the preceding two years, an expected value of assets at the end of the year is compared to the end of year market value. The resulting gain or loss is recognized evenly over three plan years. The expected value includes contributions, distributions, any deducted administrative expenses, and expected earnings (based on the lesser of the assumed interest rate or the Maximum Allowable Rate). The deferred gains and losses are added to the current market value and then restricted to no more than 110% and no less than 90% of that market value. When actual returns exceed the assumed return, the actuarial value of assets will lag below market value. The lag and the smoothing effect are limited since the value must be within 10% of market value.
Segment Rates	24 month average with no weighting to prior law basis. Use rates where April is the last month included in the average.
PBGC Premium Basis	Variable Rate Premiums are calculated using census, market value of assets and the funding segment rates used for the plan year without the MAP-21 interest rate corridor defined in IRC §430(h)(2)(C)(iv). You elected this Alternative interest method for the 09/01/2010 plan year and the method must be used for five years before a change can be made.

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods
REDLAND BRICK INC. PENSION PLAN
EIN 06-0954641 Plan No. 004

Methods Elected by Actuary	
Retirees	Assets and liabilities for current and future retirees are included.
HCE Benefit Payment Restrictions	A ratio of the market value of assets and funding target is used to determine if restrictions apply. Assets and Funding Target are as of the valuation date and are reduced by: • any retiree benefit index or floor • amounts for HCEs who were previously restricted • an amount for the retiring HCE The Funding Target is not based on the MAP-21 interest rate corridor defined in IRC §430(h)(2)(C)(iv). Other assumptions or methods may be used.
Vested Benefits	A benefit is included in vested benefits when the participant will meet age and service eligibility requirements at the valuation date. The benefit is multiplied by the participant's vesting percentage applicable to each benefit on the valuation date. The following ancillary benefits are always treated as nonvested: disability benefits payable to retirement age unless in pay status, and pre-retirement death benefits in excess of the Survivor Annuity Death Benefit except as noted in the Plan Provisions.
Assumptions and Methods Elected by Actuary Plan Accounting (ASC 960)	
With the exceptions below, all assumptions and methods are the same as those used in determining your plan's regular Funding Target and Target Normal Cost.	
Interest Rate Used to Value Liabilities	6.50%

Schedule SB, Line 26 - Schedule of Active Participant Data
REDLAND BRICK INC. PENSION PLAN
EIN 06-0954641 Plan No. 004

Form 5500 - Schedule of Active Participation Data							Valuation Date 09/01/2014													
YEARS OF CREDITED SERVICE																				
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & up	
Attained Age	Avg. No.	Avg. Comp.	Avg. No.	Avg. Comp.	Avg. No.	Avg. Comp.	Avg. No.	Avg. Comp.	Avg. No.	Avg. Comp.	Avg. No.	Avg. Comp.	Avg. No.	Avg. Comp.	Avg. No.	Avg. Comp.	Avg. No.	Avg. Comp.	Avg. No.	Avg. Comp.
Under 25	0		0		0		0		0		0		0		0		0		0	
25 to 29	0		0		0		1		0		0		0		0		0		0	
30 to 34	0		0		1		1		0		0		0		0		0		0	
35 to 39	0		0		1		2		2		0		0		0		0		0	
40 to 44	0		0		2		5		4		0		1		0		0		0	
45 to 49	0		0		3		4		3		2		6		0		0		0	
50 to 54	0		0		3		0		1		3		9		1		2		0	
55 to 59	0		0		2		0		6		2		6		0		2		3	
60 to 64	0		0		1		3		0		1		2		0		0		4	
65 to 69	0		0		1		0		0		1		1		0		1		1	
70 & up	0		0		0		0		0		0		0		1		0		0	

Schedule SB, Line 2a - Explanation of Assets
REDLAND BRICK INC. PENSION PLAN
EIN 06-0954641 Plan No. 004

The market value of assets on line 2a does not equal assets shown on Schedule H, Schedule I or Form 5500-SF. Schedule H, Schedule I and Form 5500-SF use the full value of contributions received after plan year end. Line 2a includes the value of \$258,267 contributions received after the plan year end with a discounted value of \$256,918.

Schedule SB, Part V - Summary of Plan Provisions
REDLAND BRICK INC. PENSION PLAN
EIN 06-0954641 Plan No. 004

This report reflects the maximum benefit limits under Internal Revenue Code (IRC) Section 415 and maximum compensation limits under IRC Section 401 in effect on the first day of each plan year.

The following is a summary of plan provisions and does not alter the intent or meanings of the provisions contained in the contract or plan document. This report reflects the provisions of the plan signed 01/05/2012 including amendments through Number 3 signed 02/24/2014.

Plan Eligibility	
Service	One year of service. Effective July 11, 2011, no Nonunion participants may enter the plan. Effective December 16, 2013, no Union participants may enter or re-enter the plan.

Normal Retirement Benefit	
Age	Attained age 65.
Service	Five years of plan participation.
Form	Monthly annuity payable for life (optional forms may be elected in advance of retirement).
Amount (accrued benefit)	Union employees: \$10 times service period to September 1, 1987, plus \$15 times service September 1, 1987 to September 1, 1988, plus \$19 times service September 1, 1988 to September 1, 1989, plus \$21 times service September 1, 1989 to September 1, 1990, plus \$27 times service September 1, 1990 to September 1, 1993, plus \$31 times service September 1, 1993 to September 1, 1996, plus \$34 times service September 1, 1996 to September 1, 1999, plus \$35 times service September 1, 1999 to September 1, 2000, plus \$36 times service September 1, 2000 to September 1, 2004, plus \$39 times service September 1, 2004 to September 1, 2005, plus \$42 times service September 1, 2005 to September 1, 2006, plus \$44 times service September 1, 2006 to September 1, 2007, plus \$47 times service September 1, 2007 to September 1, 2008, plus \$49 times service September 1, 2008 to September 1, 2009, plus \$51 times service September 1, 2009 to March 1, 2014, plus \$28 times service on and after March 1, 2014

Non-Union employees:

The sum of (A) and (B):

(A) The sum of a), b), and c) less d):

- a) The accrued benefit as of December 31, 1988.
- b) 1.5% of average compensation determined on 08/31/2013 times service on and after 01/01/1989 and before 09/01/2013.
- c) .6% of average compensation in excess of the integration level determined on 08/31/2013 times service on and after January 1, 1989 and before 09/01/2013 (maximum 35 years of total employment service.)
- d) The accrued benefit earned under the Executive Non-Qualified Defined Benefit Plan of Redland Brick Inc.

