Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2015

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2015 or fiscal plan year beginning 04/01/2015 and ending 03/31/2016

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
PACIFIC COAST BUILDING PRODUCTS, INC. PROFIT SHARING/RETIREMENT PLAN & TRUST AGREEMENT

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 04/01/1977

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
PACIFIC COAST BUILDING PRODUCTS, INC.

10600 WHITE ROCK ROAD, SUITE 100
RANCHO CORDOVA, CA 95741-9074

2b Employer Identification Number (EIN)
94-6103555

2c Plan Sponsor's telephone number
916-631-6500

2d Business code (see instructions)
327900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	01/08/2017	DALE WALDSCHMITT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4c**	PN

5	Total number of participants at the beginning of the plan year	**5**	4588
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	1917
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	3111
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	2600
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	5711
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	72
f	Total. Add lines **6d** and **6e**.	**6f**	5783
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	4369
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	37
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 3H 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

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

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 04/01/2015 and ending 03/31/2016

A Name of plan
PACIFIC COAST BUILDING PRODUCTS, INC. PROFIT SHARING/RETIREMENT PLAN & TRUST AGREEMENT

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
PACIFIC COAST BUILDING PRODUCTS, INC.

D Employer Identification Number (EIN)
94-6103555

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

1 Coverage Information:

(a) Name of insurance carrier
ATHENE ANNUITY & LIFE ASSURANCE CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
44-0188050	61492	8002043 ETC	13	09/01/2014	08/31/2015

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ UNISEX; ORIGINAL AGE AT ISSUE

b	Premiums paid to carrier	6b	3769
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) [X] individual policies (2) [ ] group deferred annuity (3) [ ] other (specify) ▶

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

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

a Type of contract: (1) [ ] deposit administration (2) [ ] immediate participation guarantee (3) [ ] guaranteed investment (4) [ ] other ▶

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

m ☐ Other (specify) ▶

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

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

OMB No. 1210-0110

2015

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For calendar plan year 2015 or fiscal plan year beginning 04/01/2015 and ending 03/31/2016

A Name of plan
PACIFIC COAST BUILDING PRODUCTS, INC. PROFIT SHARING/RETIREMENT PLAN & TRUST AGREEMENT

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
PACIFIC COAST BUILDING PRODUCTS, INC.

D Employer Identification Number (EIN)
94-6103555

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
C.M. LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1041383	93432	70703720 ETC	19	09/01/2014	08/31/2015

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

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

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

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

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

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	(c) Amount	**(d)** Purpose	

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	(c) Amount	**(d)** Purpose	

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	7719
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) [X] individual policies (2) [ ] group deferred annuity

(3) [ ] other (specify) ▶

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

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

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

(3) [ ] guaranteed investment (4) [ ] other ▶

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6) Total additions			**7c(6)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

m ☐ Other (specify) ▶

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

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

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 04/01/2015 and ending 03/31/2016

A Name of plan
PACIFIC COAST BUILDING PRODUCTS, INC. PROFIT SHARING/RETIREMENT PLAN & TRUST AGREEMENT

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
PACIFIC COAST BUILDING PRODUCTS, INC.

D Employer Identification Number (EIN)
94-6103555

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1590850	65935	3904270 ETC	105	09/01/2014	08/31/2015

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

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

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

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	(c) Amount	**(d)** Purpose	

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	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ UNISEX: ORIGINAL AGE AT ISSUE

b	Premiums paid to carrier	6b	30733
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) [X] individual policies (2) [ ] group deferred annuity

(3) [ ] other (specify) ▶

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

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

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

(3) [ ] guaranteed investment (4) [ ] other ▶

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

m ☐ Other (specify) ▶

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

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

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 04/01/2015 and ending 03/31/2016

A Name of plan
PACIFIC COAST BUILDING PRODUCTS, INC. PROFIT SHARING/RETIREMENT PLAN & TRUST AGREEMENT

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
PACIFIC COAST BUILDING PRODUCTS, INC.

D Employer Identification Number (EIN)
94-6103555

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
LAFAYETTE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0457540	65242	C3881	77	09/01/2014	08/31/2015

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ UNISEX; ORIGINAL AGE AT ISSUE

b	Premiums paid to carrier	6b	51561
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) [X] individual policies (2) [ ] group deferred annuity

(3) [ ] other (specify) ▶

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

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

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

(3) [ ] guaranteed investment (4) [ ] other ▶

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

m ☐ Other (specify) ▶

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2015** **This Form is Open to Public Inspection.**

For calendar plan year 2015 or fiscal plan year beginning 04/01/2015 and ending 03/31/2016

A Name of plan
PACIFIC COAST BUILDING PRODUCTS, INC. PROFIT SHARING/RETIREMENT PLAN & TRUST AGREEMENT

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
PACIFIC COAST BUILDING PRODUCTS, INC.

D Employer Identification Number (EIN)
94-6103555

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

ARTISAN

39-1811840

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

DFA SECURITIES, INC.

36-3147118

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

DODGE & COX

94-1441976

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

EATON VANCE

04-2718215

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

HARBOR

04-2679462

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

HARDING LOEVNER

27-0684167

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

HARTFORD MUTUAL FUNDS

13-3317783

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

LEGG MASON WESTERN

52-1200960

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

PIMCO

95-2632339

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

PRINCIPAL FUNDS

42-1520346

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

TOUCHSTONE

31-0487145

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

VANGUARD

23-1945930

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

VITUS

95-4191764

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

WELLS FARGO ADVANTAGE

41-0449260

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

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

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

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

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

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

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

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

THE AGSF LLC

94-3339091

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	SERVICE PROVIDER	189247	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LAZARD ASSET MGMT.

05-0530199

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	SERVICE PROVIDER	104307	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

HARDING LOEVNER

22-3010247

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	SERVICE PROVIDER	59118	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

RICHMOND CAPITAL MGMT.

54-1288566

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	SERVICE PROVIDER	24509	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

HENDERSON GENEVA CAPITAL MGMT.

06-1217855

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	SERVICE PROVIDER	23345	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CONESTOGA CAPITAL ADVISORS, LLC

23-3072906

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	SERVICE PROVIDER	23278	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

GALLINA LLP

94-2147510

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	SERVICE PROVIDER	16750	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WELLS FARGO BANK, N.A.

94-1347393

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 49 50 60 62 64	SERVICE PROVIDER	10040	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

LEN MCCANDLISS

55-4520548

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	SERVICE PROVIDER	10000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

DAVID JOSEPH ZUERCHER

45-5729777

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	SERVICE PROVIDER	8500	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PENSION CONSULTANTS

94-2455733

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	SERVICE PROVIDER	7000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 04/01/2015 and ending 03/31/2016

A Name of plan
PACIFIC COAST BUILDING PRODUCTS, INC. PROFIT SHARING/RETIREMENT PLAN & TRUST AGREEMENT

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
PACIFIC COAST BUILDING PRODUCTS, INC.

D Employer Identification Number (EIN)
94-6103555

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	6804	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	6734022	7824358
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3416374	2520827
(2) U.S. Government securities	1c(2)	2974712	2558319
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	5000938	5436734
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	39275430	18461168
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	115539286	133861346
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	1777018	1812759

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	174724584	172475511
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	80631	46379
k Total liabilities (add all amounts in lines 1g through1j)	1k	80631	46379
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	174643953	172429132

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	7824358	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		7824358
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	26494	
(B) U.S. Government securities	2b(1)(B)	102461	
(C) Corporate debt instruments	2b(1)(C)	230343	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		359298
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	3124456	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		3124456
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	44632435	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	36044847	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		8587588
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	-9275034	
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-9275034

		(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)		-4829842
c Other income	2c		196412
d Total income. Add all **income** amounts in column (b) and enter total	2d		5987236
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7365477	
(2) To insurance carriers for the provision of benefits	2e(2)	93782	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		7459259
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)	742798	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		742798
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		8202057
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-2214821
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: GALLINA, LLP **(2)** EIN: 94-2147510

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
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X		
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X		

			Yes	No	N/A	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X		
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X		
e	Was this plan covered by a fidelity bond?	4e	X			5000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X		
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X		
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X		
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X			
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X		
l	Has the plan failed to provide any benefit when due under the plan?	4l		X		
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X		
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n				
o	Did the plan trust incur unrelated business taxable income?	4o				
p	Were in-service distributions made during the plan year?	4p				

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

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

6c Name of trustee or custodian	**6d** Trustee's or custodian's telephone number

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2015

This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 04/01/2015 and ending 03/31/2016

A Name of plan
PACIFIC COAST BUILDING PRODUCTS, INC. PROFIT SHARING/RETIREMENT PLAN & TRUST AGREEMENT

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
PACIFIC COAST BUILDING PRODUCTS, INC.

D Employer Identification Number (EIN)
94-6103555

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 41-6257133

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b 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)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c 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))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b 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?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A

22b 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).

22c 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 _____.

22d 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 _____/_____/_____.

23 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)?	☐ Yes	☐ No

GALLINA LLP
CERTIFIED PUBLIC ACCOUNTANTS

Independent Auditor's Report

To the Administrative Committee
Pacific Coast Building Products, Inc.
Profit Sharing/Retirement Plan and Trust
Rancho Cordova, California

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Pacific Coast Building Products, Inc. Profit Sharing/Retirement Plan and Trust, which comprise the statements of net assets available for benefits as of March 31, 2016 and 2015, and the related statement of changes in net assets available for benefits for the year ended March 31, 2016, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Wells Fargo Bank, N.A., the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certifications from the custodian as of March 31, 2016 and 2015, and for the year ended March 31, 2016, that the information provided to the Plan administrator by the custodian is complete and accurate.

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To the Administrative Committee
Pacific Coast Building Products, Inc.
Profit Sharing/Retirement Plan and Trust
Independent Auditor's Report

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 H, Line 4i – Schedule of Assets (Held at End of Year) as of the year ended March 31, 2016 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the 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 this supplemental schedule.

