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| <b>Form 5500</b><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.5em; font-weight: bold;">2015</div><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                |                                                                                                                                                                                    |                                            |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                |                                                                                                                                                                                    |                                            |
| For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u> |                                                                |                                                                                                                                                                                    |                                            |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan;                 | <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or |                                            |
|                                                                                                          | <input checked="" type="checkbox"/> a single-employer plan;    | <input type="checkbox"/> a DFE (specify) _____                                                                                                                                     |                                            |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report;              | <input type="checkbox"/> the final return/report;                                                                                                                                  |                                            |
|                                                                                                          | <input type="checkbox"/> an amended return/report;             | <input type="checkbox"/> a short plan year return/report (less than 12 months).                                                                                                    |                                            |
| <b>C</b> If the plan is a collectively-bargained plan, check here. ....                                  | <input type="checkbox"/>                                       |                                                                                                                                                                                    |                                            |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558;                 | <input type="checkbox"/> automatic extension;                                                                                                                                      | <input type="checkbox"/> the DFVC program; |
|                                                                                                          | <input type="checkbox"/> special extension (enter description) |                                                                                                                                                                                    |                                            |

|                                                                                                                                                                                                                                                               |                                                                |                                                |                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|------------------------------------------------|---------------------|
| <b>Part II</b>                                                                                                                                                                                                                                                | <b>Basic Plan Information</b> —enter all requested information |                                                |                     |
| <b>1a</b> Name of plan                                                                                                                                                                                                                                        | <u>ALEXANDER LUMBER CO. RETIREMENT PLAN</u>                    | <b>1b</b> Three-digit plan number (PN) ▶       | <u>001</u>          |
|                                                                                                                                                                                                                                                               |                                                                | <b>1c</b> Effective date of plan               | <u>12/31/1963</u>   |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) |                                                                |                                                |                     |
| <u>ALEXANDER LUMBER CO.</u>                                                                                                                                                                                                                                   |                                                                |                                                |                     |
| <u>PO BOX 831</u><br><u>AURORA, IL 60507</u>                                                                                                                                                                                                                  | <u>515 REDWOOD DRIVE</u><br><u>AURORA, IL 60507</u>            | <b>2b</b> Employer Identification Number (EIN) | <u>36-0715495</u>   |
|                                                                                                                                                                                                                                                               |                                                                | <b>2c</b> Plan Sponsor's telephone number      | <u>630-844-5123</u> |
|                                                                                                                                                                                                                                                               |                                                                | <b>2d</b> Business code (see instructions)     | <u>444190</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.

|                                                                                                 |                                                   |            |                                                              |
|-------------------------------------------------------------------------------------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                | Filed with authorized/valid electronic signature. | 10/13/2016 | THOMAS S ALEXANDER                                           |
|                                                                                                 | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>                                                                                |                                                   |            |                                                              |
|                                                                                                 | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b>                                                                                |                                                   |            |                                                              |
|                                                                                                 | 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) |                                                   |            | Preparer's telephone number                                  |
|                                                                                                 |                                                   |            |                                                              |

|                                                                                                                                                                                                                   |                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                          | <b>3b</b> Administrator's EIN              |
|                                                                                                                                                                                                                   | <b>3c</b> Administrator's telephone number |
|                                                                                                                                                                                                                   |                                            |
| <b>4</b> 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:<br><b>a</b> Sponsor's name | <b>4b</b> EIN<br><b>4c</b> PN              |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                           | <b>5</b> 638                               |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                  |                                            |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year.....                                                                                                                            | <b>6a(1)</b> 144                           |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                 | <b>6a(2)</b> 123                           |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                | <b>6b</b> 210                              |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                 | <b>6c</b> 252                              |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                       | <b>6d</b> 585                              |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                                                                                         | <b>6e</b> 44                               |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                           | <b>6f</b> 629                              |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                   | <b>6g</b>                                  |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                       | <b>6h</b> 1                                |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                              | <b>7</b>                                   |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br><b>1A</b>                                         |                                            |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                       |                                            |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                                          | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                        |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>a Pension Schedules</b><br><b>(1)</b> <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><b>(2)</b> <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><b>(3)</b> <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | <b>b General Schedules</b><br><b>(1)</b> <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br><b>(2)</b> <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br><b>(3)</b> <input type="checkbox"/> <b>A</b> (Insurance Information)<br><b>(4)</b> <input type="checkbox"/> <b>C</b> (Service Provider Information)<br><b>(5)</b> <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br><b>(6)</b> <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |

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|                 |                                                                                   |
|-----------------|-----------------------------------------------------------------------------------|
| <b>Part III</b> | <b>Form M-1 Compliance Information (to be completed by welfare benefit plans)</b> |
|-----------------|-----------------------------------------------------------------------------------|

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**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.

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

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**11c** Enter the Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 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 \_\_\_\_\_

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|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                   |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE SB<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Single-Employer Defined Benefit Plan<br/>Actuarial Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2015</div> <div>This Form is Open to Public Inspection</div> |
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

▶ 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.

|                                                                                                  |                                                             |
|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>A</b> Name of plan<br>ALEXANDER LUMBER CO. RETIREMENT PLAN                                    | <b>B</b> Three-digit plan number (PN) ▶ 001                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>ALEXANDER LUMBER CO. | <b>D</b> Employer Identification Number (EIN)<br>36-0715495 |

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|

**Part I Basic Information**

|                                                                                                                                                                                                                 |                            |                           |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| <b>1</b> Enter the valuation date: Month 01 Day 01 Year 2015                                                                                                                                                    |                            |                           |                          |
| <b>2</b> Assets:                                                                                                                                                                                                |                            |                           |                          |
| <b>a</b> Market value .....                                                                                                                                                                                     | <b>2a</b>                  | 30858187                  |                          |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b>                  | 29757067                  |                          |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                             | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment .....                                                                                                                                     | 248                        | 13811548                  | 13811548                 |
| <b>b</b> For terminated vested participants .....                                                                                                                                                               | 245                        | 7818384                   | 7818384                  |
| <b>c</b> For active participants .....                                                                                                                                                                          | 144                        | 6060990                   | 6566563                  |
| <b>d</b> Total .....                                                                                                                                                                                            | 637                        | 27690922                  | 28196495                 |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) .....                                                                                                                   | <input type="checkbox"/>   |                           |                          |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | <b>4a</b>                  |                           |                          |
| <b>b</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 ..... | <b>4b</b>                  |                           |                          |
| <b>5</b> Effective interest rate .....                                                                                                                                                                          | <b>5</b>                   | 6.35%                     |                          |
| <b>6</b> Target normal cost .....                                                                                                                                                                               | <b>6</b>                   | 317798                    |                          |

**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.

|                                                              |  |                                        |
|--------------------------------------------------------------|--|----------------------------------------|
| <b>SIGN HERE</b>                                             |  | 10/28/2016                             |
| Signature of actuary                                         |  | Date                                   |
| MATTHEW PLOTHOW                                              |  | 14-07302                               |
| Type or print name of actuary                                |  | Most recent enrollment number          |
| TOWERS WATSON DELAWARE, INC.                                 |  | 312-525-2500                           |
| Firm name                                                    |  | Telephone number (including area code) |
| 191 NORTH WACKER DRIVE, SUITE 2100<br>CHICAGO, IL 60606-1615 |  |                                        |
| 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) .....                                                          |                       |                        |
| 8                                                           | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                       |                       |                        |
| 9                                                           | Amount remaining (line 7 minus line 8) .....                                                                                                             |                       |                        |
| 10                                                          | Interest on line 9 using prior year's actual return of <u>8.13</u> % .....                                                                               |                       |                        |
| 11                                                          | Prior year's excess contributions to be added to prefunding balance:                                                                                     |                       |                        |
| a                                                           | Present value of excess contributions (line 38a from prior year) .....                                                                                   |                       | 1526352                |
| 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>6.52</u> % ..... |                       | 99518                  |
| b(2)                                                        | Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       |                        |
| c                                                           | Total available at beginning of current plan year to add to prefunding balance .....                                                                     |                       | 1625870                |
| d                                                           | Portion of (c) to be added to prefunding balance .....                                                                                                   |                       |                        |
| 12                                                          | Other reductions in balances due to elections or deemed elections .....                                                                                  |                       |                        |
| 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 | 105.53 % |
| 15                           | Adjusted funding target attainment percentage .....                                                                                                              | 15 | 105.53 % |
| 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 | 94.53 %  |
| 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<br>(MM-DD-YYYY)                                                          | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 01/13/2016                                                                        | 450000                            | 0                               |                          |                                   |                                 |
| 04/19/2016                                                                        | 450000                            | 0                               |                          |                                   |                                 |
| 05/25/2016                                                                        | 450000                            | 0                               |                          |                                   |                                 |
| 09/06/2016                                                                        | 450000                            | 0                               |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 | Totals ►                 | 18(b)                             | 1800000                         |
|                                                                                   |                                   |                                 |                          | 18(c)                             |                                 |

|                                                                                                                               |                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| 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                                                                 |
| b Contributions made to avoid restrictions adjusted to valuation date .....                                                   | 19b                                                                 |
| c Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....              | 19c                                                                 |
| 20 Quarterly contributions and liquidity shortfalls:                                                                          |                                                                     |
| a Did the plan have a "funding shortfall" for the prior year? .....                                                           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....              | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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                                                             |

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

|                                                                                                                                                                                              |                        |                        |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.72 % | 2nd segment:<br>6.11 % | 3rd segment:<br>6.81 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....                                                                                                                                                  |                        |                        |                        | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                        |                        |                        | <b>22</b> 65                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                        |                                                     |

**Part VI Miscellaneous Items**

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

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

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

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6) .....                                                                                                                                           | <b>31a</b>          | 317798             |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 317798             |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance |                    | Installment   |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                |                     |                    |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       |                     |                    |               |
| <b>33</b> 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 ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...                                                            | <b>34</b>           |                    |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                                |                     |                    |               |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>           |                    |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>           | 1656259            |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          | 1656259            |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          |                    |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           |                    |               |
| <b>40</b> Unpaid minimum required contributions for all years.....                                                                                                                   | <b>40</b>           |                    |               |