(B) The sum of a) and b):

- a) .5% of average compensation times service on and after 09/01/2013.
- b).325% of average compensation in excess of the integration level times service on and after 09/01/2013 (maximum 35 years, counting service used in (A), above, first).

Schedule SB, Part V - Summary of Plan Provisions
REDLAND BRICK INC. PENSION PLAN
EIN 06-0954641 Plan No. 004

Early Retirement Benefit	
Age and service	Union: Attained age 57 with five years of accrual service. Non-Union: Attained age 55 with ten years of accrual service.
Form	Same as normal retirement benefit.
Amount	Accrued benefit on early retirement date reduced by 6% for each year that the early retirement date precedes normal retirement date. However, the portion of the benefit determined for Non-Union employees under the Victor Cushwa and Sons, Inc. Pension Plan prior to 12/31/1988 shall be actuarially reduced to reflect the fact that early retirement date precedes normal retirement date.

Late Retirement Benefit	
Age	No maximum age.
Form	Same as normal retirement benefit.
Amount	Greater of accrued benefit on normal retirement date actuarially increased to late retirement date or accrued benefit on late retirement date.

Termination Benefit	
Vesting Percentage	Union: 100% after five years of service. Non-Union: 20% after two years of service plus 20% per year for each year thereafter up to 100%.
Form	Same as normal retirement benefit with income deferred until normal retirement date.
Amount	Accrued benefit on date of termination multiplied by the vesting percentage.

Schedule SB, Part V - Summary of Plan Provisions
REDLAND BRICK INC. PENSION PLAN
EIN 06-0954641 Plan No. 004

Disability Benefit	
Eligibility	Non-Union participant.
Form	Monthly income payable until normal retirement, death, or recovery and a deferred annuity payable at the normal retirement date.
Amount	Accrued benefit on date of disability.
Survivor Annuity Death Benefit	
Greater of A or B below.	
A.	
Eligibility	Qualified married participant fully or partially vested in an accrued benefit.
Form	Monthly annuity payable to spouse, deferred to participant's earliest retirement date if later than the date of death.
Amount	If death occurs, the amount paid to the surviving spouse is equal to the amount that would have been paid had the participant terminated employment on the date of death and survived to his earliest retirement age, retired with a qualified joint and 50% survivor annuity in effect, then died the next day.
B.	
Eligibility	Active non-union participants or terminated married non-union participants.
Form	Lump sum payable to a participant's beneficiary.
Amount	The present value of the accrued benefit reduced for early retirement.

Definitions	
Average compensation	The monthly average of total pay received for the five consecutive years out of the 10 latest years prior to retirement date which gives the highest average.
Integration level	The monthly average of the social security taxable wage bases (in effect under Section 230 of the Social Security Act) for each year in the 35-year period ending with the year the employee attains social security retirement age.
Optional Forms of Benefit Payments	The optional forms of benefit payments are: • Monthly annuity payable for life, or 5, 10, or 15 years certain and life • Monthly annuity payable as a survivorship life annuity with survivorship percentages of 50, 66 2/3, or 100 • Single life annuity with modified cash refund of the Participant's Required Contribution Account • Single sum payment equal to the present value of the retirement benefit for the portion of the benefit earned while the participant was in the Victor Cushwa and Sons, Inc. Pension Plan.
	The optional form conversion basis is 7.5% interest and the mortality table in Revenue Ruling 95-6 for payments other than lump sums. The optional form conversion basis uses the applicable interest rate and applicable mortality table as set forth in Code Section 417 for lump sum payments. The applicable interest rate uses the second calendar month preceeding the first day of the stability period which is the plan year.

Changes in Principal Eligibility or Benefit Provisions

The actuarial valuation for this plan year recognized the following eligibility and/or benefit changes:

- A decrease in the union benefit formula for service on and after 03/01/2014.

The cost impact for this change was \$0 in Funding Target and \$42,061 in Target Normal Cost.

Significant Event

The enrolled actuary has not been made aware that any significant events have occurred during the year.

Schedule SB, Line 32 - Schedule of Amortization Bases
REDLAND BRICK INC. PENSION PLAN
EIN 06-0954641 Plan No. 004

Shortfall			
Date Created	Present Value	Remaining Years	Annual Charge
09/01/2014	\$(553,673)	7	\$(92,662)
09/01/2013	1,154,441	6	218,526
09/01/2012	(2,375,312)	5	(522,417)
09/01/2011	1,365,919	4	366,812
09/01/2010	465,646	3	162,832
09/01/2009	283,040	2	144,965
Total	\$340,061		\$278,056

Last year's total shortfall annual charge was \$370,718.

The total annual charge used in calculating your Annual Cost cannot be less than zero.

Waiver charges represent your repayment to the plan for an Annual Charge that was not funded. A waiver only exists once the Internal Revenue Service has granted approval. See [Waivers](#) in Rules and Regulations.

Waiver			
Date Created	Present Value	Remaining Years	Annual Charge
N/A	N/A	N/A	N/A

There are no waiver bases for the current year.