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

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



Roseville, California
December 29, 2016

Pacific Coast Building Products, Inc.
Profit Sharing/Retirement Plan and Trust

Financial Statements and Supplemental Schedule

March 31, 2016 and 2015

GALLINA LLP
CERTIFIED PUBLIC ACCOUNTANTS

Pacific Coast Building Products, Inc.
Profit Sharing/Retirement Plan and Trust

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GALLINA LLP
CERTIFIED PUBLIC ACCOUNTANTS

Independent Auditor's Report

To the Administrative Committee
Pacific Coast Building Products, Inc.
Profit Sharing/Retirement Plan and Trust
Rancho Cordova, California

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Pacific Coast Building Products, Inc. Profit Sharing/Retirement Plan and Trust, which comprise the statements of net assets available for benefits as of March 31, 2016 and 2015, and the related statement of changes in net assets available for benefits for the year ended March 31, 2016, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Wells Fargo Bank, N.A., the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certifications from the custodian as of March 31, 2016 and 2015, and for the year ended March 31, 2016, that the information provided to the Plan administrator by the custodian is complete and accurate.

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To the Administrative Committee
Pacific Coast Building Products, Inc.
Profit Sharing/Retirement Plan and Trust
Independent Auditor's Report

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 H, Line 4i – Schedule of Assets (Held at End of Year) as of the year ended March 31, 2016 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the 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 this supplemental schedule.

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

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



Roseville, California
December 29, 2016

Pacific Coast Building Products, Inc.
Profit Sharing/Retirement Plan and Trust
Statements of Net Assets Available for Benefits

	March 31, 2016	March 31, 2015
Assets:		
Investments:		
Money market funds	$ 2,521,000	$ 3,416,000
Bonds and notes	7,995,000	7,976,000
Equity securities	18,460,000	39,275,000
Mutual funds	120,742,000	102,395,000
Real estate investment trusts	13,120,000	13,145,000
Life insurance policies	1,813,000	1,777,000
Total investments	164,651,000	167,984,000
Employer contribution receivable	7,824,000	6,734,000
Cash	-	7,000
Total assets	172,475,000	174,725,000
Liabilities:		
Administrative fees payable	46,000	81,000
Net assets available for benefits	$ 172,429,000	$ 174,644,000

See accompanying notes to financial statements.

Pacific Coast Building Products, Inc.
Profit Sharing/Retirement Plan and Trust
Statement of Changes in Net Assets Available for Benefits
for the Year Ended March 31, 2016

Decrease in net assets attributed to:		
Investment income (loss):		
Interest	$	359,000
Dividends		3,124,000
Net depreciation in fair value of investments		(5,516,000)
Increase in cash surrender value of life insurance policies		148,000
Other income		48,000
Total investment loss		(1,837,000)
Employer contribution		7,824,000
Distributions to participants		(7,365,000)
Life insurance premiums		(94,000)
Investment and administrative expenses		(743,000)
Net decrease in net assets		(2,215,000)
Net assets available for benefits, beginning of year		174,644,000
Net assets available for benefits, end of year	$	172,429,000

See accompanying notes to financial statements.

(1) Description of Plan

The following description of the Pacific Coast Building Products, Inc. Profit Sharing/Retirement Plan and Trust (Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

(a) General

The Plan is sponsored by Pacific Coast Building Products, Inc. (Employer) and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan is a defined contribution plan which provides for retirement, disability and death benefits for substantially all nonunion employees of the Employer. Employees, other than certain employees hired as a result of an asset acquisition, who have worked 1,000 hours or more within a consecutive twelve month period commencing on their anniversary hiring date or, thereafter, commencing on the first day of each plan year, are eligible to participate in the Plan.

(b) Contributions

The Employer has agreed to make a minimum annual contribution equal to 5% of the eligible compensation as defined in the Plan document of all participants. Plan assets are invested at the direction of the Plan Investment Committee and are thus not participant directed.

(c) Participant Accounts

Individual accounts are maintained for each of the Plan's participants as well as the participant's share of the Plan's income (loss) and any related administrative expenses. Allocations are based on participant compensation or account balances, as defined. Life insurance policies purchased on behalf of participants are held by the Plan and the increase in the cash surrender value of the policies and the premium expenses are allocated to the participating participant accounts. As of April 1, 2013, the Plan no longer allows participants to purchase life insurance policies to be held in the Plan. Policies held as of April 1, 2013 by the plan will be maintained in the Plan, subject to the provisions of the Plan document. Participants with life insurance policies held in their individual account and who have terminated or otherwise become excluded participants can elect to maintain a policy, subject to the provisions of the plan document, or surrender a policy for its cash surrender value. If a participant does not make an election, the policy will be surrendered for the cash surrender value on the policy premium due date following the date the participant was terminated or became an excluded employee.

(d) Vesting and Forfeitures

A participant is 100% vested after three years of credited service or upon death, total disability or attainment of normal retirement age, as defined. Forfeitures of terminated participants' nonvested amounts are used to offset employer contributions. There were $96,000 of forfeitures for the year ended March 31, 2016. The full amount of available forfeitures was used to reduce the Employer's contribution. There were no unallocated forfeitures as of March 31, 2016 and 2015.

(e) Distributions to Participants

The benefit to which a participant is entitled is the participant's account valued as of the date of distribution. Upon retirement, as defined, or total and permanent disability, a participant may generally elect to receive a lump sum distribution, an annuity, or a combination of these options. In the event of a participant's death, his or her designated beneficiary will be paid in accordance with the terms of the beneficiary designation form.

(f) Plan Administration

The Plan is administered by the Administrative Committee and each member of this Committee was appointed by the Board of Directors of the Employer.

(2) Significant Accounting Policies

(a) Method of Accounting

The Plan's financial statements are prepared on the accrual basis of accounting.

(b) Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions to and deductions from net assets during the reporting period. Actual results could differ from those estimates.

(c) Risks and Uncertainties

Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of the investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

(d) Investment Valuation and Income Recognition

The Plan's investments are stated at fair value except for its investments in life insurance policies. Money market funds, bonds, notes and equity securities are valued at the closing price reported on the active market on which the individual securities are traded. Mutual funds and real estate investment trusts are valued at the net asset value (NAV) of shares held by the Plan at year end. Life insurance policies are valued at cash surrender value (CSV).

Purchases and sales of investments are reported on a trade date basis. Dividend income is recorded on the ex-dividend date. Net appreciation (depreciation) includes gains and losses on investments bought and sold, as well as held during the year. Interest income is recognized on the accrual basis.

(e) Fair Value Hierarchy

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820-10, *Fair Value Measurement* provides guidance for measuring the fair value of assets and liabilities. The objective of a fair value measurement is to determine the price that would be received when selling an asset or paid when transferring a liability. The guidance outlines a fair value hierarchy that gives the highest priority to quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described below:

- Level 1 - Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities.

- Level 2 - Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly.

- Level 3 - Prices or valuations that require inputs that are both significant to their fair value measurement and unobservable.

(f) Benefits

Benefits paid to participants are recorded as deductions from net assets available for benefits when approved and paid by the Plan.

(g) Administrative Expenses

Administrative expenses incurred by the Plan are allocated to each participant account based on participant account balances.

(h) Recent Accounting Pronouncements

In July 2015, the Financial Accounting Standards Board issued Accounting Standards Update ("ASU") No. 2015-12, *Plan Accounting: Defined Benefit Pension Plans, Topic 960; Defined Contribution Plans, Topic 962; and Health and Welfare Benefit Plans, Topic 965: Part (I) Fully Benefit-Responsive Investment Contracts, Part (II) Plan Investment Disclosures, Part (III) Measurement Date Practical Expedient*. The pronouncement eliminates the requirements to disclose individual investments that represent 5 percent or more of net assets available for benefits and the net appreciation or depreciation in fair value of investments by general type. The pronouncement also simplifies the level of disaggregation of investments that are measured using fair value. Plans will continue to disaggregate investments that are measured using fair value by general type; however, plans are no longer required to also disaggregate investments by nature, characteristics and risks. Further, the disclosure of information about fair value measurements shall be provided by general type of plan asset. The ASU is effective for fiscal years beginning after December 15, 2015, with early adoption permitted. Management has elected to adopt the pronouncement early in these financial statements, via retrospective application.

(i) Date of Evaluation – Subsequent Events

Management has evaluated subsequent events through December 29, 2016, the date on which the financial statements were available to be issued. No subsequent events requiring disclosure existed as of this date.

(3) Investments

The following information included in the accompanying financial statements and supplemental schedule, was obtained from data that has been prepared and certified as complete and accurate by the Plan's custodian as of March 31, 2016 and 2015.