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

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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2015</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2015 or fiscal plan year beginning <b>01/01/2015</b> and ending <b>12/31/2015</b>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                                          |
| <b>A</b> Name of plan<br><b>ALEXANDER LUMBER CO. RETIREMENT PLAN</b>                                                                                                                                                                                                     | <b>B</b> Three-digit plan number (PN) <b>►</b>                                                                                                                                                                                                                               | <b>001</b>                                                                                               |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>ALEXANDER LUMBER CO.</b>                                                                                                                                                                             | <b>D</b> Employer Identification Number (EIN)<br><b>36-0715495</b>                                                                                                                                                                                                           |                                                                                                          |

| Part I Asset and Liability Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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 |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>    | 52542                 |                 |
| <b>(2)</b> Participant contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>    | 13144                 | 14440           |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>    | 453172                | 966751          |
| <b>(2)</b> U.S. Government securities.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b> | 33566                 |                 |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b> | 3143761               | 3728908         |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>   | 8066094               | 8267823         |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(15)</b>   | 17489003              | 16297316        |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 29251282              | 29275238        |

**Liabilities**

|                                                                           |           |  |  |
|---------------------------------------------------------------------------|-----------|--|--|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |  |  |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |  |  |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |  |  |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |  |  |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> |  |  |

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 29251282 | 29275238 |
|-----------------------------------------------------------|-----------|----------|----------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a</b> Contributions:                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 1647456    |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 1647456   |
| <b>b</b> Earnings on investments:                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 527        |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> | 125942     |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                                     | <b>2b(1)(G)</b> |            | 126469    |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> | 3779       |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> | 90646      |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 14570      |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                         | <b>2b(2)(D)</b> |            | 108995    |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 8633631    |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> | 8818444    |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | -184813   |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> | -417656    |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | -417656   |

|                                                                                                 |        | (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) |            | -115801   |
| c Other income .....                                                                            | 2c     |            | 334397    |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 1499047   |

**Expenses****e** Benefit payment and payments to provide benefits:

|                                                                                      |       |         |         |
|--------------------------------------------------------------------------------------|-------|---------|---------|
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 1472173 |         |
| (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) |         | 1472173 |
| f Corrective distributions (see instructions) .....                                  | 2f    |         |         |
| g Certain deemed distributions of participant loans (see instructions) .....         | 2g    |         |         |
| h Interest expense .....                                                             | 2h    |         |         |
| i Administrative expenses: (1) Professional fees .....                               | 2i(1) |         |         |
| (2) Contract administrator fees .....                                                | 2i(2) |         |         |
| (3) Investment advisory and management fees .....                                    | 2i(3) | 2918    |         |
| (4) Other .....                                                                      | 2i(4) |         |         |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                 | 2i(5) |         | 2918    |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    |         | 1475091 |

**Net Income and Reconciliation**

|                                                          |       |  |       |
|----------------------------------------------------------|-------|--|-------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 23956 |
| 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: PASQUESI SHEPPARD, LLC

(2) EIN: 36-4049282

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

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

**Part IV Compliance Questions**

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

During the plan year:

|                                                                                                                                                                                                                                                                                                                  | Yes | No                                  | N/A | Amount |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------------------------------------|-----|--------|
| <b>a</b> 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.) .....                 |     | <input checked="" type="checkbox"/> |     |        |
| <b>b</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.) ..... |     | <input checked="" type="checkbox"/> |     |        |

|                                                                                                                                                                                                                         | Yes | No | N/A | Amount |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|-----|--------|
| <b>c</b> 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  |     |        |
| <b>d</b> 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  |     |        |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                      | X   |    |     | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?                                                                                       |     | X  |     |        |
| <b>g</b> 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  |     |        |
| <b>h</b> 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  |     |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)                                                                | X   |    |     |        |
| <b>j</b> 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  |     |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?                                                           |     | X  |     |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                            |     | X  |     |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                  |     | X  |     |        |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.                                     |     | X  |     |        |
| <b>o</b> Did the plan trust incur unrelated business taxable income?                                                                                                                                                    |     |    |     |        |
| <b>p</b> Were in-service distributions made during the plan year?                                                                                                                                                       |     |    |     |        |

**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

|                                        |                                                     |
|----------------------------------------|-----------------------------------------------------|
| <b>6a</b> Name of trust                | <b>6b</b> Trust's EIN                               |
| <b>6c</b> Name of trustee or custodian | <b>6d</b> Trustee's or custodian's telephone number |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2015</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

|                                                                                              |                                                                    |
|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>ALEXANDER LUMBER CO. RETIREMENT PLAN</u>                         | <b>B</b> Three-digit plan number (PN) ▶<br><u>001</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>ALEXANDER LUMBER CO.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>36-0715495</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                                                                                       |          |          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                                                                 | <b>1</b> |          |
| <b>2</b> 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):<br><br>EIN(s): _____<br><br><b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b> |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                                                                                       | <b>3</b> | <u>0</u> |

|                |                                                                                                                                                                              |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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) |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                           |                              |                                        |                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....                                                                                                                                                                                                                                                      | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>If the plan is a defined benefit plan, go to line 8.</b>                                                                                                                                                                                                                                                                                                               |                              |                                        |                              |
| <b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____<br><b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b> |                              |                                        |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                                            | <b>6a</b>                    |                                        |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                                | <b>6b</b>                    |                                        |                              |
| <b>c</b> 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).....                                                                                                                                                                                                                           | <b>6c</b>                    |                                        |                              |
| <b>If you completed line 6c, skip lines 8 and 9.</b>                                                                                                                                                                                                                                                                                                                      |                              |                                        |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A |
| <b>8</b> 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? .....                                                                                               | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                             |                                   |                                   |                               |                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|
| <b>9</b> 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. .... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input checked="" type="checkbox"/> No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

Schedule R (Form 5500) 2015  
v. 150123

**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): \_\_\_\_\_

|           |                                                                                                                                                                                                                                                      |            |  |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>14</b> | Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:                                                                                                                    |            |  |
|           | <b>a</b> The current year .....                                                                                                                                                                                                                      | <b>14a</b> |  |
|           | <b>b</b> The plan year immediately preceding the current plan year .....                                                                                                                                                                             | <b>14b</b> |  |
|           | <b>c</b> The second preceding plan year .....                                                                                                                                                                                                        | <b>14c</b> |  |
| <b>15</b> | 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:                                                                         |            |  |
|           | <b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....                                                                                                                                                | <b>15a</b> |  |
|           | <b>b</b> The corresponding number for the second preceding plan year .....                                                                                                                                                                           | <b>15b</b> |  |
| <b>16</b> | Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                 |            |  |
|           | <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                             | <b>16a</b> |  |
|           | <b>b</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 .....                                                                               | <b>16b</b> |  |
| <b>17</b> | 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. .... <input type="checkbox"/> |            |  |

|                |                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------|
| <b>Part VI</b> | <b>Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans</b> |
|----------------|---------------------------------------------------------------------------------------------------|

|           |                                                                                                                                                                                                                                                                                                                                                                                                       |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>18</b> | 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 ..... <input type="checkbox"/> |
| <b>19</b> | If the total number of participants is 1,000 or more, complete lines (a) through (c)                                                                                                                                                                                                                                                                                                                  |
|           | <b>a</b> Enter the percentage of plan assets held as:<br>Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%                                                                                                                                                                                                                                        |
|           | <b>b</b> Provide the average duration of the combined investment-grade and high-yield debt:<br><input type="checkbox"/> 0-3 years <input type="checkbox"/> 3-6 years <input type="checkbox"/> 6-9 years <input type="checkbox"/> 9-12 years <input type="checkbox"/> 12-15 years <input type="checkbox"/> 15-18 years <input type="checkbox"/> 18-21 years <input type="checkbox"/> 21 years or more  |
|           | <b>c</b> What duration measure was used to calculate line 19(b)?<br><input type="checkbox"/> Effective duration <input type="checkbox"/> Macaulay duration <input type="checkbox"/> Modified duration <input type="checkbox"/> Other (specify): _____                                                                                                                                                 |

|                 |                                 |
|-----------------|---------------------------------|
| <b>Part VII</b> | <b>IRS Compliance Questions</b> |
|-----------------|---------------------------------|

|                                                                                                                                                                                                                                                                                |                                                          |                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|
| <b>20a</b> Is the plan a 401(k) plan? .....                                                                                                                                                                                                                                    | <input type="checkbox"/> Yes                             | <input type="checkbox"/> No                              |
| <b>20b</b> If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? .....                                                              | <input type="checkbox"/> Design-based safe harbor method | <input type="checkbox"/> ADP/ACP test                    |
| <b>20c</b> If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))? .....                   | <input type="checkbox"/> Yes                             | <input type="checkbox"/> No                              |
| <b>21a</b> Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b): .....                                                                                                                                              | <input type="checkbox"/> Ratio percentage test           | <input type="checkbox"/> Average benefit test            |
| <b>21b</b> Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? .....                                                                           | <input type="checkbox"/> Yes                             | <input type="checkbox"/> No                              |
| <b>22a</b> Has the plan been timely amended for all required tax law changes? .....                                                                                                                                                                                            | <input type="checkbox"/> Yes                             | <input type="checkbox"/> No <input type="checkbox"/> N/A |
| <b>22b</b> Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____. (See instructions for tax law changes and codes).                                                                            |                                                          |                                                          |
| <b>22c</b> If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number _____. |                                                          |                                                          |
| <b>22d</b> If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.                                                                           |                                                          |                                                          |
| <b>23</b> Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)? .....                               | <input type="checkbox"/> Yes                             | <input type="checkbox"/> No                              |



PASQUESI  
SHEPPARD LLC

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ACCOUNTANTS AND CONSULTANTS

ALEXANDER LUMBER CO.  
RETIREMENT PLAN

FINANCIAL STATEMENTS  
DECEMBER 31, 2015 AND 2014

TOGETHER WITH INDEPENDENT AUDITOR'S REPORT

Employer Identification Number  
36-0715495

Plan No. 001

---

**ALEXANDER LUMBER CO.**  
**RETIREMENT PLAN**  
**FINANCIAL STATEMENTS AND NOTES**  
**DECEMBER 31, 2015 AND 2014**

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## **INDEPENDENT AUDITOR'S REPORT**

TO THE PLAN ADMINISTRATOR OF  
ALEXANDER LUMBER CO. RETIREMENT PLAN

### **Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of ALEXANDER LUMBER CO. RETIREMENT PLAN, which comprise the Statements of Net Assets Available for Benefits and the Statements of Changes in Net Assets Available for Benefits as of December 31, 2015 and 2014, the related Statement of Accumulated Plan Benefits and the Statement of Changes in Accumulated Plan Benefits for the year ended December 31, 2014, and the related notes to the financial statements.

### **Management's Responsibility for the Financial Statements**

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

### **Auditor's Responsibility**

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

### **Basis for Disclaimer of Opinion**

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) 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 6, which was certified by Bank of America, N.A., the Trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the Trustee as of and for the years ended December 31, 2015 and 2014, that the information provided to the Plan Administrator by the Trustee is complete and accurate.