Redland Brick Inc. Pension Plan

Schedule H, Item 4j – Schedule of Reportable Transactions Year Ended August 31, 2015

Employer Identification Number: 06-0954641

Plan Number: 004

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Assets on Transaction Date	Net Gain or (Loss)
Series of transactions:						
The following has been certified by Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company, the former custodian, as complete and accurate:						
American Funds	American Funds Intermediate Bond Fund	\$ -	\$ 1,098,537	\$ 1,107,316	\$ 1,098,537	\$ (8,779)
American Funds	American Funds Intermediate Bond Fund	12,317	-	12,317	12,317	-
PIMCO	PIMCO Total Return A Fund	-	1,442,707	1,512,636	1,442,707	(69,929)
PIMCO	PIMCO Total Return A Fund	1,792	-	1,792	1,792	-
Ivy Asset	Ivy Asset Strategy A Fund	-	734,054	734,054	787,145	53,091
Ivy Asset	Ivy Asset Strategy A Fund	120,796	-	120,796	120,796	-
American Funds	American Funds Growth Fund of America	-	899,100	554,178	899,100	344,922
American Funds	American Funds Growth Fund of America	74,138	-	74,138	74,138	-
Eaton Vance	Eaton Vance Large-Cap Value A Fund	-	825,209	738,978	825,209	86,231
Eaton Vance	Eaton Vance Large-Cap Value A Fund	243,277	-	243,277	243,277	-
T. Rowe Price	T. Rowe Price Blue Chip Growth Advantage Fund	-	918,334	838,506	918,334	79,828
T. Rowe Price	T. Rowe Price Blue Chip Growth Advantage Fund	38,188	-	38,188	38,188	-
American Funds	American Funds Europacific Growth Fund	-	882,193	644,002	882,193	238,191
American Funds	American Funds Europacific Growth Fund	8,707	-	8,707	8,707	-
Vanguard	Vanguard International Value I	-	853,146	686,535	853,146	166,611
Vanguard	Vanguard International Value I	22,128	-	22,128	22,128	-

The following has been certified by Principal Life Insurance Company, the former custodian, as complete and accurate:

* Principal Life	Principal Money Market Separate Account	-	974,304	975,141	974,304	(837)
* Principal Life	Principal Money Market Separate Account	804,495	-	804,495	804,495	-
* Principal Life	Principal Bond Market Index Separate Account	-	3,062,497	2,960,933	3,062,497	101,564
* Principal Life	Principal Bond Market Index Separate Account	1,442,707	-	1,442,707	1,442,707	-

(Continued)

Redland Brick Inc. Pension Plan

Schedule H, Item 4j – Schedule of Reportable Transactions (Continued) Year Ended August 31, 2015

Employer Identification Number: 06-0954641

Plan Number: 004

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Assets on Transaction Date	Net Gain or (Loss)
Series of transactions (continued):						
The following has been certified by Fidelity Management Trust Company, the trustee, as complete and accurate:						
Cohen & Steers	Cohen & Steers Real Estate Security	\$ -	\$ 56,264	\$ 60,392	\$ 56,264	\$ (4,128)
Cohen & Steers	Cohen & Steers Real Estate Security	2,363,841	-	2,363,841	2,363,841	-
* Fidelity	Fidelity Government Income Fund	-	8,438	8,418	8,438	20
* Fidelity	Fidelity Government Income Fund	1,103,125	-	1,103,125	1,103,125	-
* Fidelity	Fidelity Spartan U.S. Bond Index Fund	-	21,074	57,084	57,074	(10)

Single transactions:

The following has been certified by Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company, the former custodian, as complete and accurate:

* Principal Life	General Investment Account	15,757,892	-	15,757,892	15,757,892	-
* Principal Life	General Investment Account	-	15,758,937	15,758,937	15,758,937	-
Eaton Vance	Eaton Vance Large-Cap Value A Fund	-	825,209	738,978	825,209	86,231

The following has been certified by Principal Life Insurance Company, the former custodian, as complete and accurate:

* Principal Life	Principal U.S. Property Separate Account	-	2,347,728	1,925,326	2,347,728	422,402
* Principal Life	Principal Large-Cap S&P 500 Index Separate Account	-	864,176	446,262	864,176	417,914

The following has been certified by Fidelity Management Trust Company, the trustee, as complete and accurate:

* Fidelity	Fidelity Government Income fund	1,000,852	-	1,000,852	1,000,852	-
* Fidelity	Fidelity Spartan U.S. Bond Index Fund	2,859,578		2,859,578	2,859,578	-

* Designates a party-in-interest.

Redland Brick Inc. Pension Plan

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

August 31, 2015

Employer Identification Number: 06-0954641

Plan Number: 004

(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	(d) Cost	(e) Current Value
		Mutual funds		
	American Funds	American Funds AMCAP Fund	\$ 785,179	\$ 744,651
	American Funds	American Funds EuroPacific Growth Fund	794,340	743,529
	Blackrock	Blackrock Inflation Protected Bond Fund	471,624	467,934
	Cohen & Steers	Cohen & Steer Real Estate Securities Fund	2,303,448	2,176,922
*	Fidelity	Fidelity Spartan 500 Index Fund	782,254	738,484
*	Fidelity	Fidelity Spartan International Market Index Fund	792,676	737,515
*	Fidelity	Fidelity Capital & Income Fund	316,641	309,295
*	Fidelity	Fidelity Contra Fund	786,494	740,507
*	Fidelity	Fidelity Diversified International Fund	798,291	740,517
*	Fidelity	Fidelity Government Income Fund	1,094,707	1,093,857
*	Fidelity	Fidelity Growth Company Fund	794,200	742,562
*	Fidelity	Fidelity Leveraged Company Stock Fund	787,348	738,754
*	Fidelity	Fidelity Small Cap Value Fund	155,017	150,161
*	Fidelity	Fidelity Spartan Short Term Treasury Bond Index Fund	313,100	313,127
	Loomis Sales	Loomis Sales Global Bond Fund	312,600	312,716
	Royce	Royce Special Equity Investment	157,753	153,376
*	Fidelity	Fidelity Spartan US Bond Index Fund	3,130,703	3,123,120
	T. Rowe Price	T. Rowe Price International Stock	797,518	737,827
	T. Rowe Price	T. Rowe Price New Era Fund	306,456	298,820
			<u>\$ 15,680,349</u>	<u>\$ 15,063,674</u>

* Designates a party-in-interest.

The above information has been certified by Fidelity Management Trust Company, the trustee, as complete and accurate.