Investments at fair value:

	2016	2015
Wells Fargo Advantage Heritage	$ 2,521,000	$ 3,416,000
Artisan Mid Cap Value	3,217,000	3,307,000
DFA International Small Company	4,796,000	4,946,000
DFA International Real Estate	3,244,000	3,427,000
DFA US Large Cap Value	3,993,000	4,123,000
DFA US Targeted Value	4,897,000	5,127,000
Dodge & Cox	5,553,000	5,686,000
Harbor Capital Appreciation Fund	6,096,000	6,713,000
Hartford Global	3,357,000	3,104,000
Parametric Emerging Markets	3,805,000	2,941,000
Parametric Emerging Markets Tax Managed	5,967,000	6,554,000
PIMCO Foreign Bond	6,671,000	6,521,000
PIMCO Total Return	8,060,000	-
PIMCO Total Return II	17,000	7,919,000
Principal Diversified	3,273,000	3,177,000
Touchstone High Yield	6,445,000	6,553,000
Vanguard Instl Index Fund	20,988,000	21,212,000
Vanguard Short-Term Investment Grade	9,592,000	9,579,000
Virtus Real Estate Securities	3,246,000	3,437,000
Vanguard Total Bond Market Index	8,150,000	7,988,000
Western Asset Emerging Market	3,239,000	3,225,000
Harding Loevner Equity Fund	14,579,000	14,803,000
Connestoga Capital Fund	4,676,000	5,031,000
Richmond Capital Fund	7,995,000	7,976,000
Lazard Asset Management Fund	15,386,000	16,093,000
Geneva Capital Fund	3,075,000	3,349,000
	$ 162,838,000	$ 166,207,000

The following table sets forth by level, within the fair value hierarchy, the fair value of Plan investments:

	Fair value	Hierarchy level 1	Hierarchy level 2	Hierarchy level 3
At March 31, 2016:				
Money market funds	$ 2,521,000	$ 2,521,000	$ —	$ —
Bonds and notes	7,995,000	7,995,000	—	—
Equity securities	18,460,000	18,460,000	—	—
Mutual funds	120,742,000	120,742,000	—	—
Real estate investment trusts	13,120,000	13,120,000	—	—
Life insurance policies	1,813,000	—	—	1,813,000
	$ 164,651,000	$ 162,838,000	$ —	$ 1,813,000
At March 31, 2015:				
Money market funds	$ 3,416,000	$ 3,416,000	$ —	$ —
Bonds and notes	7,976,000	7,976,000	—	—
Equity securities	39,276,000	39,276,000	—	—
Mutual funds	102,394,000	102,394,000	—	—
Real estate investment trusts	13,145,000	13,145,000	—	—
Life insurance policies	1,777,000	—	—	1,777,000
	$ 167,984,000	$ 166,207,000	$ —	$ 1,777,000

Summary of changes in fair value of the Plan's hierarchy level 3 assets for the year ended March 31, 2016 are as follows:

	Life insurance policies
Balance, beginning of year	$ 1,777,000
Surrenders	(112,000)
Increase in cash surrender value	148,000
Balance, end of year	$ 1,813,000

(4) Related Party Transactions

Money market funds held by the Plan are managed by Wells Fargo, and, as such, transactions in these funds qualify as party-in-interest transactions. Any purchase or sale of these funds are open market transactions at fair market

value, and as such, are permitted under the provisions of the Plan and are exempt from the prohibition of party-in-interest transactions under ERISA.

The Company provides certain accounting and administrative services for which no fees are charged.

(5) Plan Termination

Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue employer contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

(6) Income Tax Status

The Internal Revenue Service issued its latest determination letter in May of 2012 which stated that the Plan and its underlying trust are designed in accordance with applicable sections of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, management believes that the Plan's current design and operation is in compliance with the applicable requirements of the Internal Revenue Code and ERISA, and the trust which forms a part of the Plan, is exempt from income tax. Therefore, no provision for income taxes has been included in the Plan's financial statements. The Plan was restated as of April 1, 2015, and the Plan administrator believes that the Plan continues to be designed and operated in compliance with the applicable requirements of the Internal Revenue Code.

The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of March 31, 2016, there are no uncertain positions taken or expected to be taken. 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 the years prior to 2011.

Pacific Coast Building Products, Inc **Supplemental Schedule**

Profit Sharing/Retirement Plan and Trust

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

as of March 31, 2016

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Money market funds:			
*	Geneva		$ 110,000	$ 110,000
*	Lazard		432,000	432,000
*	Richmond Capital		150,000	150,000
*	Wells Fargo Advantage Heritage		1,829,000	1,829,000
	Total money market funds		$ 2,521,000	$ 2,521,000
	Bonds and notes:			
	ACE Ina Holdings	15,000 face value, 8.875% due Aug 2029	$ 20,000	$ 23,000
	Aflac Inc	20,000 face value, 2.400% due Mar 2020	20,000	20,000
	Aflac Inc	25,000 face value, 6.900% due Dec 2039	32,000	33,000
	Allstate Corp	30,000 face value, 7.450% due May 2019	36,000	36,000
	Altria Group Inc	55,000 face value, 9.250% due Aug 2019	73,000	69,000
	Altria Group Inc	15,000 face value, 4.750% due May 2021	16,000	17,000
	American Express	75,000 face value, 7.000% due Mar 2018	89,000	82,000
	Amgen Inc	35,000 face value, 4.100% due Jun 2021	37,000	39,000
	Amgen Inc	10,000 face value, 5.650% due Jun 2042	11,000	12,000
	Anheuser-Busch Inbev FIN	30,000 face value, 4.900% due Feb 2046	30,000	34,000
	Apache Corp	25,000 face value, 5.100% due Sep 2040	24,000	23,000
	Apple Inc	35,000 face value, 2.400% due May 2023	35,000	36,000
	Archer Daniels Midland Co	25,000 face value, 7.500% due Mar 2027	32,000	34,000
	AT&T Broadband Corp	20,000 face value, 9.455% due Nov 2022	21,000	29,000
	AT&T Inc.	20,000 face value, 5.800% due Feb 2019	24,000	23,000
	Atlantic Richfield	20,000 face value, 9.125% due Aug 2031	29,000	30,000
	Bank Of America Corp MTN	45,000 face value, 5.000% due May 2021	50,000	51,000
	Bank of New York Mellon	20,000 face value, 5.450% due May 2019	20,000	23,000
	Bank of Nova Scotia	70,000 face value, 1.100% due Dec 2016	70,000	70,000
	BB&T Corporation	55,000 face value, 3.950% due Apr 2016	56,000	56,000
	BB&T Corporation	15,000 face value, 2.250% due Feb 2019	15,000	15,000
	Becton Dickinson	15,000 face value, 6.000% due May 2039	21,000	18,000
	Berkshire Hathaway Fin	10,000 face value, 4.250% due Jan 2021	11,000	11,000
	Bestfoods Med Term Note Ser F	25,000 face value, 6.625% due Apr 2028	27,000	35,000
	Blackrock Inc Ser 2	30,000 face value, 5.000% due Dec 2019	32,000	34,000
	Boston Properties LP	40,000 face value, 3.650% due Feb 2026	40,000	42,000
	Burlington North Santa Fe	20,000 face value, 6.150% due May 2037	25,000	26,000
	Cambell Soup Co Debenture	35,000 face value, 8.875% due May 2021	46,000	46,000
	Caterpillar Financial SE	30,000 face value, 3.750% due Nov 2023	32,000	33,000
	Cintas Corporation No.2	50,000 face value, 4.300% Jun 2021	55,000	55,000
	Cisco Systems Inc	90,000 face value, 3.000% Jun 2022	94,000	96,000
	CitiBank Credit Card Issuance	150,000 face value, 1.320% Sep 2018	150,000	150,000
	CitiGroup Inc	50,000 face value, 6.125% May 2018	56,000	55,000
	CitiGroup Inc	35,000 face value, 8.500% May 2019	44,000	43,000
	CME Group Inc	50,000 face value, 3.000% Sep 2022	50,000	52,000
	Coca Cola Enterprises Inc	30,000 face value, 6.950% Nov 2026	42,000	41,000
	Comcast Corp	90,000 face value, 5.150% Mar 2020	101,000	102,000
	Commercial Mortgage Pass-Through	65,000 face value, 3.147% Aug 2045	67,000	69,000
	ConocoPhillips Comapany	10,000 face value, 4.300% Nov 2044	11,000	9,000
	Cons Edison Co of NY	20,000 face value, 5.500% Dec 2039	23,000	24,000
	Costco Wholesale Group	100,000 face value, 5.500% due Mar 2017	105,000	105,000
	CSX Corp	80,000 face value, 7.375% due Feb 2019	96,000	92,000
	Deere & Co	45,000 face value, 8.100% due May 2030	64,000	66,000
	Devon Energy Corporation	25,000 face value, 4.750% due May 2042	25,000	19,000
	Dover Corp	20,000 face value, 6.650% due Jun 2028	22,000	26,000
	Duke Energy Carolinas	30,000 face value, 7.000% due Nov 2018	35,000	35,000
	Eaton Corp	10,000 face value, 5.600% due May 2018	10,000	11,000
	Eaton Corp	15,000 face value, 7.650% due Nov 2029	20,000	21,000
	Eli Lilly & Co	30,000 face value, 5.500% due Mar 2027	32,000	37,000
	Enterprise Products Oper	25,000 face value, 5.100% due Feb 2045	22,000	25,000
	EOG Resources Inc	55,000 face value, 5.625% due Jun 2019	61,000	61,000
	Equitable Cos Inc	35,000 face value, 7.000% due Apr 2028	41,000	45,000
	FedEx Corp	65,000 face value, 8.000% due Jan 2019	82,000	77,000
	Fifth Third Bancorp	50,000 face value, 2.300% due Mar 2019	50,000	51,000
	Franklin Resources Inc.	15,000 face value, 4.625% due May 2020	16,000	17,000
	Franklin Resources Inc.	50,000 face value, 2.850% due Mar 2025	50,000	50,000
	FHLMC Multifamily Structured Ser K010 CL A2	90,000 face value, due Oct 2020	99,000	101,000
	FHLMC Ser K029 CL A2	45,000 face value, 3.320% due Feb 2023	44,000	49,000
	FHLMC Ser K031 CL A2	25,000 face value, 3.300% due Apr 2023	25,000	27,000