### **Disclaimer of Opinion**

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

### **Other Matter**

The supplemental Schedule of Assets Held at End of Year as of December 31, 2015, is required by the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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

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



Pasquesi Sheppard LLC  
Lake Forest, IL  
July 25, 2016

**ALEXANDER LUMBER CO.**

**RETIREMENT PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

**DECEMBER 31, 2015 AND 2014**

|                                         | <b><u>2015</u></b>          | <b><u>2014</u></b>          |
|-----------------------------------------|-----------------------------|-----------------------------|
| <b>ASSETS:</b>                          |                             |                             |
| Investments, at fair value —            |                             |                             |
| Money market fund                       | \$ 966,751                  | \$ 453,172                  |
| Corporate common stocks                 | 3,728,908                   | 3,143,761                   |
| Corporate preferred stocks              | -                           | 33,566                      |
| Exchange traded funds                   | 16,297,316                  | 17,489,003                  |
| Mutual funds                            | <u>8,267,823</u>            | <u>8,066,094</u>            |
| Total investments                       | <u>29,260,798</u>           | <u>29,185,596</u>           |
| Receivables —                           |                             |                             |
| Contribution receivable                 | -                           | 52,542                      |
| Accrued interest receivable             | <u>14,440</u>               | <u>13,144</u>               |
| Total receivables                       | <u>14,440</u>               | <u>65,686</u>               |
| Total net assets available for benefits | <u><u>\$ 29,275,238</u></u> | <u><u>\$ 29,251,282</u></u> |

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

**ALEXANDER LUMBER CO.**

**RETIREMENT PLAN**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

**FOR THE YEARS ENDED DECEMBER 31, 2015 AND 2014**

|                                                               | <u>2015</u>          | <u>2014</u>          |
|---------------------------------------------------------------|----------------------|----------------------|
| <b>ADDITIONS TO NET ASSETS ATTRIBUTED TO:</b>                 |                      |                      |
| Investment income —                                           |                      |                      |
| Net (depreciation) appreciation in fair value of investments: |                      |                      |
| Equities                                                      | \$ (602,649)         | \$ 1,273,826         |
| Mutual funds                                                  | (198,271)            | 295,080              |
| Interest                                                      | 126,469              | 151,120              |
| Dividends                                                     | 440,444              | 438,863              |
| Capital gain distributions and other income                   | 85,598               | 27,624               |
|                                                               | <u>(148,409)</u>     | <u>2,186,513</u>     |
| Total investment (loss) income                                | (148,409)            | 2,186,513            |
| Employer contributions                                        | <u>1,647,456</u>     | <u>1,092,445</u>     |
| Total additions to net assets                                 | <u>1,499,047</u>     | <u>3,278,958</u>     |
| <b>DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:</b>              |                      |                      |
| Benefits paid to participants                                 | 1,472,173            | 1,419,228            |
| Administrative fees                                           | <u>2,918</u>         | <u>13</u>            |
| Total deductions from net assets                              | <u>1,475,091</u>     | <u>1,419,241</u>     |
| <b>NET INCREASE</b>                                           | 23,956               | 1,859,717            |
| <b>NET ASSETS AVAILABLE FOR BENEFITS:</b>                     |                      |                      |
| Beginning of year                                             | <u>29,251,282</u>    | <u>27,391,565</u>    |
| End of year                                                   | <u>\$ 29,275,238</u> | <u>\$ 29,251,282</u> |

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

**ALEXANDER LUMBER CO.**

**RETIREMENT PLAN**

**STATEMENT OF ACCUMULATED PLAN BENEFITS**

**DECEMBER 31, 2014**

---

**ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS:**

Vested accumulated benefits —

|                                     |                   |
|-------------------------------------|-------------------|
| Active employees                    | \$ 8,636,028      |
| Participants with deferred benefits | 11,907,407        |
| Participants receiving benefits     | <u>16,570,416</u> |

|                                   |            |
|-----------------------------------|------------|
| Total vested accumulated benefits | 37,113,851 |
|-----------------------------------|------------|

|                                |                |
|--------------------------------|----------------|
| Nonvested accumulated benefits | <u>583,727</u> |
|--------------------------------|----------------|

|                                                            |                             |
|------------------------------------------------------------|-----------------------------|
| Total actuarial present value of accumulated plan benefits | <u><u>\$ 37,697,578</u></u> |
|------------------------------------------------------------|-----------------------------|

The accompanying notes are an integral part of this financial statement.

**ALEXANDER LUMBER CO.**

**RETIREMENT PLAN**

**STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS**

**FOR THE YEAR ENDED DECEMBER 31, 2014**

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|                                                                                      |                                    |
|--------------------------------------------------------------------------------------|------------------------------------|
| <b>ACTUARIAL PRESENT VALUE OF ACCUMULATED<br/>PLAN BENEFITS AT BEGINNING OF YEAR</b> | <b>\$ 34,803,726</b>               |
| Increase (decrease) during the year attributable to:                                 |                                    |
| Change in actuarial assumptions                                                      | 2,587,214                          |
| Actuarial losses                                                                     | (240,330)                          |
| Benefits accumulated                                                                 | 437,466                            |
| Increase for interest due to the decrease in the discount period                     | 1,530,060                          |
| Benefits paid                                                                        | <u>(1,420,558)</u>                 |
| <b>NET INCREASE</b>                                                                  | <b><u>2,893,852</u></b>            |
| <b>ACTUARIAL PRESENT VALUE OF ACCUMULATED<br/>PLAN BENEFITS AT END OF YEAR</b>       | <b><u><u>\$ 37,697,578</u></u></b> |

The accompanying notes are an integral part of this financial statement.

**ALEXANDER LUMBER CO.**

**RETIREMENT PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**DECEMBER 31, 2015 AND 2014**

---

**(1) DESCRIPTION OF THE PLAN:**

The following brief description of the Alexander Lumber Co. Retirement Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan Agreement for more complete information.

The Plan, as amended and restated, was originally established in 1963 and is a noncontributory, defined benefit retirement plan covering all eligible employees of Alexander Lumber Co. (the Company).

**General –**

The Plan is a defined benefit pension plan covering substantially all employees of the Company. Employees must be twenty-one years of age as of the enrollment date in order to be eligible to participate in the Plan. Union employees, who are covered by the terms of a collective bargaining agreement between the Company and the Union, are not eligible. Employees of the Company hired before January 1, 2011, become eligible to participate in the Plan at the first enrollment date (the first day of January or July) following the completion of one year of service, as defined in the Plan Agreement. Employees of the Company hired on or after January 1, 2011, are not, and will not become eligible to participate in the Plan as participation was closed to employees hired on or after this date. Plan earnings are limited to \$30,000 for purposes of determining individual benefits under the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

**Trustee –**

Bank of America, N.A. serves as Trustee of the Plan and manages the Plan's investment assets.

**Pension Benefits –**

Participants generally become fully vested after five years of service, as defined by the Plan. There is no partial vesting of benefits. If employees terminate before completing five years of service, they forfeit the right to receive their accumulated benefits under the Plan. Benefits are determined according to formulas set forth in the Plan based upon earnings, subject to Internal Revenue Code limits and years of credited service. Included in the Plan are provisions for postponed retirement after age 65, early retirement at age 60, retirement in conjunction with disability, and pre-retirement surviving spouse death benefits. The normal form of retirement benefit is a monthly annuity; however, if the actuarial equivalent of the accrued benefit does not exceed \$1,000, such benefit will be paid in a lump sum. If the actuarial equivalent of the accrued benefit exceeds \$1,000, but does not exceed \$5,000 in total expected lifetime payments, the participant may elect to have it paid in a lump sum.

**ALEXANDER LUMBER CO.**

**RETIREMENT PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**DECEMBER 31, 2015 AND 2014**

---

**Funding Policy -**

The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. The Company makes quarterly contributions to the Plan as determined in accordance with accepted actuarial principles, which are based upon actuarial cost studies performed by the Plan's actuaries. The Company made contributions to the Plan of \$1,647,456 for the year ended December 31, 2015, although it was not required to do so. The Company made contributions to the Plan of \$1,092,445 for the year ended December, 2014.

The Company's contributions and prior year credits applied for the Plan years ended December 31, 2015 and 2014, equaled or exceeded the minimum funding requirements of ERISA and the Pension Protection Act of 2006.

**Administration of the Plan -**

The Trustee administers the Plan's assets, together with the income therefrom. Expenses incurred by the Trustee in the performance of its duties under this agreement, including fees for its services, are paid by the Company.

**(2) SIGNIFICANT ACCOUNTING POLICIES:**

**Basis of Accounting -**

The accompanying financial statements of the Plan have been prepared using accrual basis of accounting in accordance with U.S. generally accepted accounting principles (GAAP).

**Use of Estimates -**

The preparation of financial statements, in conformity with U.S. GAAP, requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

**Investment Valuation -**

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

**ALEXANDER LUMBER CO.**

**RETIREMENT PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**DECEMBER 31, 2015 AND 2014**

---

**Income Recognition -**

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

**Actuarial Present Value of Accumulated Plan Benefits -**

Accumulated Plan benefits are those future periodic payments, including lump sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated Plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits payable under all circumstances (retirement, death, disability, 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 an independent actuary from Towers Watson. The computed amount 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, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of January 1, 2015 and 2014, the dates of the latest actuarial valuations, were (a) new employees expectancy (it was assumed there will be no new or hired employees), (b) life expectancy of participants (separate rates for non-annuitants and annuitants were used based on RP 2000 "Employees" and "Healthy Annuitants" tables), (c) termination expectancy (the Actuary's Pension Handbook, table T-1 was used), (d) disability expectancy (the Railroad Retirement Board, 10<sup>th</sup> Valuation Table was used), (e) retirement age assumptions (normal retirement at age 65), (f) benefit commencement date assumptions (it was assumed that preretirement death benefits would commence on the later of the death of the active participant or the date the participant would have attained age 60, deferred vested benefits and retirement benefits would commence at age 65, and disability benefits would commence upon disability), (g) form of payment assumptions (it was assumed that 45% would elect single life annuity, 40% would elect 100% joint and survivor annuity, and 15% would elect 50% joint and survivor annuity), (h) spousal age assumptions (it was assumed that 80% of employees are married and the wife is three years younger than the husband), (i) expected increases in compensation (3.00% for 2015 and 3.50% per annum for years 2016+), and (j) effective interest rate (6.35% per annum as of January 1, 2015). 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. The computations of the actuarial present value of accumulated Plan benefits were made as of January 1, 2015 and 2014. Had the valuations been performed as of December 31, there would be no material differences.