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan REDLAND BRICK INC. PENSION PLAN	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF REDLAND BRICK INC.	D Employer Identification Number (EIN) 06-0954641
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I Basic Information			
1 Enter the valuation date: Month <u>09</u> Day <u>01</u> Year <u>2014</u>			
2 Assets:			
a Market value		2a	16174427
b Actuarial value		2b	15526088
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	87	7965324	7965324
b For terminated vested participants.....	89	2055853	2071669
c For active participants.....	95	5561646	5829156
d Total.....	271	15582823	15866149
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....		4b	
5 Effective interest rate	5	6.53 %	
6 Target normal cost	6	218981	

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	<u>MAC</u>	<u>05-17-2016</u>
Signature of actuary		Date
<u>Michael A. Carlson</u>		<u>1405860</u>
Type or print name of actuary		Most recent enrollment number
<u>Principal Financial Group</u>		<u>412-394-9331</u>
Firm name		Telephone number (including area code)
<u>PO Box 9394 Des Moines, IA 50306-9394</u>		
Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2014
v. 140124

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>13.48 %</u>	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		4199
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.36 %</u>		267
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		4466
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	97.85 %
15 Adjusted funding target attainment percentage	15	97.85 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	92.11 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/11/2014	111900	0	02/12/2016	74500	0
02/04/2015	111900	0	03/14/2016	125000	0
06/09/2015	111834	0	05/12/2016	76000	0
10/20/2015	111900	0			
12/15/2015	125000	0			
12/29/2015	1000000	0			
Totals ►			18(b)	1848034	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1713620

20 Quarterly contributions and liquidity shortfalls:**a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☒ No**c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
4.99 %2nd segment:
6.32 %3rd segment:
6.99 %☐ N/A, full yield curve used**b** Applicable month (enter code).....**21b**

4

22 Weighted average retirement age**22**

65

23 Mortality table(s) (see instructions) ☒ Prescribed - combined☐ Prescribed - separate☐ Substitute**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years**28**

0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....**29**

0

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)**30**

0

Part VIII Minimum Required Contribution For Current Year**31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6).....**31a**

218981

b Excess assets, if applicable, but not greater than line 31a**31b**

0

32 Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment.....

340061

278056

b Waiver amortization installment

0

0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount**33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..**34**

497037

Carryover balance

Prefunding balance

Total balance

35 Balances elected for use to offset funding requirement.....

0

0

0

36 Additional cash requirement (line 34 minus line 35).....**36**

497037

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)**37**

1713620

38 Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36)**38a**

1216583

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances**38b**

0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)**39**

0

40 Unpaid minimum required contributions for all years**40**

0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011**42** Amount of acceleration adjustment**42****43** Excess installment acceleration amount to be carried over to future plan years**43**

Redland Brick Inc. Pension Plan

Financial Report
August 31, 2015

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Independent Auditor's Report

To the Plan Sponsor's Board of Trustees and Plan Participants
Redland Brick Inc. Pension Plan
Williamsport, Maryland

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Redland Brick Inc. Pension Plan (the Plan), which comprise the statements of net assets available for benefits as of August 31, 2015 and 2014, the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of August 31, 2014, the statement of changes in accumulated plan benefits for the year then ended, 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 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 information summarized in Note 2, which was certified or provided by Fidelity Management Trust Company, the trustee of the Plan, and Principal Life Insurance Company and Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company, the former custodians of the Plan, except for comparing this information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the trustee and former custodians holds/held the Plan's assets and executes/executed transactions. The Plan Administrator has obtained a certification from the current trustee of the Plan, for the period from August 5, 2015, through August 31, 2015, and as of August 31, 2015, and the former custodians from September 1, 2014, through August 5, 2015, and as of and for the year ended August 31, 2014, that the information provided to the Plan Administrator by the current trustee and former custodians 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.

Emphasis of Matters

As discussed in Note 1 to the financial statements, in 2015, the entity adopted new accounting guidance related to disclosures for investments that calculate net asset value per share or its equivalent. Prior year disclosures have been revised to reflect the retrospective application of adopting this change in accounting. Our disclaimer of opinion is not modified with respect to this matter.

As discussed in Note 1, the Plan was amended to freeze Plan participation for union employees who are hired or re-hired on or after December 16, 2013, and to adjust union participants' earned benefit, effective March 1, 2014.

Other Matter – Supplemental Schedules

The supplemental schedule of assets (held at end of year) as of August 31, 2015, and the schedule of reportable transactions for the year ended August 31, 2015, are required by the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purposes of additional analysis and are not a required part of the financial statements. These supplemental schedules are the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified or provided by the custodians, 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 United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

RSM VS LLP

Frederick, Maryland
June 14, 2016

Redland Brick Inc. Pension Plan

**Statements of Net Assets Available for Benefits
August 31, 2015 and 2014**

	2015	2014
Assets		
Investments at fair value	\$ 15,063,674	\$ 15,917,508
Employer contribution receivable	111,900	258,267
Dividend receivable	8,709	-
Total assets	15,184,283	16,175,775
Liabilities		
Accrued expenses	-	10,221
Net assets available for benefits	\$ 15,184,283	\$ 16,165,554

See notes to financial statements.

Redland Brick Inc. Pension Plan

**Statements of Changes in Net Assets Available for Benefits
Years Ended August 31, 2015 and 2014**

	2015	2014
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	\$ -	\$ 1,768,307
Dividends	655,805	146,649
Net investment income	655,805	1,914,956
Employer contributions	447,534	688,068
Total additions	1,103,339	2,603,024
Deductions from net assets attributed to:		
Investment loss:		
Net depreciation in fair value of investments	1,118,118	-
Benefits paid to participants	934,297	810,583
Administrative expenses	32,195	73,193
Total deductions	2,084,610	883,776
Net (decrease) increase in net assets available for benefits	(981,271)	1,719,248
Net assets available for benefits:		
Beginning of year	16,165,554	14,446,306
End of year	\$ 15,184,283	\$ 16,165,554

See notes to financial statements.

Redland Brick Inc. Pension Plan

**Statement of Accumulated Plan Benefits
August 31, 2014**

Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving benefits	\$ 7,831,778
Inactive participants	2,126,922
Active participants	5,703,056
Assumptions related to RP-2014 Mortality Table with Scale MP-2015	824,116
	16,485,872
Nonvested benefits – active participants	270,599
Total actuarial present value of accumulated plan benefits	<u><u>\$ 16,756,471</u></u>

See notes to financial statements.