Pacific Coast Building Products, Inc **Supplemental Schedule**

Profit Sharing/Retirement Plan and Trust

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

as of March 31, 2016

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
	FHLMC PL #A23656	13,207 face value, 6.000% due Jun 2034	14,000	15,000
	FHLMC PL #A93614	30,297 face value, 4.500% due Aug 2040	32,000	33,000
	FHLMC PL #A93763	23,604 face value, 4.500% due Sep 2040	$ 25,000	$ 26,000
	FHLMC Pl #C01410	4,744 face value, 6.000% due Oct 2032	5,000	6,000
	FHLMC Pl #C01571	10,425 face value, 6.000% due May 2033	11,000	12,000
	FHLMC P1#C03490	106,843 face value, 4.500% due Aug 2040	115,000	117,000
	FHLMC P1#C03858	136,252 face value, 3.500% due Apr 2042	139,000	144,000
	FHLMC P1#C03920	66,112 face value, 3.500% due May 2042	70,000	70,000
	FHLMC Pl #C80444	13,254 face value, 7.500% due Nov 2026	14,000	16,000
	FHLMC Pl #E97299	2,852 face value, 5.000% due Jul 2018	2,000	2,000
	FHLMC Pl #G01895	106,970 face value, 5.000% due Jul 2035	118,000	119,000
	FHLMC Pl #G06501	58,921 face value, 4.000% due Apr 2041	63,000	63,000
	FHLMC Pl #G11736	9,043 face value, 5.000% due Apr 2020	9,000	10,000
	FHLMC PL #Q24847	54,196 face value, 4.000% due Feb 2044	57,000	58,000
	FHLMC PL #Q38893	84,884 face value, 4.000% due Feb 2046	91,000	91,000
	FHLMC PL #V60955	137,117 face value, 2.500% due Oct 2030	140,000	141,000
	FNMA PL #AA2524	23,724 face value, 6.000% due Mar 2039	25,000	27,000
	FNMA PL #AA9592	9,441 face value, 6.000% due Jan 2039	10,000	11,000
	FNMA PL #AB4937	24,130 face value, 3.500% due April 2042	25,000	25,000
	FNMA PL #AC9290	36,592 face value, 5.000% due Apr 2041	39,000	41,000
	FNMA PL #AJ0861	45,187 face value, 4.000% due Oct 2041	48,000	49,000
	FNMA PL #AJ4557	23,380 face value, 4.000% due Nov 2041	24,000	25,000
	FNMA PL #AL2392	48,911 face value, 3.500% due Aug 2042	51,000	52,000
	FNMA PL #AL2892	43,739 face value, 3.500% due Dec 2042	45,000	46,000
	FNMA PL #AL7590	166,553 face value, 3.500% due Oct 2045	172,000	176,000
	FNMA PL #AQ9292	56,325 face value, 3.500% due Jan 2043	60,000	59,000
	FNMA PL #AZ4750	112,557 face value, 3.500% due Oct 2045	118,000	119,000
	FNMA PL #MA0863	46,034 face value, 4.500% due Oct 2041	49,000	50,000
	FNMA PL #251752	3,753 face value, 6.500% due Jun 2028	4,000	4,000
	FNMA PL #390176	1,377 face value, 7.500% due May 2027	2,000	2,000
	FNMA PL #545485	3,577 face value, 7.000% due Feb 2032	4,000	4,000
	FNMA PL #763798	7,816 face value, 5.500% due Mar 2034	8,000	9,000
	FNMA PL #770080	17,000 face value, 5.000% due Mar 2034	17,000	19,000
	FNMA PL #773381	8,016 face value, 5.000% due May 2034	8,000	9,000
	FNMA PL #805475	10,059 face value, 5.500% due Dec 2034	10,000	12,000
	General Dynamics Corp	110,000 face value, 3.875% due July 2021	119,000	121,000
	General Elec Cap Corp	20,000 face value, 6.875% due Jan 2039	27,000	29,000
	GNMA PL #AA1000	63,096 face value, 3.000% due May 2027	67,000	66,000
	GNMA PL #487582	8,300 face value, 6.500% due Mar 2029	9,000	10,000
	GNMA PL #595048	7,177 face value, 6.000% due Oct 2032	7,000	8,000
	GNMA PL #780777	1,140 face value, 7.000% due Apr 2028	1,000	1,000
	GNMA PL #781390	2,373 face value, 7.500% due Jan 2032	3,000	3,000
	GNMA PL #781429	3,106 face value, 8.000% due Mar 2032	3,000	4,000
	GNMA PL #MA2679	59,610 face value, 4.000% due Dec 2044	64,000	64,000
	GNMA PL #MA3035	78,370 face value, 4.000% due Aug 2045	84,000	84,000
	GNMA PL #MA3520	310,000 face value, 3.000% due Mar 2046	321,000	322,000
	GS Mortgage Securities Trust Ser 2012-GCJ9	55,000 face value, 2.7730% due Nov 2045	55,000	56,000
	Goldman Sachs Group Inc	70,000 face value, 7.500% due Feb 2019	86,000	81,000
	Goldman Sachs Group Inc	50,000 face value, 6.000% due Jun 2020	57,000	58,000
	Halliburton Co	20,000 face value, 6.700% due Sep 2038	20,000	24,000
	Hartford Finl Svcs Group	75,000 face value, 6.300% due Mar 2018	78,000	81,000
	IBM Corporation	30,000 face value, 7.0000% due Oct 2025	39,000	41,000
	JPMorgan Chase & Co	45,000 face value, 6.300% due Apr 2019	53,000	52,000
	JPMorgan Chase & Co	20,000 face value, 2.250% due Jan 2020	20,000	20,000
	JPMorgan Chase & Co	40,000 face value, 4.350% due Aug 2021	40,000	44,000
	Kellogg Co	35,000 face value, 4.000% due Dec 2020	37,000	38,000
	Keycorp	20,000 face value, 2.300% due Dec 2018	20,000	20,000
	Keycorp	30,000 face value, 5.100% due Mar 2021	33,000	33,000
	Lincoln National Corp	30,000 face value, 8.750% due Jul 2019	37,000	36,000
	Lockheed Martin Corp	20,000 face value, 4.850% due Sep 2041	20,000	23,000
	Manuf & Traders Trust Co	10,000 face value 6.625% due Dec 2017	11,000	11,000
	Markel Corporation	30,000 face value 5.350% due June 2021	30,000	34,000
	McDonald's Corp	25,000 face value 2.200% due May 2020	25,000	26,000
	Mckesson Corp	50,000 face value 2.284% due Mar 2019	50,000	51,000
	Merrill Lynch & Co	40,000 face value, 6.400% due Aug 2017	40,000	43,000
	Metlife Glob Funding I	55,000 face value, 7.717% due Feb 2019	63,000	64,000

Pacific Coast Building Products, Inc **Supplemental Schedule**

Profit Sharing/Retirement Plan and Trust

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

as of March 31, 2016

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
	Michigan Bell Tel Co Deb	25,000 face value, 7.850% due Jan 2022	31,000	31,000
	Morgan Stanley	30,000 face value, 5.750% due Jan 2021	35,000	35,000
	New Jersey St Tpk Auth Tpk Rev	20,000 face value, 7.102% due Jan 2041	21,000	29,000
	Oracle Corp	40,000 face value, 2.250% due Oct 2019	40,000	42,000
	Oracle Corp	50,000 face value, 3.625% due July 2023	$ 52,000	$ 54,000
	Parker-Hannifin Corp	10,000 face value, 6.250% due May 2038	11,000	13,000
	Pepsi Bottling Ser B	30,000 face value, 7.000% due Mar 2029	40,000	42,000
	Pfizer Inc	20,000 face value, 7.200% due Mar 2039	28,000	29,000
	Phillips 66	15,000 face value, 5.875% due May 2042	18,000	17,000
	Pitney Bowes Inc Med Term Note	20,000 face value, 5.250% due Jan 2037	21,000	20,000
	PNC Funding Corp	100,000 face value, 2.700% due Sep 2016	101,000	101,000
	PNC Funding Corp	5,000 face value, 6.700% due Jun 2019	6,000	6,000
	PNC Funding Corp	20,000 face value, 3.300% due Mar 2022	20,000	21,000
	Potash Corp- Saskatchewan	40,000 face value, 5.875% due Dec 2036	48,000	47,000
	Procter & Gamble Co Deb	10,000 face value, 6.450% due Jan 2026	11,000	13,000
	Progressive Corp	37,000 face value, 6.625% due March 2029	45,000	49,000
	Royal Bank of Canada	85,000 face value, 2.300% due Jul 2016	86,000	86,000
	Simon Property Group Inc	75,000 face value, 2.750% due Feb 2023	73,000	76,000
	Stryker Corp	55,000 face value, 4.375% due Jan 2020	61,000	59,000
	Suntrust Banks	55,000 face value, 6.000% due Sep 2017	55,000	58,000
	Sysco Corp	25,000 face value, 6.500% due Aug 2028	31,000	32,000
	Tampa Electric Co	75,000 face value, 5.400% due May 2021	85,000	85,000
	Thermo Fisher Scientific	50,000 face value, 3.600% due Aug 2021	51,000	52,000
	Timewarner Inc	20,000 face value, 6.625% due May 2029	23,000	25,000
	Toronto-Dominion Bank	35,000 face value, 2.500% due Dec 2020	35,000	36,000
	Tosco Corp	20,000 face value, 8.125% due Feb 2030	29,000	25,000
	Travelers Cos Inc	30,000 face value, 5.750% due Dec 2017	31,000	33,000
	Union Pacific Corp	35,000 face value, 7.875% due Jan 2019	41,000	41,000
	US Treasury Bond	15,000 face value, 5.375% due Feb 2031	21,000	22,000
	US Treasury Bond	300,000 face value, 3.125% due Nov 2041	311,000	337,000
	US Treasury Note	15,000 face value, 2.000% due Aug 2025	15,000	15,000
	United Technologies Corp	25,000 face value, 5.700% due Apr 2040	32,000	32,000
	US Bancorp	120,000 face value, 2.200% due Nov 2016	122,000	122,000
	Verizon Communications	50,000 face value, 6.100% due Apr 2018	57,000	56,000
	Verizon Communications	10,000 face value, 6.550% due Sep 2043	12,000	13,000
	Verizon Global Fdg Corp	5,000 face value, 7.750% due Dec 2030	7,000	7,000
	Virginia Elec & Power Co	15,000 face value, 8.875% due Nov 2038	25,000	25,000
	Wachovia Corp	100,000 face value, 5.750% due Jun 2017	105,000	107,000
	Wal-Mart Stores Inc	10,000 face value, 6.500% due Aug 2037	14,000	14,000
	Walt Disney Company	20,000 face value, 5.500% due March 2019	24,000	23,000
	Wells Fargo & Co New	25,000 face value, 5.125% due Sep 2016	24,000	26,000
	Wells Fargo & Co	120,000 face value, 1.250% due Jul 2016	121,000	121,000
	Wisconsin Power & Light	15,000 face value, 6.375% due Aug 2037	19,000	20,000
	21st Centy Fox Amer Inc	50,000 face value, 7.250% due May 2018	58,000	57,000
	21st Centy Fox Amer Inc	15,000 face value, 8.500% due Feb 2025	17,000	20,000
	Total bonds and notes		$ 7,822,000	$ 7,995,000
	Equity:			
	Actelion LTD	9,620 shares common	$ 299,000	$ 359,000
	Acuity Brands (Holding Company) Inc	237 shares common	47,000	52,000
	Affiliated Managers Group, Inc Com	304 shares common	23,000	49,000
	Align Technology Inc	859 shares common	33,000	62,000
	Amphenol Corp Cl A	1,399 shares common	26,000	81,000
	Anheuser-Busch Inbev SPN	5,849 shares common	388,000	729,000
	Ansys Inc	649 shares common	23,000	58,000
	Aon PLC	3,150 shares common	308,000	329,000
	Assa Abloy Ab	38,669 shares common	149,000	379,000
	Associated British Foods Plc	4,045 shares common	113,000	198,000
	Ashtead Group PLC	2,050 shares common	130,000	105,000
	Bard C R Inc	345 shares common	40,000	70,000
	Bayer Ag	3,320 shares common	270,000	390,000
	Beacon Roofing Supply Inc	683 shares common	25,000	28,000
	Bhp Billiton Limited	10,615 shares common	492,000	275,000
	British American Tobacco P.L.C.	4,469 shares common	375,000	536,000
	Broadridge Financial Solutions	863 shares common	46,000	51,000
	Capgemini SA	3,660 shares common	141,000	171,000
	Carter Holdings	699 shares common	60,000	74,000