**ALEXANDER LUMBER CO.**

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Certain changes were made in actuarial assumptions and methods from the January 1, 2014, measurement date to the January 1, 2015, measurement date. They were as follows:

- 1) The effective interest rate was changed from 6.52% to 6.35%.
- 2) The discount rate used to determine the present value of accumulated benefits was changed from 4.43% to 4.49%.
- 3) The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of September 2013 to September 2014 with the interest rate corridors of HATFA applied.
- 4) The required mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvements.
- 5) The assumed form of payment changed from 100% single life annuity to 45% single life annuity, 40% 100% joint and survivor annuity, and 15% 50% joint and survivor annuity.
- 6) The salary increase assumption changed from 3.00% in 2015 and after to 3.00% in 2015 and 3.50% in 2016 and after.

**Payment of Benefits –**

Benefit payments to participants are recorded upon distribution.

**Administrative Expenses –**

Substantially all administrative expenses of the Plan are paid by the Company. Expenses that are paid directly by the Company are excluded from these financial statements. Certain custody fees incurred by the Plan are paid by the Plan and are recorded as deductions in the accompanying Statements of Changes in Net Assets Available for Benefits. In addition, certain investment related expenses are included in net appreciation of fair value of investments presented in the accompanying Statements of Changes in Net Assets Available for Benefits.

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**(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) and the lowest priority to unobservable inputs (Level 3). The three levels of 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 the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used by management for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2015 and 2014:

*Money market funds* are valued under the market approach through the use of quoted market prices in an active market.

*Corporate common stocks* are valued at the closing price reported on the active market on which the individual securities are traded.

*Corporate preferred stocks* are valued using a pricing service maximizing the use of observable inputs, such as fixed dividend rates, which are discounted to present day.

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*Exchange traded funds* are valued at the closing price reported on the active market on which the individual funds are traded.

*Mutual funds* held by the Plan trade actively on public market exchanges and are valued using the published market prices as of the last trading day of the year.

While the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine fair value of certain financial instruments 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 December 31:

**2015**

| <b>Description of Investment</b> | <b>Fair Value</b>    | <b>Level 1</b>       | <b>Level 2</b> | <b>Level 3</b> |
|----------------------------------|----------------------|----------------------|----------------|----------------|
| Money market funds               | \$ 966,751           | \$ 966,751           | \$ -           | \$ -           |
| Corporate common stocks          | 3,728,908            | 3,728,908            | -              | -              |
| Exchange traded funds            | 16,297,316           | 16,297,316           | -              | -              |
| Equity mutual funds              | 8,267,823            | 8,267,823            | -              | -              |
| Total investments                | <u>\$ 29,260,798</u> | <u>\$ 29,260,798</u> | <u>\$ -</u>    | <u>\$ -</u>    |

**2014**

| <b>Description of Investment</b> | <b>Fair Value</b>    | <b>Level 1</b>       | <b>Level 2</b>   | <b>Level 3</b> |
|----------------------------------|----------------------|----------------------|------------------|----------------|
| Money market funds               | \$ 453,172           | \$ 453,172           | \$ -             | \$ -           |
| Corporate common stocks          | 3,143,761            | 3,143,761            | -                | -              |
| Corporate preferred stocks       | 33,566               | -                    | 33,566           | -              |
| Exchange traded funds            | 17,489,003           | 17,489,003           | -                | -              |
| Equity mutual funds              | 8,066,094            | 8,066,094            | -                | -              |
| Total investments                | <u>\$ 29,185,596</u> | <u>\$ 29,152,030</u> | <u>\$ 33,566</u> | <u>\$ -</u>    |

**ALEXANDER LUMBER CO.**

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**NOTES TO FINANCIAL STATEMENTS**

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**(4) INVESTMENTS:**

Investments that represent five percent or more of the Plan's net assets are as follows at December 31:

|                             | <u>2015</u> | <u>2014</u> |
|-----------------------------|-------------|-------------|
| Mutual funds –              |             |             |
| Metro West T/R Bond Class I | 6,286,729   | 6,452,481   |
| Exchange traded funds –     |             |             |
| Vanguard Mid-Cap ETF        | 1,614,759   | 1,968,929   |
| Vanguard Large Cap ETF      | 11,610,269  | 11,890,969  |
| Vanguard Small Cap ETF      | ***         | 1,518,213   |

\*\*\* Represents less than five percent of the Plan's net assets at December 31.

During 2015 and 2014, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in fair value as follows:

|                   | <u>2015</u>         | <u>2014</u>         |
|-------------------|---------------------|---------------------|
| Mutual funds      | \$ 24,710           | \$ 485,835          |
| Equities          | (177,425)           | 1,699,627           |
| Preferred stock   | 3,779               | 863                 |
| Money market fund | 527                 | 188                 |
|                   | <u>\$ (148,409)</u> | <u>\$ 2,186,513</u> |

**(5) PARTY-IN-INTEREST TRANSACTIONS:**

Certain portions of the Plan's investments are shares of funds managed by the Trustee. Therefore, these transactions qualify as party-in-interest transactions.

**ALEXANDER LUMBER CO.**

**RETIREMENT PLAN**

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**(6) SUMMARY OF INFORMATION CERTIFIED BY THE TRUSTEE:**

The December 31, 2015 and 2014, Statements of Net Assets Available for Benefits, the investment activities included on the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2015 and 2014, and the accompanying notes to the financial statements were prepared in part or entirely from information certified by the Trustee in accordance with 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under the ERISA. The table below summarizes the information that has been prepared and certified to as complete and accurate by the Trustee as of December 31:

|                                                         | <b><u>2015</u></b>          | <b><u>2014</u></b>          |
|---------------------------------------------------------|-----------------------------|-----------------------------|
| Investments, at fair value —                            |                             |                             |
| Mutual funds                                            | \$ 8,267,823                | \$ 8,066,094                |
| Money market fund                                       | 966,751                     | 453,172                     |
| Corporate common stocks                                 | 3,728,908                   | 3,143,761                   |
| Corporate preferred stocks                              | -                           | 33,566                      |
| Exchange traded funds                                   | 16,297,316                  | 17,489,003                  |
|                                                         | <b><u>29,260,798</u></b>    | <b><u>29,185,596</u></b>    |
| Accrued interest receivable                             | <b><u>14,440</u></b>        | <b><u>13,144</u></b>        |
|                                                         | <b><u>\$ 29,275,238</u></b> | <b><u>\$ 29,198,740</u></b> |
| Investment income —                                     |                             |                             |
| Net (depreciation) appreciation in value of investments | \$ (800,920)                | \$ 1,568,906                |
| Interest                                                | 126,469                     | 151,120                     |
| Dividends                                               | 440,444                     | 438,863                     |
| Capital gain distributions and other income             | 85,598                      | 27,624                      |
|                                                         | <b><u>\$ (148,409)</u></b>  | <b><u>\$ 2,186,513</u></b>  |

**ALEXANDER LUMBER CO.**

**RETIREMENT PLAN**

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**DECEMBER 31, 2015 AND 2014**

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**(7) PLAN TERMINATION:**

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by the ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- 1) Benefits attributable to employee contributions, taking into account those paid out before termination;
- 2) Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination;
- 3) Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations (discussed below);
- 4) All other vested benefits (that is, vested benefits not insured by the PBGC);
- 5) All non-vested benefits.

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. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees.

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 benefit guaranteed by the PBGC.

**(8) TAX STATUS:**

The Plan obtained its latest determination letter on January 14, 2003, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan was qualified and the related trust was tax-exempt as of December 31, 2015 and 2014.

**ALEXANDER LUMBER CO.**

**RETIREMENT PLAN**

**NOTES TO FINANCIAL STATEMENTS**

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U.S. GAAP require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that, more likely than not, would not be sustained upon examination by the Internal Revenue Service. The Plan Administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2015 and 2014, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2012.

**(9) RISKS AND UNCERTAINTIES:**

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and 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 are 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 estimations 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.

**(10) BENEFITS PAID:**

Benefits paid shown on the Statement of Changes in Accumulated Plan Benefits as of December 31, 2014, include benefits re-paid due to a participant's death. The table below reconciles the benefits paid per the Statements of Changes in Net Assets Available for Benefits to benefits paid per the actuary:

|                                                              |                            |
|--------------------------------------------------------------|----------------------------|
| Benefits paid to participants at December 31, 2014           | \$ 1,419,228               |
| Pension benefit re-payments                                  | <u>1,330</u>               |
| Actuarial benefits paid to participants at December 31, 2014 | <u><u>\$ 1,420,558</u></u> |

ALEXANDER LUMBER CO.

RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2015 AND 2014

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**(11) SUBSEQUENT EVENTS:**

The Plan has evaluated subsequent events through the report date, the date the financial statements were available to be issued. Effective July 1, 2016, the Plan was amended to authorize lump sum distributions to certain qualifying participants with accrued vested retirement income benefits. The amendment provides for a lump sum payment option window during which a qualifying participant may elect to receive payment or commence to receive payment of his or her vested retirement income, even if such qualifying participant has not attained the age at which he or she would otherwise be permitted to commence payment of his or her vested retirement income. The lump sum payment option window shall begin on September 1, 2016, and shall expire on October 14, 2016. Once the special benefit election has been made, benefits will commence on November 1, 2016. The lump sum payment to a qualifying participant shall be the actuarial equivalent present value of the qualifying participant's vested monthly normal retirement benefit. Any lump sum payment pursuant to this amendment will fully settle the Plan's liability with respect to a qualifying participant and no benefit of any type will be payable to, or on behalf of, such qualifying participant.