Redland Brick Inc. Pension Plan

**Statement of Changes in Accumulated Plan Benefits
Year Ended August 31, 2014**

Actuarial present value of accumulated plan benefits at the beginning of the year	<u>\$ 16,419,550</u>
Increase (decrease) during the year attributable to:	
Benefits accumulated and plan experience	354,662
Increase for interest due to decrease in the discount period	975,877
Benefits paid	(810,583)
Change in assumption related to RP-2014 Mortality Table with Scale MP-2015	<u>(183,035)</u>
Net increase	<u>336,921</u>
Actuarial present value of accumulated plan benefits at end of year	<u><u>\$ 16,756,471</u></u>

See notes to financial statements.

Redland Brick Inc. Pension Plan

Notes to Financial Statements

Note 1. Plan Description and Significant Accounting Policies

The following description of the Redland Brick Inc. Pension Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General: Effective September 1, 1998, the former Redland Brick Inc. Cushwa Plant Hourly Pension Plan and Redland Brick Inc. Defined Benefit Plan merged to form the new Redland Brick Inc. Pension Plan. The Plan is a noncontributory defined benefit pension plan covering certain employees of Redland Brick Inc. (the Company) who have met specific service requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective August 5, 2015, the Plan moved all trust, recordkeeping, and actuarial services from Principal Life Insurance Company and Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company, to Fidelity Management Trust Company.

Plan amendment: The Plan was amended to freeze Plan participation for union employees who are hired or re-hired on or after December 16, 2013, and to adjust union participants' earned benefit, effective March 1, 2014.

Pension benefits: Employees are eligible to participate in the Plan after completing one year of service, as defined in the Plan. Non-union participants are 20% vested in accrued benefits after two years of credited service and become 100% vested after six years of credited service. Union participants are not vested until they complete five years of credited service and then are 100% vested. Under the terms of the Plan, participants are eligible for normal retirement benefit payments upon reaching age 65; early retirement benefits are also available for union and non-union participants upon the attainment of age 57 and five years of credited service and age 55 and ten years of credited service, respectively. In addition to normal or early retirement, a participant is eligible to receive the vested portion of his or her account balance upon termination of employment due to disability. Pension benefits are determined by application of benefit factors to each year of credited service. Benefits are paid in the form of a life annuity for single participants and a 50% joint and survivor annuity for married participants. Optional forms of benefit payments may be elected by the participant provided that, if the participant is married, his or her spouse consents to the optional form of benefit payment.

Death benefit: If a participant is married and meets specific requirements, his or her spouse is eligible for a death benefit in the event of the participant's death. The death benefit is equal to the survivor benefit under the 50% survivor form.

A summary of the Plan's significant accounting policies follows:

Basis of accounting: The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP) requires management to make estimates and assumptions that affect the reported amounts of Plan assets available for benefits and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates. The Plan uses an actuary to determine the actuarial present value of accumulated plan benefits. A change in the actuarial assumptions used could significantly change the amount of the actuarial present value of accumulated plan benefits reported in the accompanying financial statements.

Redland Brick Inc. Pension Plan

Notes to Financial Statements

Note 1. Plan Description and Significant Accounting Policies (Continued)

Investment valuation and income recognition: 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. The Plan's management determines the Plan's valuation policies utilizing information provided by the custodians. See Note 3 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Net depreciation include the Plan's gains and losses on investments bought and sold as well as held during the year. Contributions are recognized in the year designated by the Plan Sponsor.

Actuarial present value of accumulated plan benefits: Accumulated plan benefits are future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service participants have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died, and (c) present participants or their beneficiaries. Plan benefits are based on various monthly pension rates multiplied by the participants' number of years of service.

The accumulated plan benefits for active participants are based on the number of years of service to the normal retirement date. Benefits payable under all circumstances – retirement, death and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by the Plan's actuary, and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, withdrawal or retirement) between the valuation date and the expected date of payment.

Significant actuarial assumptions used in the valuation as of September 1, 2014, were as follows:

- Life expectancy of participants: IRS Prescribed Mortality – Optional Combined Table for Small Plans – male and female was initially used to calculate the 2014 and 2013 current liability. The RP-2014 Mortality Tables with Scale MP-2015 was used to calculate a subsequent adjustment to the 2014 current liability.
- Retirement at normal retirement age of 65.
- The interest rate used for the present value of accumulated plan benefits is 6.50% for 2014 and 2013.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Redland Brick Inc. Pension Plan

Notes to Financial Statements

Note 1. Plan Description and Significant Accounting Policies (Continued)

The statement of accumulated plan benefits as of August 31, 2014, and statement of changes in accumulated plan benefits for the year then ended are presented from information provided by the actuary as of September 1, 2014. The Plan considered the impact of the RP-2014 Mortality Tables issued in October 2015 and recorded an adjustment to accumulated plan benefits. There were no other significant changes in the Plan's provisions or coverage that would impact the Plan's accumulated plan benefits or changes in accumulated plan benefits.

Payment of benefits: Benefit payments to participants or their beneficiaries are recorded when paid.

Administrative expenses: Company personnel perform various administrative services for the Plan, including limited maintenance of participant records. The amount of payroll and related overhead costs associated with these services are not included in the accompanying financial statements. Administrative expenses for Fidelity Management Trust Company (Fidelity), Principal Life Insurance Company (Principal Life), and Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company (Principal Trust) and Investment Advisory Service fees are paid by the Plan. Other expenses of the Plan are paid by the Company. Administrative expenses paid by the Plan for the years ended August 31, 2015 and 2014, totaled \$32,195 and \$73,193, respectively.