Pacific Coast Building Products, Inc **Supplemental Schedule**

Profit Sharing/Retirement Plan and Trust

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

as of March 31, 2016

(a)	(b)	(c)		(d)	(e)
	Identity of issue, borrower, lessor, or similar party		Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
	Carlsberg A/S	15,680	shares common	292,000	301,000
	Cerner Corp Com	1,073	shares common	16,000	57,000
	Check Point Software Tech Com	3,380	shares common	276,000	296,000
	Church & Dwight Inc	857	shares common	33,000	79,000
	Cooper Cos INC COM NEW	334	shares common	54,000	52,000
	Cognizant Tech Solutions Crp Com	1,136	shares common	21,000	71,000
	Compagnie Financiere Richemont Sa	21,660	shares common	$ 191,000	$ 143,000
	Compass Group PLC	18,035	shares common	309,000	322,000
	Continential AG	3,455	shares common	155,000	157,000
	Copart Inc Com	1,093	shares common	26,000	45,000
	Costar Group, Inc	242	shares common	34,000	46,000
	Credit Suisse Group ADR	6,650	shares common	165,000	94,000
	Daiwa House Ind Ltd	18,365	shares common	359,000	516,000
	Dentsply Sirona Inc	1,086	shares common	44,000	67,000
	East West Bancorp Inc	1,613	shares common	37,000	53,000
	Fanuc Corporation	7,160	shares common	189,000	185,000
	Fastenal Co	987	shares common	26,000	48,000
	Fiserv Inc	858	shares common	24,000	88,000
	Fresenius Se & Co - KGAA	14,982	shares common	194,000	273,000
	Gartner INC	734	shares common	60,000	66,000
	GEA Group AG	2,795	shares common	115,000	137,000
	Hain Celestial Group Inc	1,331	shares common	59,000	54,000
	Hunt J B Trans SVCS Inc	581	shares common	41,000	49,000
	Idex Corp	691	shares common	29,000	57,000
	Idexx Corp	488	shares common	31,000	38,000
	Ihs Inc	317	shares common	17,000	39,000
	Informa Plc	14,085	shares common	193,000	289,000
	Intercontinental Exchange Group Inc	269	shares common	30,000	63,000
	Intuit Com	716	shares common	22,000	74,000
	Japan Tobacco, INC	20,960	shares common	345,000	437,000
	JM Smucker Co	415	shares common	36,000	54,000
	J2 Global, Inc	584	shares common	44,000	36,000
	KBC Groep NV	5,410	shares common	163,000	139,000
	Kddi Corporation	26,165	shares common	257,000	349,000
	Koninklijke KPN N.V	42,825	shares common	140,000	182,000
	Komatsu Limited	8,620	shares common	239,000	147,000
	Lkq Corporation	2,455	shares common	32,000	78,000
	Lloyds Banking Group Plc	88,345	shares common	334,000	349,000
	Makita Corporation	5,300	shares common	284,000	329,000
	Manhattan Associates, Inc Com	1,303	shares common	50,000	74,000
	Maximus Inc Com	500	shares common	32,000	26,000
	Middleby Corp	728	shares common	57,000	78,000
	Novartis Ag	8,195	shares common	483,000	594,000
	Novo Nordisk A/S- ADR	5,855	shares common	204,000	317,000
	O Reilly Automotive Inc	359	shares common	16,000	98,000
	Panera Bread Co - Cl A	234	shares common	18,000	48,000
	Parexel Intl Corp Com	849	shares common	29,000	53,000
	Perrigo Co Plc	398	shares common	60,000	51,000
	Polaris Inds Inc Com	431	shares common	29,000	42,000
	Prudential Plc	12,195	shares common	288,000	467,000
	Raymond James Finl Inc	1,140	shares common	62,000	55,000
	Red Electrica Corporacion S.A.	14,650	shares common	189,000	254,000
	Red Hat Inc	872	shares common	47,000	65,000
	RELX PLC	15,075	shares common	260,000	283,000
	Rexam Plc	5,638	shares common	211,000	255,000
	Roper Technologies, Inc.	293	shares common	25,000	54,000
	Royal Dutch Shell Plc	6,481	shares common	369,000	314,000
	Ryanair Holdings Plc	2,064	shares common	69,000	177,000
	Ryohin Keikaku CO	4,420	shares common	102,000	188,000
	Sampo AYJ	11,941	shares common	167,000	283,000
	Shire PLC	2,060	shares common	396,000	355,000
	Seven & I Holdings CO., Ltd	12,940	shares common	215,000	276,000
	Signature Bk New York N Y	468	shares common	27,000	64,000
	Signet Jewelers Limited	1,785	shares common	146,000	221,000
	Snap On Inc	175	shares common	29,000	27,000
	Softbank Group Corp	12,340	shares common	448,000	295,000

Pacific Coast Building Products, Inc **Supplemental Schedule**

Profit Sharing/Retirement Plan and Trust

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

as of March 31, 2016

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	**Description of investment including maturity date, rate of interest, collateral, par or maturity value**	**Cost**	**Current Value**
	Sony Corporation	7,685 shares common	205,000	198,000
	Stericycle Inc Com	372 shares common	21,000	47,000
	Steris PLC	662 shares common	50,000	47,000
	Sumitomo Mitsui Tr	29,085 shares common	145,000	86,000
	Sumitomo Trust and Banking Company	50,908 shares common	394,000	306,000
	Swedbank Ab	10,940 shares common	242,000	234,000
	Telenor ASA - ADR	11,025 shares common	250,000	179,000
	Teva Pharmaceutical Industries	6,335 shares common	340,000	339,000
	Tiffany & Co NEW	516 shares common	$ 48,000	$ 38,000
	Tractor Supply Co Com	1,050 shares common	14,000	95,000
	Tyler Technologies Inc	502 shares common	47,000	65,000
	Ultimate Software Group Inc	292 shares common	46,000	56,000
	Under Armour Inc	844 shares common	32,000	72,000
	Unilever Plc	7,855 shares common	281,000	355,000
	Valeo	3,605 shares common	130,000	280,000
	Varian Med Sys Inc	588 shares common	26,000	47,000
	Verisk Analytics Inc	883 shares common	56,000	70,000
	Vinci SA	13,895 shares common	208,000	257,000
	Vivendi	5,140 shares common	136,000	107,000
	Wabtec Corp	457 shares common	22,000	36,000
	Williams Sonoma Inc	487 shares common	37,000	27,000
	Wolters Kluwer NV	7,525 shares common	215,000	301,000
	Wolseley Plc	60,106 shares common	240,000	349,000
	Total equity securities		$ 15,117,000	$ 18,460,000
	Mutual funds:			
	Artisan Mid Cap Value	161,568 units	$ 3,137,000	$ 3,217,000
	Connestoga Small Cap	135,039 units	4,912,000	4,676,000
	DFA International Small Company	278,848 units	4,480,000	# 4,796,000
	DFA US Large Cap Value	130,143 units	2,324,000	3,993,000
	DFA US Targeted Value	242,413 units	4,035,000	4,897,000
	Dodge & Cox	35,333 units	3,918,000	5,553,000
	Parametric Emerging Markets	305,395 units	4,002,000	3,805,000
	Parametric Tax-Managed Emerging Markets	145,820 units	6,473,000	5,967,000
	Harbor Capital Appreciation Fund	106,074 units	4,519,000	6,096,000
	Harding Loevner International Portfolio	846,636 units	15,406,000	14,579,000
	PIMCO Foreign Bond	690,614 units	6,893,000	6,671,000
	PIMCO Total Return	791,691 units	8,059,000	8,059,000
	PIMCO Total Return II	1,798,000 units	17,000	17,000
	Touchstone High Yield Fund	810,754 units	7,342,000	6,446,000
	Vanguard Short-Term Investment Grade	897,304 units	9,662,000	9,592,000
	Vanguard Total Bond Market Index	747,711 units	8,148,000	8,150,000
	Vanguard Instl Index Fund	111,573 units	12,204,000	20,989,000
	Western Asset Emerging Market	686,121 units	3,696,000	3,239,000
	Total mutual funds		$ 109,227,000	$ 120,742,000
	Real estate investment trusts:			
	Hartford Global	426,027 units	$ 4,254,000	$ 3,357,000
	Principal Diversified	310,788 units	3,708,000	3,273,000
	DFA Intl Real Estate	601,807 units	2,986,000	3,244,000
	Virtus Real Estate Securities	90,960 units	3,083,000	3,246,000
	Total real estate investment trusts		$ 14,031,000	$ 13,120,000
	Life insurance policies:			
	Mass Mutual	Graded premium life insurance policies	✓	$ 1,111,000
	Mass Mutual UL	Level premium universal life insurance policies	✓	285,000
	Athene	Level premium universal life insurance policies	✓	49,000
	Lafayette Life	Level premium universal life insurance policies		368,000
	Total life insurance policies			$ 1,813,000
				$ 164,651,000