**ALEXANDER LUMBER CO.**

**RETIREMENT PLAN**

**SCHEDULE I – SCHEDULE OF ASSETS HELD AT END OF YEAR**

**DECEMBER 31, 2015**

**FEIN 36-0715495 – Plan Number 001**

**Schedule H, Line 41 (Form 5500)**

| (a) | (b)<br>Identity of Issue, Borrower,<br>Lessor or Similar Party | (c)<br>Description of Investment Including<br>Maturity Date, Rate of Interest,<br>Collateral, Par or Maturity Value | (d)<br>Cost   | (e)<br>Current<br>Value |
|-----|----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|---------------|-------------------------|
|     |                                                                |                                                                                                                     |               |                         |
|     | Aegon N V                                                      | Corporate common stock                                                                                              | 50,870        | 38,460                  |
|     | AIA Group LTD                                                  | Corporate common stock                                                                                              | <b>34,180</b> | <b>41,993</b>           |
|     | Alibaba Group Holdings LTD                                     | Corporate common stock                                                                                              | 31,729        | 31,045                  |
|     | Arm Holdings PLC                                               | Corporate common stock                                                                                              | 12,775        | 13,074                  |
|     | Assa Abloy AB                                                  | Corporate common stock                                                                                              | 32,069        | 34,194                  |
|     | Astellas Pharma Inc.                                           | Corporate common stock                                                                                              | 24,484        | 30,184                  |
|     | Astrazeneca PLC                                                | Corporate common stock                                                                                              | 53,618        | 58,598                  |
|     | Atos Origin SA                                                 | Corporate common stock                                                                                              | 34,605        | 38,231                  |
|     | Barclays PLC                                                   | Corporate common stock                                                                                              | 45,763        | 37,817                  |
|     | Burberry Group PLC                                             | Corporate common stock                                                                                              | 31,659        | 23,778                  |
|     | Capita PLC                                                     | Corporate common stock                                                                                              | 38,554        | 39,954                  |
|     | Carnival PLC                                                   | Corporate common stock                                                                                              | 20,365        | 27,720                  |
|     | Check Point Software Tech LTD                                  | Corporate common stock                                                                                              | 34,514        | 45,247                  |
|     | China Mobile LTD                                               | Corporate common stock                                                                                              | 40,049        | 37,628                  |
|     | Daikin Inds LTD                                                | Corporate common stock                                                                                              | 26,282        | 28,561                  |
|     | Denso Corp                                                     | Corporate common stock                                                                                              | 33,788        | 38,449                  |
|     | Deutsche Bk AG                                                 | Corporate common stock                                                                                              | 20,204        | 15,625                  |
|     | Deutsche Post AG                                               | Corporate common stock                                                                                              | 36,599        | 38,007                  |
|     | Embraer S A                                                    | Corporate common stock                                                                                              | 32,786        | 38,520                  |
|     | Ericsson                                                       | Corporate common stock                                                                                              | 38,102        | 38,296                  |
|     | Fanuc Corp.                                                    | Corporate common stock                                                                                              | 24,197        | 25,935                  |
|     | Gemalto NV                                                     | Corporate common stock                                                                                              | 40,622        | 38,185                  |
|     | Kubota LTD                                                     | Corporate common stock                                                                                              | 35,703        | 36,412                  |
|     | Lloyds Banking Group PLC                                       | Corporate common stock                                                                                              | 33,289        | 29,892                  |
|     | Nestle                                                         | Corporate common stock                                                                                              | 58,378        | 61,294                  |
|     | Novartis                                                       | Corporate common stock                                                                                              | 41,422        | 38,546                  |
|     | Roche Holdings LTD                                             | Corporate common stock                                                                                              | 107,284       | 113,420                 |
|     | Royal Dutch Shell PLC                                          | Corporate common stock                                                                                              | 120,646       | 100,097                 |
|     | SAP                                                            | Corporate common stock                                                                                              | 45,752        | 47,144                  |
|     | Schneider Elec                                                 | Corporate common stock                                                                                              | 19,077        | 18,293                  |
|     | Secom LTD                                                      | Corporate common stock                                                                                              | 35,262        | 38,788                  |
|     | Seiko Epson Corp                                               | Corporate common stock                                                                                              | 38,260        | 39,191                  |
|     | Sky PLC                                                        | Corporate common stock                                                                                              | 55,024        | 57,102                  |
|     | Smith & Nephew PLC                                             | Corporate common stock                                                                                              | 38,502        | 39,480                  |
|     | Suntory Beverage & Food LTD                                    | Corporate common stock                                                                                              | 59,917        | 65,540                  |
|     | Swisscom AG                                                    | Corporate common stock                                                                                              | 27,857        | 25,829                  |
|     | Syngenta                                                       | Corporate common stock                                                                                              | 50,213        | 57,945                  |
|     | Taiwan Semiconductor Mfg LTD                                   | Corporate common stock                                                                                              | 33,782        | 39,790                  |
|     | Teva Pharmaceuticals Inds LTD                                  | Corporate common stock                                                                                              | 19,548        | 20,151                  |
|     | Toray Inds Inc                                                 | Corporate common stock                                                                                              | 35,619        | 38,927                  |
|     | UCB SA                                                         | Corporate common stock                                                                                              | 28,296        | 31,147                  |
|     | Unibail-Rodamco SE                                             | Corporate common stock                                                                                              | 38,081        | 38,220                  |
|     | Vivendi SA                                                     | Corporate common stock                                                                                              | 42,688        | 39,200                  |
|     | William Hill PLC                                               | Corporate common stock                                                                                              | 36,145        | 38,429                  |
|     | WPP PLC                                                        | Corporate common stock                                                                                              | 56,004        | 66,434                  |

The accompanying notes are an integral part of this schedule.

**ALEXANDER LUMBER CO.****RETIREMENT PLAN****SCHEDULE I — SCHEDULE OF ASSETS HELD AT END OF YEAR****DECEMBER 31, 2015****FEIN 36-0715495 — Plan Number 001****Schedule H, Line 41 (Form 5500)**

| (a) | (b)<br>Identity of Issue, Borrower,<br>Lessor or Similar Party | (c)<br>Description of Investment Including<br>Maturity Date, Rate of Interest,<br>Collateral, Par or Maturity Value | (d)<br>Cost          | (e)<br>Current<br>Value |
|-----|----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------|
|     | DBS Group Holdings LTD                                         | Corporate common stock                                                                                              | 28,842               | 25,459                  |
|     | DNB Nor ASA                                                    | Corporate common stock                                                                                              | 19,733               | 15,878                  |
|     | Diageo PLC                                                     | Corporate common stock                                                                                              | 36,049               | 33,594                  |
|     | Essilor International                                          | Corporate common stock                                                                                              | 28,836               | 33,557                  |
|     | HSBC Holdings PLC                                              | Corporate common stock                                                                                              | 110,969              | 86,597                  |
|     | Heidelbergcement AG                                            | Corporate common stock                                                                                              | 23,968               | 26,024                  |
|     | Ishares MSCI Emerging Markets Index Fund                       | Exchange traded fund                                                                                                | 967,015              | 747,097                 |
|     | Vanguard REIT                                                  | Exchange traded fund                                                                                                | 741,758              | 885,322                 |
|     | Vanguard Mid-Cap ETF                                           | Exchange traded fund                                                                                                | 1,382,447            | 1,614,759               |
|     | Vanguard Large Cap ETF                                         | Exchange traded fund                                                                                                | 9,679,363            | 11,610,269              |
|     | Vanguard Small Cap ETF                                         | Exchange traded fund                                                                                                | 1,339,541            | 1,439,869               |
|     | Metro West T/R Bond Class I                                    | Mutual fund                                                                                                         | 6,292,000            | 6,286,729               |
|     | Prudential Global Real Estate Fund Class Z                     | Mutual fund                                                                                                         | 697,000              | 791,878                 |
|     | Wells Fargo Advantage Ultra Short Term Income Fund             | Mutual fund                                                                                                         | 1,200,000            | 1,189,216               |
|     |                                                                |                                                                                                                     | <u>\$ 27,016,003</u> | <u>\$ 29,260,798</u>    |

\* Represents Party-in-Interest

The accompanying notes are an integral part of this schedule.

# SCHEDULE SB ATTACHMENTS

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## Schedule SB, Part V Summary of Plan Provisions

### Plan Provisions

|                           |                                                                                                                                                                                               |
|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Effective Date</b>     | Amended and restated January 1, 2011.                                                                                                                                                         |
| <b>Covered employees</b>  | All eligible employees as defined in the plan document                                                                                                                                        |
| <b>Participation date</b> | January 1 or July 1 coincident with or next following on the later of: <ul style="list-style-type: none"><li>a. Attainment of age 21</li><li>b. The completion of a year of service</li></ul> |

### Definitions

|                                     |                                                                                                                                                                                                                                                                                   |
|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Year of Service</b>              | The completion of 1,000 hours of service during a twelve-consecutive month period following date of employment                                                                                                                                                                    |
| <b>Vesting service</b>              | One year for each 1,000-hour calendar year of employment by Alexander Lumber Company                                                                                                                                                                                              |
| <b>Covered Earnings</b>             | All amounts earned by a Participant during a plan year, including elective deferrals under IRC 401(k) and Section 125, limited to IRC 401(a)(17)                                                                                                                                  |
| <b>Normal retirement date (NRD)</b> | First of month coinciding with or next following the attainment of age 65                                                                                                                                                                                                         |
| <b>Disability Retirement Date</b>   | Date on which a participant elects to retire, or is retired by Alexander Lumber Company, in order to receive disability retirement benefits                                                                                                                                       |
| <b>Monthly pension benefit</b>      | One-twelfth of 1.5% of each plan year's covered earnings while a participant of the plan from January 1, 1989, plus the accrued benefits as of December 31, 1988. Beginning January 1, 2011, covered earnings are capped at \$30,000 for purposes of calculating annual accruals. |

|                 |                                          |
|-----------------|------------------------------------------|
| Plan Name:      | Alexander Lumber Company Retirement Plan |
| EIN / PN:       | 36-0715495 / 001                         |
| Plan Sponsor:   | Alexander Lumber Company                 |
| Valuation Date: | January 1, 2015                          |

## SCHEDULE SB ATTACHMENTS

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|                                            |                                                                                                                                                                                       |
|--------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Monthly preretirement death benefit</b> | 100% of the monthly pension benefit as of the date of death, reduced for the 100% joint and survivor election and reduced for payment as early as the employees Early Retirement Date |
|--------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

### Eligibility for Benefits

|                                    |                                                                                                                                                    |
|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Normal retirement</b>           | Retirement on NRD                                                                                                                                  |
| <b>Early retirement</b>            | Retirement before NRD and on or after both attaining age 60 and completing five years of vesting service                                           |
| <b>Postponed retirement</b>        | Retirement after NRD                                                                                                                               |
| <b>Vested termination</b>          | Termination for reasons other than death or retirement after completing five years of vesting service                                              |
| <b>Disability</b>                  | Permanent and total disability prior to NRD after five years of vesting service, and participant is receiving a Social Security disability benefit |
| <b>Preretirement death benefit</b> | Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse                                 |

### Benefits Paid Upon the Following Events

|                             |                                                                                                                                                          |
|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Normal retirement</b>    | Monthly pension benefit determined as of NRD                                                                                                             |
| <b>Early retirement</b>     | Monthly pension benefit determined as of the early retirement date, reduced 6.67% for each year of payment before NRD                                    |
| <b>Postponed retirement</b> | Monthly pension benefit determined as of the actual retirement date                                                                                      |
| <b>Vested termination</b>   | Monthly pension benefit determined as of the termination date                                                                                            |
| <b>Disablement</b>          | Monthly pension benefit determined as of the date of the disablement, payable immediately without reduction for each year that commencement precedes NRD |
| <b>Preretirement death</b>  | Monthly preretirement spouse benefit determined as of the participant's date of death.                                                                   |

|                 |                                          |
|-----------------|------------------------------------------|
| Plan Name:      | Alexander Lumber Company Retirement Plan |
| EIN / PN:       | 36-0715495 / 001                         |
| Plan Sponsor:   | Alexander Lumber Company                 |
| Valuation Date: | January 1, 2015                          |

# SCHEDULE SB ATTACHMENTS

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## Other Plan Provisions

**Forms of payment** Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above, if the participant has no spouse as of the date payments commence, or if the participant so elects. Otherwise, they will be paid in the form of a 100% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 50% joint and survivor annuity, or (for married participants) a life annuity.