Accounting pronouncements adopted: In May 2015, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2015-07, *Fair Value Measurement (Topic 820): Disclosures for Investments in Certain Entities That Calculate Net Asset Value Per Share (or Its Equivalent)*. The amendments in this Update remove the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value per share practical expedient. However, sufficient information must be provided to permit reconciliation of the fair value of assets categorized within the fair value hierarchy to the amounts presented in the statement of financial position. The amendments also remove the requirement to make certain disclosures for all investments that are eligible to be measured at fair value using the net asset value per share practical expedient. The amendments in this Update are effective for non-public business entities for fiscal years beginning after December 15, 2016. Early adoption is permitted. Upon adoption, the amendments shall be applied retrospectively to all periods presented. The Plan adopted the Update for the 2015 Plan year and the Update was retroactively applied for August 31, 2014. Prior year disclosures in Note 3 have been revised to reflect the retrospective application. The impact of adopting this Update is reflected in Note 3.

In July 2015, the FASB issued ASU 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965) – (I) Fully Benefit-Responsive Investment Contracts, (II) Plan Investment Disclosures, and (III) Measurement Date Practical Expedient (a consensus of the FASB Emerging Issues Task Force)*. The purpose of this Update is to simplify plan accounting. The amendments in Part I of this Update designate contract value as the only required measure for direct investments in fully benefit-responsive investment contracts. Fully benefit-responsive investment contracts will be presented at contract value; accordingly there will no longer be an adjustment from fair value to contract value on the face of the financial statements. The amendments in Part II of this Update will eliminate the requirements for plans to disclose (1) individual investments that represent 5% or more of net assets available for benefits and (2) the net appreciation or depreciation for investments by general type for both participant-directed investments and nonparticipant directed investments. The net appreciation or depreciation in investments for the period will still be required to be presented in the aggregate. In addition, if an investment is measured using the net asset value per share (or its equivalent) practical expedient in Topic 820 and that investment is in a fund that files a U.S. Department of Labor Form 5500, *Annual Return/Report of Employee Benefit Plan*, as a direct filing entity, disclosure of that investment's strategy will no longer be required. The amendments in Part III of this Update reduce complexity in employee benefit plan accounting by providing a practical expedient that permits plans to measure investments and investment-related accounts as of a month-end that is closest to the Plan's fiscal year-end, when the fiscal period does not coincide with month-end.

Redland Brick Inc. Pension Plan

Notes to Financial Statements

Note 1. Plan Description and Significant Accounting Policies (Continued)

The Update may be adopted in whole or by part (I, II, and III), as applicable. The amendments in this Update are effective for fiscal years beginning after December 15, 2015. Early adoption is permitted. Upon adoption, the amendments in Parts I and II shall be applied retrospectively to all periods presented; the amendments in Part III shall be applied prospectively. The Plan adopted amendments in Part I and Part II of this Update for the 2015 Plan year, and amendments Part I and II were retrospectively applied to August 31, 2014. Prior year disclosures in Notes 2 and 3 have been revised to reflect the retrospective application. The impact of early adopting Parts I and II of this Update had no impact on the financial statements.

Accounting pronouncements not yet adopted: In June 2015, the FASB issued ASU 2015-10, *Technical Corrections and Improvements*, to correct difference between original guidance and the Accounting Standards Codification, clarify the guidance, correct references and make minor improvements affecting a variety of topics. The amendments in this update will generally be effective for fiscal periods beginning after December 15, 2015, except for amendments in this Update where there was no transition guidance which immediately effective upon issuance. The adoption of immediately effective amendments was not significant to these financial statements. The effect of adopting ASU 2015-10 on subsequent periods has not yet been determined.

Subsequent events: The Plan has evaluated subsequent events through June 14, 2016, the date the financial statements were available to be issued.

Note 2. Investments Certified and Provided by the Trustee and Custodians

The following is a summary of the Plan's asset information as of August 31, 2015 and 2014, and for the years then ended, included throughout the Plan's financial statements and supplemental schedule of assets (held at end of year) and schedule of reportable transactions that was prepared by or derived from information provided by the trustee and custodians of the Plan, and furnished to the Plan Administrator. The Plan Administrator has obtained a certification from Fidelity Management Trust Company (Fidelity), the current trustee that information provided to the Plan Administrator by the trustee related to the following assets as of and August 31, 2015, and for the period of August 5, 2015, through August 31, 2015, is complete and accurate. The Plan Administrator has obtained certifications from Principal Life Insurance Company (Principal Life) and Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company (Principal Trust), the former custodians of the Plan, that as of and for the year ended August 31, 2014, and for the period of September 1, 2014, through August 5, 2015, that information provided to the Plan Administrator related to the following assets is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the United States Department of Labor'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 information which appears throughout the financial statements and supplemental schedules related to the following assets:

	August 31,	
	2015	2014
Investments at fair value:		
Mutual funds, certified by Fidelity	\$ 15,063,674	\$ -
Mutual funds, certified by Principal Trust	-	11,265,539
Pooled separate accounts, certified by Principal Life	-	4,651,969
	<u>\$ 15,063,674</u>	<u>\$ 15,917,508</u>

Fidelity certified to the completeness and accuracy of \$623,925 of net depreciation in fair value of investments and \$8,709 of interest and dividends related to the aforementioned plan assets for the period of August 5, 2015, through August 31, 2015.

Redland Brick Inc. Pension Plan

Notes to Financial Statements

Note 2. Investments Certified and Provided by the Trustee and Custodians (Continued)

Principal Trust certified to the completeness and accuracy of \$843,727 of net depreciation in fair value of investments and \$647,096 of interest and dividends for the period of September 1, 2014, through August 5, 2015, and \$1,415,175 of net appreciation in fair value of investments and \$146,949 of interest and dividends for the year ended August 31, 2014.

Principal Life certified to the completeness and accuracy of \$349,534 and \$353,132 of net appreciation in fair value of investments for the period of September 1, 2014, through August 5, 2015, and for the year ended August 31, 2014, respectively.

Note 3. 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy 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 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 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.

Pooled separate accounts: Valued at the NAV of shares in each account held by the Plan at year-end. The net asset value is not a publicly-quoted price in an active market. The NAV, as provided by the insurance carrier, is used as a practical expedient to estimating fair value.

Redland Brick Inc. Pension Plan

Notes to Financial Statements

Note 3. Fair Value Measurements (Continued)

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 could result in a different fair value measurement at the reporting date.