* Indicates a party-in-interest.

✓ The Plan was unable to obtain historical cost information.

Pacific Coast Building Products, Inc **Supplemental Schedule**

Profit Sharing/Retirement Plan and Trust

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

as of March 31, 2016

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Money market funds:			
*	Geneva		$ 110,000	$ 110,000
*	Lazard		432,000	432,000
*	Richmond Capital		150,000	150,000
*	Wells Fargo Advantage Heritage		1,829,000	1,829,000
	Total money market funds		$ 2,521,000	$ 2,521,000
	Bonds and notes:			
	ACE Ina Holdings	15,000 face value, 8.875% due Aug 2029	$ 20,000	$ 23,000
	Aflac Inc	20,000 face value, 2.400% due Mar 2020	20,000	20,000
	Aflac Inc	25,000 face value, 6.900% due Dec 2039	32,000	33,000
	Allstate Corp	30,000 face value, 7.450% due May 2019	36,000	36,000
	Altria Group Inc	55,000 face value, 9.250% due Aug 2019	73,000	69,000
	Altria Group Inc	15,000 face value, 4.750% due May 2021	16,000	17,000
	American Express	75,000 face value, 7.000% due Mar 2018	89,000	82,000
	Amgen Inc	35,000 face value, 4.100% due Jun 2021	37,000	39,000
	Amgen Inc	10,000 face value, 5.650% due Jun 2042	11,000	12,000
	Anheuser-Busch Inbev FIN	30,000 face value, 4.900% due Feb 2046	30,000	34,000
	Apache Corp	25,000 face value, 5.100% due Sep 2040	24,000	23,000
	Apple Inc	35,000 face value, 2.400% due May 2023	35,000	36,000
	Archer Daniels Midland Co	25,000 face value, 7.500% due Mar 2027	32,000	34,000
	AT&T Broadband Corp	20,000 face value, 9.455% due Nov 2022	21,000	29,000
	AT&T Inc.	20,000 face value, 5.800% due Feb 2019	24,000	23,000
	Atlantic Richfield	20,000 face value, 9.125% due Aug 2031	29,000	30,000
	Bank Of America Corp MTN	45,000 face value, 5.000% due May 2021	50,000	51,000
	Bank of New York Mellon	20,000 face value, 5.450% due May 2019	20,000	23,000
	Bank of Nova Scotia	70,000 face value, 1.100% due Dec 2016	70,000	70,000
	BB&T Corporation	55,000 face value, 3.950% due Apr 2016	56,000	56,000
	BB&T Corporation	15,000 face value, 2.250% due Feb 2019	15,000	15,000
	Becton Dickinson	15,000 face value, 6.000% due May 2039	21,000	18,000
	Berkshire Hathaway Fin	10,000 face value, 4.250% due Jan 2021	11,000	11,000
	Bestfoods Med Term Note Ser F	25,000 face value, 6.625% due Apr 2028	27,000	35,000
	Blackrock Inc Ser 2	30,000 face value, 5.000% due Dec 2019	32,000	34,000
	Boston Properties LP	40,000 face value, 3.650% due Feb 2026	40,000	42,000
	Burlington North Santa Fe	20,000 face value, 6.150% due May 2037	25,000	26,000
	Cambell Soup Co Debenture	35,000 face value, 8.875% due May 2021	46,000	46,000
	Caterpillar Financial SE	30,000 face value, 3.750% due Nov 2023	32,000	33,000
	Cintas Corporation No.2	50,000 face value, 4.300% Jun 2021	55,000	55,000
	Cisco Systems Inc	90,000 face value, 3.000% Jun 2022	94,000	96,000
	CitiBank Credit Card Issuance	150,000 face value, 1.320% Sep 2018	150,000	150,000
	CitiGroup Inc	50,000 face value, 6.125% May 2018	56,000	55,000
	CitiGroup Inc	35,000 face value, 8.500% May 2019	44,000	43,000
	CME Group Inc	50,000 face value, 3.000% Sep 2022	50,000	52,000
	Coca Cola Enterprises Inc	30,000 face value, 6.950% Nov 2026	42,000	41,000
	Comcast Corp	90,000 face value, 5.150% Mar 2020	101,000	102,000
	Commercial Mortgage Pass-Through	65,000 face value, 3.147% Aug 2045	67,000	69,000
	ConocoPhillips Comapany	10,000 face value, 4.300% Nov 2044	11,000	9,000
	Cons Edison Co of NY	20,000 face value, 5.500% Dec 2039	23,000	24,000
	Costco Wholesale Group	100,000 face value, 5.500% due Mar 2017	105,000	105,000
	CSX Corp	80,000 face value, 7.375% due Feb 2019	96,000	92,000
	Deere & Co	45,000 face value, 8.100% due May 2030	64,000	66,000
	Devon Energy Corporation	25,000 face value, 4.750% due May 2042	25,000	19,000
	Dover Corp	20,000 face value, 6.650% due Jun 2028	22,000	26,000
	Duke Energy Carolinas	30,000 face value, 7.000% due Nov 2018	35,000	35,000
	Eaton Corp	10,000 face value, 5.600% due May 2018	10,000	11,000
	Eaton Corp	15,000 face value, 7.650% due Nov 2029	20,000	21,000
	Eli Lilly & Co	30,000 face value, 5.500% due Mar 2027	32,000	37,000
	Enterprise Products Oper	25,000 face value, 5.100% due Feb 2045	22,000	25,000
	EOG Resources Inc	55,000 face value, 5.625% due Jun 2019	61,000	61,000
	Equitable Cos Inc	35,000 face value, 7.000% due Apr 2028	41,000	45,000
	FedEx Corp	65,000 face value, 8.000% due Jan 2019	82,000	77,000
	Fifth Third Bancorp	50,000 face value, 2.300% due Mar 2019	50,000	51,000
	Franklin Resources Inc.	15,000 face value, 4.625% due May 2020	16,000	17,000
	Franklin Resources Inc.	50,000 face value, 2.850% due Mar 2025	50,000	50,000
	FHLMC Multifamily Structured Ser K010 CL A2	90,000 face value, due Oct 2020	99,000	101,000
	FHLMC Ser K029 CL A2	45,000 face value, 3.320% due Feb 2023	44,000	49,000
	FHLMC Ser K031 CL A2	25,000 face value, 3.300% due Apr 2023	25,000	27,000