Optional forms of payment are actuarially equivalent to a single life annuity. Actuarial equivalence, as defined by the plan, uses 7% interest, compounded annually, and uses the 1983 Group Annuity Mortality Table adjusted to a unisex basis by assuming a 75% male / 25% female gender mix.

**Pension Increases** None

**Plan participants' contributions** None

**Maximum on benefits and pay** All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

## Future Plan Changes

No future plan changes were recognized in determining minimum and maximum contributions.

## Changes in Benefits Valued Since Prior Year

Changes in current-year increases in the Internal Revenue Code for maximums on benefits and pay were updated, as necessary.

Plan Name: Alexander Lumber Company Retirement Plan  
EIN / PN: 36-0715495 / 001  
Plan Sponsor: Alexander Lumber Company  
Valuation Date: January 1, 2015

**ALEXANDER LUMBER CO.**

**RETIREMENT PLAN**

**SCHEDULE I – SCHEDULE OF ASSETS HELD AT END OF YEAR**

**DECEMBER 31, 2015**

**FEIN 36-0715495 – Plan Number 001**

**Schedule H, Line 4i (Form 5500)**

| (a) | (b)<br>Identity of Issue, Borrower,<br>Lessor or Similar Party | (c)<br>Description of Investment Including<br>Maturity Date, Rate of Interest,<br>Collateral, Par or Maturity Value | (d)<br>Cost   | (e)<br>Current<br>Value |
|-----|----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|---------------|-------------------------|
| *   | Bank of America Cash Reserves                                  | Money market fund                                                                                                   | \$ 966,751    | \$ 966,751              |
|     | Accor SA                                                       | Corporate common stock                                                                                              | <b>66,426</b> | <b>59,360</b>           |
|     | Adidas AG                                                      | Corporate common stock                                                                                              | 30,040        | 38,139                  |
|     | Akzo Nobel NV                                                  | Corporate common stock                                                                                              | 34,593        | 30,263                  |
|     | Banco Bilbao Vizcaya Argentaria                                | Corporate common stock                                                                                              | 74,221        | 61,169                  |
|     | Bayerische Motoren Werke AG                                    | Corporate common stock                                                                                              | 45,482        | 43,129                  |
|     | BHP Billiton LTD                                               | Corporate common stock                                                                                              | 49,456        | 24,111                  |
|     | Brambles LTD                                                   | Corporate common stock                                                                                              | 33,276        | 33,773                  |
|     | Bridgestone Corp                                               | Corporate common stock                                                                                              | 37,769        | 36,572                  |
|     | Continental AG                                                 | Corporate common stock                                                                                              | 27,892        | 30,345                  |
|     | Fresenius Med Care                                             | Corporate common stock                                                                                              | 36,244        | 36,150                  |
|     | Global Logistic Properties LTD                                 | Corporate common stock                                                                                              | 38,967        | 39,024                  |
|     | HDFC BK LTD                                                    | Corporate common stock                                                                                              | 27,593        | 29,198                  |
|     | Infineon Technologies AG                                       | Corporate common stock                                                                                              | 28,974        | 38,025                  |
|     | Intesa Sanpaolo                                                | Corporate common stock                                                                                              | 30,064        | 32,666                  |
|     | Jardine Strategic Holdings LTD                                 | Corporate common stock                                                                                              | 35,968        | 28,232                  |
|     | JD.Com Inc                                                     | Corporate common stock                                                                                              | 24,349        | 27,554                  |
|     | Julius Baer Group LTD                                          | Corporate common stock                                                                                              | 39,145        | 40,512                  |
|     | Kasikornbank Pub Co LTD                                        | Corporate common stock                                                                                              | 23,811        | 21,045                  |
|     | KBC Group NV                                                   | Corporate common stock                                                                                              | 26,028        | 24,275                  |
|     | KDDI Corp                                                      | Corporate common stock                                                                                              | 31,409        | 36,535                  |
|     | Kerry Group PLC                                                | Corporate common stock                                                                                              | 27,216        | 31,832                  |
|     | Koninklijke Philips NV                                         | Corporate common stock                                                                                              | 37,608        | 37,870                  |
|     | Lixil Group Corp                                               | Corporate common stock                                                                                              | 35,740        | 37,932                  |
|     | Markit Limited                                                 | Corporate common stock                                                                                              | 36,882        | 39,130                  |
|     | Mitsubishi UFJ Finl Group Inc                                  | Corporate common stock                                                                                              | 37,635        | 38,243                  |
|     | National Grid PLC                                              | Corporate common stock                                                                                              | 36,610        | 38,803                  |
|     | Nokia Corp                                                     | Corporate common stock                                                                                              | 32,201        | 30,748                  |
|     | Orix Corp                                                      | Corporate common stock                                                                                              | 30,540        | 27,323                  |
|     | Otsuka Holdings Co LTD                                         | Corporate common stock                                                                                              | 32,992        | 37,268                  |
|     | Prudential PLC                                                 | Corporate common stock                                                                                              | 33,492        | 39,129                  |
|     | Reckitt Benckiser PLC                                          | Corporate common stock                                                                                              | 42,201        | 45,251                  |
|     | Royal DSM N V                                                  | Corporate common stock                                                                                              | 38,504        | 37,855                  |
|     | Royal KPN NV                                                   | Corporate common stock                                                                                              | 39,395        | 39,402                  |
|     | Safran SA                                                      | Corporate common stock                                                                                              | 18,882        | 21,857                  |
|     | Sanofi                                                         | Corporate common stock                                                                                              | 36,964        | 30,836                  |
|     | Sekisui House LTD                                              | Corporate common stock                                                                                              | 22,520        | 28,767                  |
|     | Seven & I Holdings Co LTD                                      | Corporate common stock                                                                                              | 54,427        | 59,700                  |
|     | Societe Generale France                                        | Corporate common stock                                                                                              | 36,816        | 37,273                  |
|     | Statoil ASA                                                    | Corporate common stock                                                                                              | 34,225        | 23,327                  |
|     | Sumitomo Mitsui Financial Group Inc.                           | Corporate common stock                                                                                              | 112,620       | 103,156                 |
|     | Toronto Dominion Bk Ontario                                    | Corporate common stock                                                                                              | 35,541        | 32,511                  |
|     | Total S A                                                      | Corporate common stock                                                                                              | 40,572        | 38,118                  |
|     | Vodafone Group PLC                                             | Corporate common stock                                                                                              | 111,878       | 100,619                 |

The accompanying notes are an integral part of this schedule.

**ALEXANDER LUMBER CO.**

**RETIREMENT PLAN**

**SCHEDULE I – SCHEDULE OF ASSETS HELD AT END OF YEAR**

**DECEMBER 31, 2015**

**FEIN 36-0715495 – Plan Number 001**

**Schedule H, Line 41 (Form 5500)**

| (a) | (b)<br>Identity of Issue, Borrower,<br>Lessor or Similar Party | (c)<br>Description of Investment Including<br>Maturity Date, Rate of Interest,<br>Collateral, Par or Maturity Value | (d)<br>Cost | (e)<br>Current<br>Value |
|-----|----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-------------|-------------------------|
|     | Aegon N V                                                      | Corporate common stock                                                                                              | 50,870      | 38,460                  |
|     | AIA Group LTD                                                  | Corporate common stock                                                                                              | 34,180      | 41,993                  |
|     | Alibaba Group Holdings LTD                                     | Corporate common stock                                                                                              | 31,729      | 31,045                  |
|     | Arm Holdings PLC                                               | Corporate common stock                                                                                              | 12,775      | 13,074                  |
|     | Assa Abloy AB                                                  | Corporate common stock                                                                                              | 32,069      | 34,194                  |
|     | Astellas Pharma Inc.                                           | Corporate common stock                                                                                              | 24,484      | 30,184                  |
|     | Astrazeneca PLC                                                | Corporate common stock                                                                                              | 53,618      | 58,598                  |
|     | Atos Origin SA                                                 | Corporate common stock                                                                                              | 34,605      | 38,231                  |
|     | Barclays PLC                                                   | Corporate common stock                                                                                              | 45,763      | 37,817                  |
|     | Burberry Group PLC                                             | Corporate common stock                                                                                              | 31,659      | 23,778                  |
|     | Capita PLC                                                     | Corporate common stock                                                                                              | 38,554      | 39,954                  |
|     | Carnival PLC                                                   | Corporate common stock                                                                                              | 20,365      | 27,720                  |
|     | Check Point Software Tech LTD                                  | Corporate common stock                                                                                              | 34,514      | 45,247                  |
|     | China Mobile LTD                                               | Corporate common stock                                                                                              | 40,049      | 37,628                  |
|     | Daikin Inds LTD                                                | Corporate common stock                                                                                              | 26,282      | 28,561                  |
|     | Denso Corp                                                     | Corporate common stock                                                                                              | 33,788      | 38,449                  |
|     | Deutsche Bk AG                                                 | Corporate common stock                                                                                              | 20,204      | 15,625                  |
|     | Deutsche Post AG                                               | Corporate common stock                                                                                              | 36,599      | 38,007                  |
|     | Embraer S A                                                    | Corporate common stock                                                                                              | 32,786      | 38,520                  |
|     | Ericsson                                                       | Corporate common stock                                                                                              | 38,102      | 38,296                  |
|     | Fanuc Corp.                                                    | Corporate common stock                                                                                              | 24,197      | 25,935                  |
|     | Gemalto NV                                                     | Corporate common stock                                                                                              | 40,622      | 38,185                  |
|     | Kubota LTD                                                     | Corporate common stock                                                                                              | 35,703      | 36,412                  |
|     | Lloyds Banking Group PLC                                       | Corporate common stock                                                                                              | 33,289      | 29,892                  |
|     | Nestle                                                         | Corporate common stock                                                                                              | 58,378      | 61,294                  |
|     | Novartis                                                       | Corporate common stock                                                                                              | 41,422      | 38,546                  |
|     | Roche Holdings LTD                                             | Corporate common stock                                                                                              | 107,284     | 113,420                 |
|     | Royal Dutch Shell PLC                                          | Corporate common stock                                                                                              | 120,646     | 100,097                 |
|     | SAP                                                            | Corporate common stock                                                                                              | 45,752      | 47,144                  |
|     | Schneider Elec                                                 | Corporate common stock                                                                                              | 19,077      | 18,293                  |
|     | Secom LTD                                                      | Corporate common stock                                                                                              | 35,262      | 38,788                  |
|     | Seiko Epson Corp                                               | Corporate common stock                                                                                              | 38,260      | 39,191                  |
|     | Sky PLC                                                        | Corporate common stock                                                                                              | 55,024      | 57,102                  |
|     | Smith & Nephew PLC                                             | Corporate common stock                                                                                              | 38,502      | 39,480                  |
|     | Suntory Beverage & Food LTD                                    | Corporate common stock                                                                                              | 59,917      | 65,540                  |
|     | Swisscom AG                                                    | Corporate common stock                                                                                              | 27,857      | 25,829                  |
|     | Syngenta                                                       | Corporate common stock                                                                                              | 50,213      | 57,945                  |
|     | Taiwan Semiconductor Mfg LTD                                   | Corporate common stock                                                                                              | 33,782      | 39,790                  |
|     | Teva Pharmaceuticals Inds LTD                                  | Corporate common stock                                                                                              | 19,548      | 20,151                  |
|     | Toray Inds Inc                                                 | Corporate common stock                                                                                              | 35,619      | 38,927                  |
|     | UCB SA                                                         | Corporate common stock                                                                                              | 28,296      | 31,147                  |
|     | Unibail-Rodamco SE                                             | Corporate common stock                                                                                              | 38,081      | 38,220                  |
|     | Vivendi SA                                                     | Corporate common stock                                                                                              | 42,688      | 39,200                  |
|     | William Hill PLC                                               | Corporate common stock                                                                                              | 36,145      | 38,429                  |
|     | WPP PLC                                                        | Corporate common stock                                                                                              | 56,004      | 66,434                  |