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

Description	Assets at Fair Value as of August 31, 2015			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 15,063,674	\$ -	\$ -	\$ 15,063,674

Description	Assets at Fair Value as of August 31, 2014			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 11,265,539	\$ -	\$ -	\$ 11,265,539
Investments measured at NAV (a)				4,651,969
				<u>\$ 15,917,508</u>

(a) In accordance with Subtopic 820-10, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

The following table sets forth additional disclosures of the Plan's investments whose fair value is estimated using NAV per share (or its equivalent) as of August 31, 2015 and 2014:

Investment	Fair Value Estimated Using NAV Per Share				
	Fair Value		Unfunded Commitment	Redemption Frequency	Redemption Notice Period
	2015	2014			
Pooled separate accounts:					
Equity funds	\$ -	\$ 2,903,520	None	Immediately	None
Fixed income funds	-	1,748,449	None	Immediately	None
	<u>\$ -</u>	<u>\$ 4,651,969</u>			

To assess the appropriate classification of investments within the fair value hierarchy, the availability of market data is monitored. Changes in economic conditions or 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. Plan management evaluates the significant transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the year ended August 31, 2015, there were no significant transfers in or out of Levels 1, 2 or 3.

Redland Brick Inc. Pension Plan

Notes to Financial Statements

Note 4. 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 the investment securities will occur in the near term and such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Note 5. Plan Termination

Although it has not expressed any intention to do so, the Company maintains the right to discontinue its contributions and to terminate the Plan at any time. All employees are 100% vested in benefits earned upon the Plan's termination. Under provisions of ERISA, if the Plan is terminated, the Company may be obligated to make termination payments to the Plan and participants may be eligible for continuation of benefits under insurance provided by the Pension Benefit Guaranty Corporation (PBGC). In the event of termination of the Plan, Plan assets are to be allocated under the terms of the Plan in the following order of precedence: (a) to pay all expenses, fees and other charges under the Plan not previously paid by the Company; (b) to provide benefits called for under the Plan for those retired participants or beneficiaries who have been receiving monthly payments for three years or who have been eligible to receive such payments for three years; (c) to provide other benefits called for under the Plan that are guaranteed by the PBGC; (d) to provide all other benefits that are deemed nonforfeitable; (e) to provide all other benefits under the Plan; and (f) to return any remaining assets to the Company.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. There is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For plan terminations occurring during 2015, that ceiling is \$5,011 per month. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan Sponsor and the level of benefits guaranteed by the PBGC.

Redland Brick Inc. Pension Plan

Notes to Financial Statements

Note 6. Funding Policy

The Company's funding policy is to make contributions to the Plan in an amount necessary to maintain the Plan on a sound actuarial basis, in accordance with recommendations from the actuary, such that all employees' benefits will be fully provided for by the time they retire. Contributions for the years ended August 31, 2015 and 2014, were \$447,534 and \$688,068, respectively.

The Plan's funding met the requirements of ERISA and the Internal Revenue Code (IRC) for the years ended August 31, 2015 and 2014. The Plan's funding level was determined to be 98% of the funding target as of September 1, 2014. As a result, there are no restrictions or limitations on distributions.

Note 7. Related Party and Parties-in-Interest Transactions

Certain Plan investments were units of pooled separate accounts managed by Principal Life Insurance Company. Principal Life was a custodian of the Plan. Therefore, these transactions qualified as party-in-interest transactions which are exempt from the prohibited transaction rules of ERISA. Fees paid by the Plan to Principal Life for the recordkeeping services amounted to \$11,250 and \$12,900 for the years ended August 31, 2015 and 2014, respectively. The Plan also paid \$30,891 and \$60,293 for investment advisory services to an unrelated organization for the years ended August 31, 2015 and 2014, respectively.

Fidelity Management Trust Company is the trustee of the Plan; therefore, transactions with the trustee qualify as party-in-interest transactions. Fees paid by the Plan to the trustee totaled \$26 for the period from August 5, 2015, through August 31, 2015. The Sponsor also paid certain administrative expenses of the Plan.

Note 8. Income Tax Status

Effective September 1, 2011, the Plan was amended and restated. The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated February 19, 2013, that the Redland Brick Inc. Pension Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since the determination letter was received, the Plan Administrator believes that the Plan is designed and is currently operated in compliance with the applicable requirements of the IRC.

GAAP requires Plan management to evaluate tax positions taken by the Plan, and recognize a tax liability (or asset) if the Plan has taken any uncertain tax positions that more-likely-than-not would not be sustained upon examination by a tax authority. The Plan is subject to routine audits by taxing jurisdiction; however, there are currently no audits for any tax periods in progress. With few exceptions, the Plan Administrator believes the Plan is no longer subject to income tax examinations by the U.S. federal, state, or local tax authorities for years before 2011.

Redland Brick Inc. Pension Plan

Notes to Financial Statements

Note 9. Reconciliation of the Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

	Years Ended August 31,	
	2015	2014
Net assets available for benefits per the financial statements	\$ 15,184,283	\$ 16,165,554
Employer contributions receivable	(111,900)	-
Accrued expenses	-	10,221
Net assets per the Form 5500	<u>\$ 15,072,383</u>	<u>\$ 16,175,775</u>

The following is a reconciliation of net (decrease) increase in net assets available for benefits per the financial statements to the Form 5500:

	Years Ended August 31,	
	2015	2014
Net (decrease) increase in net assets available for benefits	\$ (981,271)	\$ 1,719,248
Contributions receivable, current year	(111,900)	-
Accrued expenses, prior year	(10,221)	(9,603)
Accrued expenses, current year	-	10,221
Net (loss) income per Form 5500	<u>\$ (1,103,392)</u>	<u>\$ 1,719,866</u>