Pacific Coast Building Products, Inc **Supplemental Schedule**

Profit Sharing/Retirement Plan and Trust

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

as of March 31, 2016

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
	FHLMC PL #A23656	13,207 face value, 6.000% due Jun 2034	14,000	15,000
	FHLMC PL #A93614	30,297 face value, 4.500% due Aug 2040	32,000	33,000
	FHLMC PL #A93763	23,604 face value, 4.500% due Sep 2040	$ 25,000	$ 26,000
	FHLMC Pl #C01410	4,744 face value, 6.000% due Oct 2032	5,000	6,000
	FHLMC Pl #C01571	10,425 face value, 6.000% due May 2033	11,000	12,000
	FHLMC P1#C03490	106,843 face value, 4.500% due Aug 2040	115,000	117,000
	FHLMC P1#C03858	136,252 face value, 3.500% due Apr 2042	139,000	144,000
	FHLMC P1#C03920	66,112 face value, 3.500% due May 2042	70,000	70,000
	FHLMC Pl #C80444	13,254 face value, 7.500% due Nov 2026	14,000	16,000
	FHLMC Pl #E97299	2,852 face value, 5.000% due Jul 2018	2,000	2,000
	FHLMC Pl #G01895	106,970 face value, 5.000% due Jul 2035	118,000	119,000
	FHLMC Pl #G06501	58,921 face value, 4.000% due Apr 2041	63,000	63,000
	FHLMC Pl #G11736	9,043 face value, 5.000% due Apr 2020	9,000	10,000
	FHLMC PL #Q24847	54,196 face value, 4.000% due Feb 2044	57,000	58,000
	FHLMC PL #Q38893	84,884 face value, 4.000% due Feb 2046	91,000	91,000
	FHLMC PL #V60955	137,117 face value, 2.500% due Oct 2030	140,000	141,000
	FNMA PL #AA2524	23,724 face value, 6.000% due Mar 2039	25,000	27,000
	FNMA PL #AA9592	9,441 face value, 6.000% due Jan 2039	10,000	11,000
	FNMA PL #AB4937	24,130 face value, 3.500% due April 2042	25,000	25,000
	FNMA PL #AC9290	36,592 face value, 5.000% due Apr 2041	39,000	41,000
	FNMA PL #AJ0861	45,187 face value, 4.000% due Oct 2041	48,000	49,000
	FNMA PL #AJ4557	23,380 face value, 4.000% due Nov 2041	24,000	25,000
	FNMA PL #AL2392	48,911 face value, 3.500% due Aug 2042	51,000	52,000
	FNMA PL #AL2892	43,739 face value, 3.500% due Dec 2042	45,000	46,000
	FNMA PL #AL7590	166,553 face value, 3.500% due Oct 2045	172,000	176,000
	FNMA PL #AQ9292	56,325 face value, 3.500% due Jan 2043	60,000	59,000
	FNMA PL #AZ4750	112,557 face value, 3.500% due Oct 2045	118,000	119,000
	FNMA PL #MA0863	46,034 face value, 4.500% due Oct 2041	49,000	50,000
	FNMA PL #251752	3,753 face value, 6.500% due Jun 2028	4,000	4,000
	FNMA PL #390176	1,377 face value, 7.500% due May 2027	2,000	2,000
	FNMA PL #545485	3,577 face value, 7.000% due Feb 2032	4,000	4,000
	FNMA PL #763798	7,816 face value, 5.500% due Mar 2034	8,000	9,000
	FNMA PL #770080	17,000 face value, 5.000% due Mar 2034	17,000	19,000
	FNMA PL #773381	8,016 face value, 5.000% due May 2034	8,000	9,000
	FNMA PL #805475	10,059 face value, 5.500% due Dec 2034	10,000	12,000
	General Dynamics Corp	110,000 face value, 3.875% due July 2021	119,000	121,000
	General Elec Cap Corp	20,000 face value, 6.875% due Jan 2039	27,000	29,000
	GNMA PL #AA1000	63,096 face value, 3.000% due May 2027	67,000	66,000
	GNMA PL #487582	8,300 face value, 6.500% due Mar 2029	9,000	10,000
	GNMA PL #595048	7,177 face value, 6.000% due Oct 2032	7,000	8,000
	GNMA PL #780777	1,140 face value, 7.000% due Apr 2028	1,000	1,000
	GNMA PL #781390	2,373 face value, 7.500% due Jan 2032	3,000	3,000
	GNMA PL #781429	3,106 face value, 8.000% due Mar 2032	3,000	4,000
	GNMA PL #MA2679	59,610 face value, 4.000% due Dec 2044	64,000	64,000
	GNMA PL #MA3035	78,370 face value, 4.000% due Aug 2045	84,000	84,000
	GNMA PL #MA3520	310,000 face value, 3.000% due Mar 2046	321,000	322,000
	GS Mortgage Securities Trust Ser 2012-GCJ9	55,000 face value, 2.7730% due Nov 2045	55,000	56,000
	Goldman Sachs Group Inc	70,000 face value, 7.500% due Feb 2019	86,000	81,000
	Goldman Sachs Group Inc	50,000 face value, 6.000% due Jun 2020	57,000	58,000
	Halliburton Co	20,000 face value, 6.700% due Sep 2038	20,000	24,000
	Hartford Finl Svcs Group	75,000 face value, 6.300% due Mar 2018	78,000	81,000
	IBM Corporation	30,000 face value, 7.0000% due Oct 2025	39,000	41,000
	JPMorgan Chase & Co	45,000 face value, 6.300% due Apr 2019	53,000	52,000
	JPMorgan Chase & Co	20,000 face value, 2.250% due Jan 2020	20,000	20,000
	JPMorgan Chase & Co	40,000 face value, 4.350% due Aug 2021	40,000	44,000
	Kellogg Co	35,000 face value, 4.000% due Dec 2020	37,000	38,000
	Keycorp	20,000 face value, 2.300% due Dec 2018	20,000	20,000
	Keycorp	30,000 face value, 5.100% due Mar 2021	33,000	33,000
	Lincoln National Corp	30,000 face value, 8.750% due Jul 2019	37,000	36,000
	Lockheed Martin Corp	20,000 face value, 4.850% due Sep 2041	20,000	23,000
	Manuf & Traders Trust Co	10,000 face value 6.625% due Dec 2017	11,000	11,000
	Markel Corporation	30,000 face value 5.350% due June 2021	30,000	34,000
	McDonald's Corp	25,000 face value 2.200% due May 2020	25,000	26,000
	Mckesson Corp	50,000 face value 2.284% due Mar 2019	50,000	51,000
	Merrill Lynch & Co	40,000 face value, 6.400% due Aug 2017	40,000	43,000
	Metlife Glob Funding I	55,000 face value, 7.717% due Feb 2019	63,000	64,000

Pacific Coast Building Products, Inc **Supplemental Schedule**

Profit Sharing/Retirement Plan and Trust

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

as of March 31, 2016

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
	Michigan Bell Tel Co Deb	25,000 face value, 7.850% due Jan 2022	31,000	31,000
	Morgan Stanley	30,000 face value, 5.750% due Jan 2021	35,000	35,000
	New Jersey St Tpk Auth Tpk Rev	20,000 face value, 7.102% due Jan 2041	21,000	29,000
	Oracle Corp	40,000 face value, 2.250% due Oct 2019	40,000	42,000
	Oracle Corp	50,000 face value, 3.625% due July 2023	$ 52,000	$ 54,000
	Parker-Hannifin Corp	10,000 face value, 6.250% due May 2038	11,000	13,000
	Pepsi Bottling Ser B	30,000 face value, 7.000% due Mar 2029	40,000	42,000
	Pfizer Inc	20,000 face value, 7.200% due Mar 2039	28,000	29,000
	Phillips 66	15,000 face value, 5.875% due May 2042	18,000	17,000
	Pitney Bowes Inc Med Term Note	20,000 face value, 5.250% due Jan 2037	21,000	20,000
	PNC Funding Corp	100,000 face value, 2.700% due Sep 2016	101,000	101,000
	PNC Funding Corp	5,000 face value, 6.700% due Jun 2019	6,000	6,000
	PNC Funding Corp	20,000 face value, 3.300% due Mar 2022	20,000	21,000
	Potash Corp- Saskatchewan	40,000 face value, 5.875% due Dec 2036	48,000	47,000
	Procter & Gamble Co Deb	10,000 face value, 6.450% due Jan 2026	11,000	13,000
	Progressive Corp	37,000 face value, 6.625% due March 2029	45,000	49,000
	Royal Bank of Canada	85,000 face value, 2.300% due Jul 2016	86,000	86,000
	Simon Property Group Inc	75,000 face value, 2.750% due Feb 2023	73,000	76,000
	Stryker Corp	55,000 face value, 4.375% due Jan 2020	61,000	59,000
	Suntrust Banks	55,000 face value, 6.000% due Sep 2017	55,000	58,000
	Sysco Corp	25,000 face value, 6.500% due Aug 2028	31,000	32,000
	Tampa Electric Co	75,000 face value, 5.400% due May 2021	85,000	85,000
	Thermo Fisher Scientific	50,000 face value, 3.600% due Aug 2021	51,000	52,000
	Timewarner Inc	20,000 face value, 6.625% due May 2029	23,000	25,000
	Toronto-Dominion Bank	35,000 face value, 2.500% due Dec 2020	35,000	36,000
	Tosco Corp	20,000 face value, 8.125% due Feb 2030	29,000	25,000
	Travelers Cos Inc	30,000 face value, 5.750% due Dec 2017	31,000	33,000
	Union Pacific Corp	35,000 face value, 7.875% due Jan 2019	41,000	41,000
	US Treasury Bond	15,000 face value, 5.375% due Feb 2031	21,000	22,000
	US Treasury Bond	300,000 face value, 3.125% due Nov 2041	311,000	337,000
	US Treasury Note	15,000 face value, 2.000% due Aug 2025	15,000	15,000
	United Technologies Corp	25,000 face value, 5.700% due Apr 2040	32,000	32,000
	US Bancorp	120,000 face value, 2.200% due Nov 2016	122,000	122,000
	Verizon Communications	50,000 face value, 6.100% due Apr 2018	57,000	56,000
	Verizon Communications	10,000 face value, 6.550% due Sep 2043	12,000	13,000
	Verizon Global Fdg Corp	5,000 face value, 7.750% due Dec 2030	7,000	7,000
	Virginia Elec & Power Co	15,000 face value, 8.875% due Nov 2038	25,000	25,000
	Wachovia Corp	100,000 face value, 5.750% due Jun 2017	105,000	107,000
	Wal-Mart Stores Inc	10,000 face value, 6.500% due Aug 2037	14,000	14,000
	Walt Disney Company	20,000 face value, 5.500% due March 2019	24,000	23,000
	Wells Fargo & Co New	25,000 face value, 5.125% due Sep 2016	24,000	26,000
	Wells Fargo & Co	120,000 face value, 1.250% due Jul 2016	121,000	121,000
	Wisconsin Power & Light	15,000 face value, 6.375% due Aug 2037	19,000	20,000
	21st Centy Fox Amer Inc	50,000 face value, 7.250% due May 2018	58,000	57,000
	21st Centy Fox Amer Inc	15,000 face value, 8.500% due Feb 2025	17,000	20,000
	Total bonds and notes		$ 7,822,000	$ 7,995,000
	Equity:			
	Actelion LTD	9,620 shares common	$ 299,000	$ 359,000
	Acuity Brands (Holding Company) Inc	237 shares common	47,000	52,000
	Affiliated Managers Group, Inc Com	304 shares common	23,000	49,000
	Align Technology Inc	859 shares common	33,000	62,000
	Amphenol Corp Cl A	1,399 shares common	26,000	81,000
	Anheuser-Busch Inbev SPN	5,849 shares common	388,000	729,000
	Ansys Inc	649 shares common	23,000	58,000
	Aon PLC	3,150 shares common	308,000	329,000
	Assa Abloy Ab	38,669 shares common	149,000	379,000
	Associated British Foods Plc	4,045 shares common	113,000	198,000
	Ashtead Group PLC	2,050 shares common	130,000	105,000
	Bard C R Inc	345 shares common	40,000	70,000
	Bayer Ag	3,320 shares common	270,000	390,000
	Beacon Roofing Supply Inc	683 shares common	25,000	28,000
	Bhp Billiton Limited	10,615 shares common	492,000	275,000
	British American Tobacco P.L.C.	4,469 shares common	375,000	536,000
	Broadridge Financial Solutions	863 shares common	46,000	51,000
	Capgemini SA	3,660 shares common	141,000	171,000
	Carter Holdings	699 shares common	60,000	74,000