The accompanying notes are an integral part of this schedule.

**ALEXANDER LUMBER CO.**

**RETIREMENT PLAN**

**SCHEDULE I — SCHEDULE OF ASSETS HELD AT END OF YEAR**

**DECEMBER 31, 2015**

**FEIN 36-0715495 — Plan Number 001**

**Schedule H, Line 41 (Form 5500)**

| (a) | (b)<br>Identity of Issue, Borrower,<br>Lessor or Similar Party | (c)<br>Description of Investment Including<br>Maturity Date, Rate of Interest,<br>Collateral, Par or Maturity Value | (d)<br>Cost          | (e)<br>Current<br>Value |
|-----|----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------|
|     |                                                                |                                                                                                                     |                      |                         |
|     | DBS Group Holdings LTD                                         | Corporate common stock                                                                                              | 28,842               | 25,459                  |
|     | DNB Nor ASA                                                    | Corporate common stock                                                                                              | 19,733               | 15,878                  |
|     | Diageo PLC                                                     | Corporate common stock                                                                                              | 36,049               | 33,594                  |
|     | Essilor International                                          | Corporate common stock                                                                                              | 28,836               | 33,557                  |
|     | HSBC Holdings PLC                                              | Corporate common stock                                                                                              | 110,969              | 86,597                  |
|     | Heidelbergcement AG                                            | Corporate common stock                                                                                              | 23,968               | 26,024                  |
|     | Ishares MSCI Emerging Markets Index Fund                       | Exchange traded fund                                                                                                | 967,015              | 747,097                 |
|     | Vanguard REIT                                                  | Exchange traded fund                                                                                                | 741,758              | 885,322                 |
|     | Vanguard Mid-Cap ETF                                           | Exchange traded fund                                                                                                | 1,382,447            | 1,614,759               |
|     | Vangurd Large Cap ETF                                          | Exchange traded fund                                                                                                | 9,679,363            | 11,610,269              |
|     | Vanguard Small Cap ETF                                         | Exchange traded fund                                                                                                | 1,339,541            | 1,439,869               |
|     | Metro West T/R Bond Class I                                    | Mutual fund                                                                                                         | 6,292,000            | 6,286,729               |
|     | Prudential Global Real Estate Fund Class Z                     | Mutual fund                                                                                                         | 697,000              | 791,878                 |
|     | Wells Fargo Advantage Ultra Short Term Income Fund             | Mutual fund                                                                                                         | 1,200,000            | 1,189,216               |
|     |                                                                |                                                                                                                     | <u>\$ 27,016,003</u> | <u>\$ 29,260,798</u>    |

\* Represents Party-in-Interest

The accompanying notes are an integral part of this schedule.

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26 Schedule of Active Participant Data as of January 1, 2015

| Attained Age | 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 & Over |            |
|              | No.                       | Avg. Comp. | No.    | Avg. Comp. | No.    | Avg. Comp. | No.      | Avg. Comp. | No.      | Avg. Comp. | No.      | Avg. Comp. | No.      | Avg. Comp. | No.      | Avg. Comp. | No.      | Avg. Comp. | No.       | Avg. Comp. |
| Under 25     | 0                         |            | 0      |            | 0      |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0         |            |
| 25 - 29      | 0                         |            | 1      |            | 2      |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0         |            |
| 30 - 34      | 0                         |            | 5      |            | 2      |            | 1        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0         |            |
| 35 - 39      | 0                         |            | 5      |            | 0      |            | 5        |            | 3        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0         |            |
| 40 - 44      | 0                         |            | 3      |            | 3      |            | 3        |            | 2        |            | 3        |            | 0        |            | 0        |            | 0        |            | 0         |            |
| 45 - 49      | 0                         |            | 6      |            | 5      |            | 2        |            | 2        |            | 0        |            | 2        |            | 0        |            | 0        |            | 0         |            |
| 50 - 54      | 1                         |            | 3      |            | 8      |            | 2        |            | 3        |            | 4        |            | 1        |            | 1        |            | 0        |            | 0         |            |
| 55 - 59      | 0                         |            | 7      |            | 6      |            | 8        |            | 2        |            | 4        |            | 4        |            | 9        |            | 2        |            | 0         |            |
| 60 - 64      | 0                         |            | 2      |            | 5      |            | 1        |            | 1        |            | 4        |            | 0        |            | 1        |            | 4        |            | 0         |            |
| 65 - 69      | 0                         |            | 2      |            | 1      |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            | 1         |            |
| 70 & Over    | 0                         |            | 0      |            | 1      |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            | 1         |            |

Plan Name: Alexander Lumber Company Retirement Plan  
 EIN / PN: 36-0715495 / 001  
 Plan Sponsor: Alexander Lumber Company  
 Valuation Date: January 1, 2015

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Part V Statement of Actuarial Assumptions/Methods

### Economic Assumptions

#### Interest rate basis:

|                       |                 |
|-----------------------|-----------------|
| ■ Applicable month    | September 2014  |
| ■ Interest rate basis | 3-Segment Rates |

#### Interest rates:

|                           | Reflecting<br>Corridors | Not Reflecting<br>Corridors |
|---------------------------|-------------------------|-----------------------------|
| ■ First segment rate      | 4.72%                   | 1.15%                       |
| ■ Second segment rate     | 6.11%                   | 4.06%                       |
| ■ Third segment rate      | 6.81%                   | 5.15%                       |
| ■ Effective interest rate | 6.35%                   | 4.49%                       |

#### Annual rates of increase

|                                     |        |       |
|-------------------------------------|--------|-------|
| ■ Compensation:                     |        |       |
| ■ Select and Ultimate rates         | 2015:  | 3.00% |
|                                     | 2016+: | 3.50% |
| ■ Future Social Security wage bases |        | 3.00% |
| ■ Statutory limits on compensation  |        | N/A   |

#### Administrative expenses

None

Plan Name: Alexander Lumber Company Retirement Plan  
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Plan Sponsor: Alexander Lumber Company  
Valuation Date: January 1, 2015

# SCHEDULE SB ATTACHMENTS

## Demographic Assumptions

**Inclusion date** The valuation date coincident with or next following the date on which the employee begins to earn (credited/benefit/vesting) service.

**New or rehired employees** It was assumed there will be no new or rehired employees.

### Mortality

- **Healthy** Separate rates for non-annuitants (based on RP-2000 "Employees" table without collar or amount adjustments, projected to 2030 using Scale AA) and annuitants (based on RP-2000 "Healthy Annuitants" table without collar or amount adjustments, projected to 2022 using Scale AA).
- **Disabled** Alternative disabled life mortality tables as defined under Revenue Ruling 96-7.

**Termination** Actuary's Pension Handbook, Table T-1:

Rates varying by age and gender

### Representative Termination Rates

| Percentage leaving during the year |       |         |
|------------------------------------|-------|---------|
| Attained Age                       | Males | Females |
| 20                                 | 0.055 | 0.055   |
| 25                                 | 0.050 | 0.050   |
| 30                                 | 0.038 | 0.038   |
| 35                                 | 0.025 | 0.025   |
| 40                                 | 0.013 | 0.013   |
| 45                                 | 0.006 | 0.006   |
| 50                                 | 0.006 | 0.006   |
| 55                                 | 0.010 | 0.010   |

Plan Name: Alexander Lumber Company Retirement Plan  
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Valuation Date: January 1, 2015

## SCHEDULE SB ATTACHMENTS

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### Disability

Railroad Retirement Board, 10<sup>th</sup> Valuation

The rates at which participants become disabled by age and gender are as follows:

| Percentage becoming disabled during the year |       |         |
|----------------------------------------------|-------|---------|
| Age                                          | Males | Females |
| 40                                           | 0.001 | 0.001   |
| 45                                           | 0.002 | 0.002   |
| 50                                           | 0.005 | 0.005   |
| 55                                           | 0.011 | 0.011   |
| 60                                           | 0.029 | 0.029   |
| 65                                           | 0.000 | 0.000   |

### Retirement

Age 65

### Benefit commencement date:

- Preretirement death benefit      The later of the death of the active participant or the date the participant would have attained age 60
- Deferred vested benefit      Age 65
- Disability benefit      Upon disablement
- Retirement benefit      Age 65

### Form of payment

45% elect Single Life annuity  
40% elect 100% Joint and Survivor annuity  
15% elect 50% Joint and Survivor annuity

### Percent married

80%

Plan Name:      Alexander Lumber Company Retirement Plan  
EIN / PN:      36-0715495 / 001  
Plan Sponsor:      Alexander Lumber Company  
Valuation Date:      January 1, 2015

## SCHEDULE SB ATTACHMENTS

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|                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|-----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Spouse age</b>                 | Wife three years younger than husband                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Covered pay</b>                | Assumed plan compensation for the year beginning on the valuation date was determined as reported 2014 covered pay increased by the salary scale.                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Loads</b>                      | None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>At-risk assumptions</b>        | For at-risk calculations, all participants eligible to elect benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the most valuable form of benefit under the plan, which is usually the lump sum form of payment. |
| <b>Timing of benefit payments</b> | Annuity payments are payable monthly at the beginning of the month.                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

### Methods

|                                              |                        |
|----------------------------------------------|------------------------|
| <b>Valuation date</b>                        | First day of plan year |
| <b>Funding target and Target normal cost</b> | Unit Credit            |

|                 |                                          |
|-----------------|------------------------------------------|
| Plan Name:      | Alexander Lumber Company Retirement Plan |
| EIN / PN:       | 36-0715495 / 001                         |
| Plan Sponsor:   | Alexander Lumber Company                 |
| Valuation Date: | January 1, 2015                          |

# SCHEDULE SB ATTACHMENTS

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**Actuarial value of assets** Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22) . The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2014 plan year.)