Redland Brick Inc. Pension Plan

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

August 31, 2015

Employer Identification Number: 06-0954641

Plan Number: 004

(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	(d) Cost	(e) Current Value
		Mutual funds		
	American Funds	American Funds AMCAP Fund	\$ 785,179	\$ 744,651
	American Funds	American Funds EuroPacific Growth Fund	794,340	743,529
	Blackrock	Blackrock Inflation Protected Bond Fund	471,624	467,934
	Cohen & Steers	Cohen & Steer Real Estate Securities Fund	2,303,448	2,176,922
*	Fidelity	Fidelity Spartan 500 Index Fund	782,254	738,484
*	Fidelity	Fidelity Spartan International Market Index Fund	792,676	737,515
*	Fidelity	Fidelity Capital & Income Fund	316,641	309,295
*	Fidelity	Fidelity Contra Fund	786,494	740,507
*	Fidelity	Fidelity Diversified International Fund	798,291	740,517
*	Fidelity	Fidelity Government Income Fund	1,094,707	1,093,857
*	Fidelity	Fidelity Growth Company Fund	794,200	742,562
*	Fidelity	Fidelity Leveraged Company Stock Fund	787,348	738,754
*	Fidelity	Fidelity Small Cap Value Fund	155,017	150,161
*	Fidelity	Fidelity Spartan Short Term Treasury Bond Index Fund	313,100	313,127
	Loomis Sales	Loomis Sales Global Bond Fund	312,600	312,716
	Royce	Royce Special Equity Investment	157,753	153,376
*	Fidelity	Fidelity Spartan US Bond Index Fund	3,130,703	3,123,120
	T. Rowe Price	T. Rowe Price International Stock	797,518	737,827
	T. Rowe Price	T. Rowe Price New Era Fund	306,456	298,820
			<u>\$ 15,680,349</u>	<u>\$ 15,063,674</u>

* Designates a party-in-interest.

The above information has been certified by Fidelity Management Trust Company, the trustee, as complete and accurate.

Redland Brick Inc. Pension Plan

Schedule H, Item 4j – Schedule of Reportable Transactions Year Ended August 31, 2015

Employer Identification Number: 06-0954641

Plan Number: 004

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Assets on Transaction Date	Net Gain or (Loss)
Series of transactions:						
The following has been certified by Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company, the former custodian, as complete and accurate:						
American Funds	American Funds Intermediate Bond Fund	\$ -	\$ 1,098,537	\$ 1,107,316	\$ 1,098,537	\$ (8,779)
American Funds	American Funds Intermediate Bond Fund	12,317	-	12,317	12,317	-
PIMCO	PIMCO Total Return A Fund	-	1,442,707	1,512,636	1,442,707	(69,929)
PIMCO	PIMCO Total Return A Fund	1,792	-	1,792	1,792	-
Ivy Asset	Ivy Asset Strategy A Fund	-	734,054	734,054	787,145	53,091
Ivy Asset	Ivy Asset Strategy A Fund	120,796	-	120,796	120,796	-
American Funds	American Funds Growth Fund of America	-	899,100	554,178	899,100	344,922
American Funds	American Funds Growth Fund of America	74,138	-	74,138	74,138	-
Eaton Vance	Eaton Vance Large-Cap Value A Fund	-	825,209	738,978	825,209	86,231
Eaton Vance	Eaton Vance Large-Cap Value A Fund	243,277	-	243,277	243,277	-
T. Rowe Price	T. Rowe Price Blue Chip Growth Advantage Fund	-	918,334	838,506	918,334	79,828
T. Rowe Price	T. Rowe Price Blue Chip Growth Advantage Fund	38,188	-	38,188	38,188	-
American Funds	American Funds Europacific Growth Fund	-	882,193	644,002	882,193	238,191
American Funds	American Funds Europacific Growth Fund	8,707	-	8,707	8,707	-
Vanguard	Vanguard International Value I	-	853,146	686,535	853,146	166,611
Vanguard	Vanguard International Value I	22,128	-	22,128	22,128	-

The following has been certified by Principal Life Insurance Company, the former custodian, as complete and accurate:

* Principal Life	Principal Money Market Separate Account	-	974,304	975,141	974,304	(837)
* Principal Life	Principal Money Market Separate Account	804,495	-	804,495	804,495	-
* Principal Life	Principal Bond Market Index Separate Account	-	3,062,497	2,960,933	3,062,497	101,564
* Principal Life	Principal Bond Market Index Separate Account	1,442,707	-	1,442,707	1,442,707	-

(Continued)

Redland Brick Inc. Pension Plan

Schedule H, Item 4j – Schedule of Reportable Transactions (Continued) Year Ended August 31, 2015

Employer Identification Number: 06-0954641

Plan Number: 004

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Assets on Transaction Date	Net Gain or (Loss)
Series of transactions (continued):						
The following has been certified by Fidelity Management Trust Company, the trustee, as complete and accurate:						
Cohen & Steers	Cohen & Steers Real Estate Security	\$ -	\$ 56,264	\$ 60,392	\$ 56,264	\$ (4,128)
Cohen & Steers	Cohen & Steers Real Estate Security	2,363,841	-	2,363,841	2,363,841	-
* Fidelity	Fidelity Government Income Fund	-	8,438	8,418	8,438	20
* Fidelity	Fidelity Government Income Fund	1,103,125	-	1,103,125	1,103,125	-
* Fidelity	Fidelity Spartan U.S. Bond Index Fund	-	21,074	57,084	57,074	(10)

Single transactions:

The following has been certified by Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company, the former custodian, as complete and accurate:

* Principal Life	General Investment Account	15,757,892	-	15,757,892	15,757,892	-
* Principal Life	General Investment Account	-	15,758,937	15,758,937	15,758,937	-
Eaton Vance	Eaton Vance Large-Cap Value A Fund	-	825,209	738,978	825,209	86,231

The following has been certified by Principal Life Insurance Company, the former custodian, as complete and accurate:

* Principal Life	Principal U.S. Property Separate Account	-	2,347,728	1,925,326	2,347,728	422,402
* Principal Life	Principal Large-Cap S&P 500 Index Separate Account	-	864,176	446,262	864,176	417,914

The following has been certified by Fidelity Management Trust Company, the trustee, as complete and accurate:

* Fidelity	Fidelity Government Income fund	1,000,852	-	1,000,852	1,000,852	-
* Fidelity	Fidelity Spartan U.S. Bond Index Fund	2,859,578		2,859,578	2,859,578	-

* Designates a party-in-interest.