Pacific Coast Building Products, Inc **Supplemental Schedule**

Profit Sharing/Retirement Plan and Trust

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

as of March 31, 2016

(a)	(b)	(c)		(d)	(e)
	Identity of issue, borrower, lessor, or similar party		Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
	Carlsberg A/S	15,680	shares common	292,000	301,000
	Cerner Corp Com	1,073	shares common	16,000	57,000
	Check Point Software Tech Com	3,380	shares common	276,000	296,000
	Church & Dwight Inc	857	shares common	33,000	79,000
	Cooper Cos INC COM NEW	334	shares common	54,000	52,000
	Cognizant Tech Solutions Crp Com	1,136	shares common	21,000	71,000
	Compagnie Financiere Richemont Sa	21,660	shares common	$ 191,000	$ 143,000
	Compass Group PLC	18,035	shares common	309,000	322,000
	Continential AG	3,455	shares common	155,000	157,000
	Copart Inc Com	1,093	shares common	26,000	45,000
	Costar Group, Inc	242	shares common	34,000	46,000
	Credit Suisse Group ADR	6,650	shares common	165,000	94,000
	Daiwa House Ind Ltd	18,365	shares common	359,000	516,000
	Dentsply Sirona Inc	1,086	shares common	44,000	67,000
	East West Bancorp Inc	1,613	shares common	37,000	53,000
	Fanuc Corporation	7,160	shares common	189,000	185,000
	Fastenal Co	987	shares common	26,000	48,000
	Fiserv Inc	858	shares common	24,000	88,000
	Fresenius Se & Co - KGAA	14,982	shares common	194,000	273,000
	Gartner INC	734	shares common	60,000	66,000
	GEA Group AG	2,795	shares common	115,000	137,000
	Hain Celestial Group Inc	1,331	shares common	59,000	54,000
	Hunt J B Trans SVCS Inc	581	shares common	41,000	49,000
	Idex Corp	691	shares common	29,000	57,000
	Idexx Corp	488	shares common	31,000	38,000
	Ihs Inc	317	shares common	17,000	39,000
	Informa Plc	14,085	shares common	193,000	289,000
	Intercontinental Exchange Group Inc	269	shares common	30,000	63,000
	Intuit Com	716	shares common	22,000	74,000
	Japan Tobacco, INC	20,960	shares common	345,000	437,000
	JM Smucker Co	415	shares common	36,000	54,000
	J2 Global, Inc	584	shares common	44,000	36,000
	KBC Groep NV	5,410	shares common	163,000	139,000
	Kddi Corporation	26,165	shares common	257,000	349,000
	Koninklijke KPN N.V	42,825	shares common	140,000	182,000
	Komatsu Limited	8,620	shares common	239,000	147,000
	Lkq Corporation	2,455	shares common	32,000	78,000
	Lloyds Banking Group Plc	88,345	shares common	334,000	349,000
	Makita Corporation	5,300	shares common	284,000	329,000
	Manhattan Associates, Inc Com	1,303	shares common	50,000	74,000
	Maximus Inc Com	500	shares common	32,000	26,000
	Middleby Corp	728	shares common	57,000	78,000
	Novartis Ag	8,195	shares common	483,000	594,000
	Novo Nordisk A/S- ADR	5,855	shares common	204,000	317,000
	O Reilly Automotive Inc	359	shares common	16,000	98,000
	Panera Bread Co - Cl A	234	shares common	18,000	48,000
	Parexel Intl Corp Com	849	shares common	29,000	53,000
	Perrigo Co Plc	398	shares common	60,000	51,000
	Polaris Inds Inc Com	431	shares common	29,000	42,000
	Prudential Plc	12,195	shares common	288,000	467,000
	Raymond James Finl Inc	1,140	shares common	62,000	55,000
	Red Electrica Corporacion S.A.	14,650	shares common	189,000	254,000
	Red Hat Inc	872	shares common	47,000	65,000
	RELX PLC	15,075	shares common	260,000	283,000
	Rexam Plc	5,638	shares common	211,000	255,000
	Roper Technologies, Inc.	293	shares common	25,000	54,000
	Royal Dutch Shell Plc	6,481	shares common	369,000	314,000
	Ryanair Holdings Plc	2,064	shares common	69,000	177,000
	Ryohin Keikaku CO	4,420	shares common	102,000	188,000
	Sampo AYJ	11,941	shares common	167,000	283,000
	Shire PLC	2,060	shares common	396,000	355,000
	Seven & I Holdings CO., Ltd	12,940	shares common	215,000	276,000
	Signature Bk New York N Y	468	shares common	27,000	64,000
	Signet Jewelers Limited	1,785	shares common	146,000	221,000
	Snap On Inc	175	shares common	29,000	27,000
	Softbank Group Corp	12,340	shares common	448,000	295,000

Pacific Coast Building Products, Inc **Supplemental Schedule**

Profit Sharing/Retirement Plan and Trust

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

as of March 31, 2016

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	**Description of investment including maturity date, rate of interest, collateral, par or maturity value**	**Cost**	**Current Value**
	Sony Corporation	7,685 shares common	205,000	198,000
	Stericycle Inc Com	372 shares common	21,000	47,000
	Steris PLC	662 shares common	50,000	47,000
	Sumitomo Mitsui Tr	29,085 shares common	145,000	86,000
	Sumitomo Trust and Banking Company	50,908 shares common	394,000	306,000
	Swedbank Ab	10,940 shares common	242,000	234,000
	Telenor ASA - ADR	11,025 shares common	250,000	179,000
	Teva Pharmaceutical Industries	6,335 shares common	340,000	339,000
	Tiffany & Co NEW	516 shares common	$ 48,000	$ 38,000
	Tractor Supply Co Com	1,050 shares common	14,000	95,000
	Tyler Technologies Inc	502 shares common	47,000	65,000
	Ultimate Software Group Inc	292 shares common	46,000	56,000
	Under Armour Inc	844 shares common	32,000	72,000
	Unilever Plc	7,855 shares common	281,000	355,000
	Valeo	3,605 shares common	130,000	280,000
	Varian Med Sys Inc	588 shares common	26,000	47,000
	Verisk Analytics Inc	883 shares common	56,000	70,000
	Vinci SA	13,895 shares common	208,000	257,000
	Vivendi	5,140 shares common	136,000	107,000
	Wabtec Corp	457 shares common	22,000	36,000
	Williams Sonoma Inc	487 shares common	37,000	27,000
	Wolters Kluwer NV	7,525 shares common	215,000	301,000
	Wolseley Plc	60,106 shares common	240,000	349,000
	Total equity securities		$ 15,117,000	$ 18,460,000
	Mutual funds:			
	Artisan Mid Cap Value	161,568 units	$ 3,137,000	$ 3,217,000
	Connestoga Small Cap	135,039 units	4,912,000	4,676,000
	DFA International Small Company	278,848 units	4,480,000	# 4,796,000
	DFA US Large Cap Value	130,143 units	2,324,000	3,993,000
	DFA US Targeted Value	242,413 units	4,035,000	4,897,000
	Dodge & Cox	35,333 units	3,918,000	5,553,000
	Parametric Emerging Markets	305,395 units	4,002,000	3,805,000
	Parametric Tax-Managed Emerging Markets	145,820 units	6,473,000	5,967,000
	Harbor Capital Appreciation Fund	106,074 units	4,519,000	6,096,000
	Harding Loevner International Portfolio	846,636 units	15,406,000	14,579,000
	PIMCO Foreign Bond	690,614 units	6,893,000	6,671,000
	PIMCO Total Return	791,691 units	8,059,000	8,059,000
	PIMCO Total Return II	1,798,000 units	17,000	17,000
	Touchstone High Yield Fund	810,754 units	7,342,000	6,446,000
	Vanguard Short-Term Investment Grade	897,304 units	9,662,000	9,592,000
	Vanguard Total Bond Market Index	747,711 units	8,148,000	8,150,000
	Vanguard Instl Index Fund	111,573 units	12,204,000	20,989,000
	Western Asset Emerging Market	686,121 units	3,696,000	3,239,000
	Total mutual funds		$ 109,227,000	$ 120,742,000
	Real estate investment trusts:			
	Hartford Global	426,027 units	$ 4,254,000	$ 3,357,000
	Principal Diversified	310,788 units	3,708,000	3,273,000
	DFA Intl Real Estate	601,807 units	2,986,000	3,244,000
	Virtus Real Estate Securities	90,960 units	3,083,000	3,246,000
	Total real estate investment trusts		$ 14,031,000	$ 13,120,000
	Life insurance policies:			
	Mass Mutual	Graded premium life insurance policies	✓	$ 1,111,000
	Mass Mutual UL	Level premium universal life insurance policies	✓	285,000
	Athene	Level premium universal life insurance policies	✓	49,000
	Lafayette Life	Level premium universal life insurance policies		368,000
	Total life insurance policies			$ 1,813,000
				$ 164,651,000

* Indicates a party-in-interest.

✓ The Plan was unable to obtain historical cost information.