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

**Benefits not valued** All benefits described in the Plan Provisions section of this report were valued. Towers Watson has reviewed the plan provisions with Alexander Lumber Company and, based on that review, is not aware of any significant benefits required to be valued that were not.

## Assumptions Rationale - Significant Economic Assumptions

**Discount rate for funding purposes** The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.

**Expected return on plan assets** We understand the expected return on assets assumption is based on the plan sponsor's estimate of future experience for trust asset returns, reflecting the plan's current asset allocation, any expected changes during the current plan year, current market conditions, and the plan sponsor's expectations for future market conditions.

## Assumptions Rationale - Significant Demographic Assumptions

**Healthy and Disabled Mortality for funding purposes** Assumptions used for funding purposes are as prescribed by IRC §430(h).

Plan Name: Alexander Lumber Company Retirement Plan  
EIN / PN: 36-0715495 / 001  
Plan Sponsor: Alexander Lumber Company  
Valuation Date: January 1, 2015

# SCHEDULE SB ATTACHMENTS

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**Termination** Termination rates are based on plan design, expected participant behavior and published tables for pension participants believed to have reasonably similar characteristics to the plan population. The termination rates vary by age.

**Disability** Disability rates are based on plan design, expected participant experience and published tables for pension participants believed to have reasonably similar characteristics participating in pension plans with similar disability provisions. The disability rates vary by age.

**Retirement** Retirement rates are set based on plan design, expected participant behavior and plan sponsor expectations for the future.

**Form of payment** The assumed form of payments are based on plan design, expected participant behavior and plan sponsor expectations for the future.

## Source of Prescribed Methods

**Funding Methods** The methods used for funding purposes, including the method of determining plan assets are "prescribed methods set by law," as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

## Changes in Assumptions and Methods

**Changes in assumptions since prior valuation for funding purposes**

The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of September 2013 to September 2014 with the interest rate corridors of HATFA applied.

The required mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvements.

The assumed form of payment changed from 100% single life annuity to 45% single life annuity, 40% 100% joint and survivor and 15% 50% joint and survivor.

The salary increase assumption changed from 3.00% in 2015 and after to 3.00% in 2015 and 3.50% in 2016 and after.

Plan Name: Alexander Lumber Company Retirement Plan  
EIN / PN: 36-0715495 / 001  
Plan Sponsor: Alexander Lumber Company  
Valuation Date: January 1, 2015

## **SCHEDULE SB ATTACHMENTS**

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### **Schedule SB, Line 24 Change in Actuarial Assumptions as of January 1, 2015**

The assumed form of payment changed from 100% single life annuity to 45% single life annuity, 40% 100% joint and survivor and 15% 50% joint and survivor.

The salary increase assumption changed from 3.00% in 2015 and after to 3.00% in 2015 and 3.50% in 2016 and after.

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# SCHEDULE SB ATTACHMENTS

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## Schedule SB – Statement by Enrolled Actuary

|                          |                                          |
|--------------------------|------------------------------------------|
| <b>Plan Sponsor</b>      | Alexander Lumber Company                 |
| <b>EIN/PN</b>            | 36-0715495 / 001                         |
| <b>Plan Name</b>         | Alexander Lumber Company Retirement Plan |
| <b>Valuation Date</b>    | January 1, 2015                          |
| <b>Enrolled Actuary</b>  | Matthew Plothrow                         |
| <b>Enrollment Number</b> | 14-07302                                 |

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

## **SCHEDULE SB ATTACHMENTS**

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### **Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2015**

See Schedule SB, Part V – Statement of Actuarial Assumptions/Methods for retirement rates. The valuation assumption for the Alexander Lumber Co. Retirement Plan is that all active participants will retire upon reaching age 65. If a participant is currently older than age 65 as of the valuation date, he is assumed to retire immediately. Therefore, since the overwhelming majority of plan participants are currently under age 65, the average retirement age is assumed to be at age 65.

Plan Name: Alexander Lumber Company Retirement Plan  
EIN / PN: 36-0715495 / 001  
Plan Sponsor: Alexander Lumber Company  
Valuation Date: January 1, 2015

**SCHEDULE SB  
(Form 5500)**Department of the Treasury  
Internal Revenue ServiceDepartment 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

**2015****This Form is Open to Public  
Inspection**For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015▶ **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.

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br>Alexander Lumber Co. Retirement Plan                                                                             | <b>B</b> Three-digit plan number (PN) ▶<br>001                                                                                                          |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>Alexander Lumber Co.                                          | <b>D</b> Employer Identification Number (EIN)<br>36-0715495                                                                                             |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

**Part I Basic Information**

|                                                                                                                                                                                                                 |                            |                           |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2015</u>                                                                                                                               |                            |                           |                          |
| <b>2</b> Assets:                                                                                                                                                                                                |                            |                           |                          |
| <b>a</b> Market value .....                                                                                                                                                                                     | <b>2a</b>                  | 30,858,187                |                          |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b>                  | 29,757,067                |                          |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                             | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment .....                                                                                                                                     | 248                        | 13,811,548                | 13,811,548               |
| <b>b</b> For terminated vested participants .....                                                                                                                                                               | 245                        | 7,818,384                 | 7,818,384                |
| <b>c</b> For active participants .....                                                                                                                                                                          | 144                        | 6,060,990                 | 6,566,563                |
| <b>d</b> Total .....                                                                                                                                                                                            | 637                        | 27,690,922                | 28,196,495               |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>                                                                                                |                            |                           |                          |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | <b>4a</b>                  |                           |                          |
| <b>b</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 ..... | <b>4b</b>                  |                           |                          |
| <b>5</b> Effective interest rate .....                                                                                                                                                                          | <b>5</b>                   | 6.35%                     |                          |
| <b>6</b> Target normal cost .....                                                                                                                                                                               | <b>6</b>                   | 317,798                   |                          |

**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.

|                                   |                           |                                        |
|-----------------------------------|---------------------------|----------------------------------------|
| <b>SIGN HERE</b>                  | Matthew Plathow <i>MP</i> | <i>11/01/2016</i>                      |
| Signature of actuary              |                           | Date                                   |
| Matthew Plathow                   |                           | 1407302                                |
| Type or print name of actuary     |                           | Most recent enrollment number          |
| Towers Watson Delaware Inc.       |                           | 312-525-2500                           |
| Firm name                         |                           | Telephone number (including area code) |
| 191 North Wacker Drive Suite 2100 |                           |                                        |
| Chicago IL 60606-1615             |                           |                                        |
| 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) 2015  
v. 150123

**Part II Beginning of Year Carryover and Prefunding Balances**

|                                                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                             | 0                     | 0                      |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                | 0                     | 0                      |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>8.13</u> % .....                                                                                 | 0                     | 0                      |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                       |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 1,526,352              |
| <b>b(1)</b> 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>6.52</u> % ..... |                       | 99,518                 |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 1,625,870              |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                    | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                         | 0                     | 0                      |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 105.53 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 105.53 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 94.53 %  |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %        |

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

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 01/13/2016               | 450,000                           | 0                               |                          |                                   |                                 |
| 04/19/2016               | 450,000                           | 0                               |                          |                                   |                                 |
| 05/25/2016               | 450,000                           | 0                               |                          |                                   |                                 |
| 09/06/2016               | 450,000                           | 0                               |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
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|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>          | <b>18(b)</b>                      | 1,800,000                       | <b>18(c)</b>             |                                   | 0                               |

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

|                                                                                                                         |            |           |
|-------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                    | <b>19a</b> | 0         |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> | 0         |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> | 1,656,259 |

**20** Quarterly contributions and liquidity shortfalls:

|                                                                                                                         |                                                                     |
|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>a</b> Did the plan have a "funding shortfall" for the prior year? .....                                              | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>c</b> 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**

|                                                                                                                                                                                              |                       |                       |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                       |                       |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.72% | 2nd segment:<br>6.11% | 3rd segment:<br>6.81%                               |
|                                                                                                                                                                                              |                       |                       | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code)                                                                                                                                                       |                       |                       | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age                                                                                                                                                    |                       |                       | <b>22</b> 65                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                       |                       |                                                     |

**Part VI Miscellaneous Items**

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

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

|                                                                                                                                |           |   |
|--------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years                                                            | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29)                                    | <b>30</b> | 0 |

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                |  |                                      |                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------|--------------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                             |  |                                      |                    |
| <b>a</b> Target normal cost (line 6)                                                                                                                                           |  | <b>31a</b>                           | 317,798            |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a                                                                                                           |  | <b>31b</b>                           | 317,798            |
| <b>32</b> Amortization installments:                                                                                                                                           |  | Outstanding Balance      Installment |                    |
| <b>a</b> Net shortfall amortization installment                                                                                                                                |  | 0                                    | 0                  |
| <b>b</b> Waiver amortization installment                                                                                                                                       |  | 0                                    | 0                  |
| <b>33</b> 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 |  | <b>33</b>                            | 0                  |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)                                                         |  | <b>34</b>                            | 0                  |
|                                                                                                                                                                                |  | Carryover balance                    | Prefunding balance |
| <b>35</b> Balances elected for use to offset funding requirement                                                                                                               |  | 0                                    | 0                  |
| <b>36</b> Additional cash requirement (line 34 minus line 35)                                                                                                                  |  | <b>36</b>                            | 0                  |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)                                                  |  | <b>37</b>                            | 1,656,259          |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                            |  |                                      |                    |
| <b>a</b> Total (excess, if any, of line 37 over line 36)                                                                                                                       |  | <b>38a</b>                           | 1,656,259          |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances                                                                |  | <b>38b</b>                           | 0                  |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)                                                                      |  | <b>39</b>                            | 0                  |
| <b>40</b> Unpaid minimum required contributions for all years                                                                                                                  |  | <b>40</b>                            | 0                  |

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

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